CHECK LIST
AND INFORMATION
FOR SOUTHWEST COUNSELING RESIDENTIAL TREATMENT PROGRAM
2300 Foothill Blvd
Rock Springs, WY 82901
(307) 352-6677

FINANCIAL ITEMS

Bring proof of identity such as a driver's license, social security card, birth certificate, insurance card, etc. If you are being admitted into the Women's Addiction program and are bringing your children with you, please bring their birth certificates, immunization records, and social security cards. These will be needed for determination of some services outside of this agency. You may wish to bring money for personal needs. However, all monies will be turned in to the case manager at time of admission.

LENGTH OF STAY

The length of stay is **not** determined or discussed at time of admission. The length of your treatment will be individualized to meet your specific needs to insure successful recovery.

PERSONAL ITEMS

Bring enough clothing for seven (7) days, clothing must be modest and without offensive designs or logos (i.e. advertising tobacco, alcohol, bars, or counterculture lifestyles). Bring athletic wear such as tennis shoes, gym-type shorts, and appropriate tank tops, or sweats for use during exercise. No leggings unless they are under clothing. All clothing must fit without being overly loose or tight. Bring modest sleepwear and a robe. Bring seasonal clothing, i.e. hats, gloves, coats, etc. Please be reminded that there is limited space to keep your personal belongings so keep to a minimum what you bring. It is advised that you leave all valuables at home such as expensive jewelry. Also, no more than 3 pairs of shoes are permitted; they must be closed toed and heels may not have a heel higher than 1 ½ inches**. Absolutely no flip/flops will be allowed (with the exception of shower shoes).** We have laundry facilities and provide laundry products.

Bring personal toiletries and hygiene supplies. For example, shampoo/conditioner, deodorant, toothpaste, hair brush/comb, hair accessories, lotion, and shaving accessories. Ladies are allowed only eight make-up items, this does not include brushes; please do not bring more than the allotted amount. If you bring more it will be stored until arrangements can be made to send them to your home at your expense. Bedding and towels are provided.

Bring prescription medication to last at least up to thirty (30) days until you can be seen by our physician. These medications must be in their original prescription bottles or a written prescription. Over-the-counter medications are provided and your own will not be accepted so please do not bring them. You will be responsible for the cost of any

prescription medications. Should you be eligible for quality of life funding you would then be responsible for only half of the cost of your prescription medications.

Tobacco products are prohibited in the program. There will be no smoking or chewing tobacco used while in treatment.

You may bring money, stationary, stamps. You will be allowed to wear a minimal amount of jewelry and no body piercing jewelry other than in ears. We do not accept responsibility for valuables. Do not bring outside reading material, games, music equipment, cell phones, electronic games or candy. These will be confiscated and shipped to your home C.O.D.

VEHICLES

Personal vehicles are allowed at the treatment facility (with proof of insurance and registration); however, you will not be permitted to drive until you have reached the level of treatment that allows you to transport yourself.

VISITATION AND PHONE USE

Visitation and phone calls are allowed after you have completed the first phase of treatment and moved from candidate level to support level. (Exceptions for visitation and phone calls will be made if you are the parent of minor children).

Family members may visit on Saturday afternoon between the hours of 2:00 until 4:00 p.m. for females and Sunday afternoon between the hours of 2:00 until 4:00 for males. Please ask your visitors not to bring any items, including food items, to visitation. If anything is brought, it will not be accepted. Physical contact is limited to a brief hug and kiss of greeting and at time of departure. Family members will not be allowed to bring their cell phones into the visitation area.

Enclosed in this packet are the rules for visitation that you can review with your family members so they can be informed.

LEVEL SYSTEM

Pre-Entry

- Orientation to program
- Completion of all admission paperwork.

Candidate Status

Responsibilities:

- Members must learn and comply with all of the TC/WAP rules
- Members must memorize and have an understanding of the TC philosophy.
- Members will participate in all groups and therapeutic activities
- Members should average completion of written assignments 1 per 7-10 days
- Members must have all written assignments completed on this level before being able to advance to the next level
- Members will participate in Industrial Therapy
- Members will be supported at all times by a senior member of the same gender.
- Members will address behaviors from peers with verbal and/or written helping-hands and high-fives.
- Members will open all incoming mail in front of a staff member. Member will turn in all money to a case manager to be documented
- Members are not allowed to send out any mail unless approved through a case manager (generally only legal matters)

Privileges

- Members are not allowed phone calls or visitation on candidate status (exceptions will be on an individual basis as deemed necessary by case management). Client's minor children are an exception and must be approved by the assigned case manager.
- Members may utilize the TC mart for supplies as needed and provide the program 15 minutes give back time for each item. This time cannot be stored up in advance.
- Members may receive mail (*unless it is from an inmate of a correctional institution*.)

Support Status

Responsibilities

- Members will continue responsibilities from previous levels
- Members need to support other candidate status members
- Members are to conduct themselves as role models
- Members will continue to use TC concepts

Privileges:

- Member privileges from previous level carry over
- Members no longer need to be supported
- Members may make phone calls using approved phone call passes. No more than 2 calls per week, no longer than 10 minutes each.

- Members are allowed to send out mail after approval by case manager and/or probation
- Members are allowed visitation on designated days with case manager and/or probation approval.

Support With Advanced Privileges

Responsibilities:

- Members are expected to continue responsibilities from previous levels

Privileges:

- Member privileges from all previous levels carry over
- Members may take passes up to 2 hours long, one per week OR they may attend 2 self-help meetings in lieu of the 2 hour pass.
- Members may seek part time employment NOT to exceed 25 hrs. a week with CM permission (*in the event they are remaining in the community*)
- Members may bring their vehicle to TC, and transport themselves with staff approval to work and on pass/meetings. Vehicle use on passes will be considered upon obtaining employment.

- Members will complete assignments according to the level system, and submit their proposal to the treatment team for level advancements. All level proposals will be staffed each Tuesday of the week.

Southwest Counseling Service
Therapeutic Community
Visitation Rules and Regulations

Visitation will be gender separate. Women's visitation will be on Saturdays from 2:00 to 4:00 pm and Men's visitation will be on Sundays from 2:00 to 4:00 pm.

1) Visitors will be restricted to the auditorium and restrooms.

2) The buildings on the Complex are non-smoking.

3) Smoking is permitted for **Visitors only in designated areas** outside of the building. Clients **DO NOT** go with visitors for cigarette breaks.

4) **All** visitors will sign in at the doorway of entrance. **All** visitors must sign in. Parents or guardians may sign their children in.

5) No items for clients may be brought in during visitation.

6) **All** visitors are subject to follow the rules of Southwest Counseling Service TC. It is the **client's responsibility** to ensure that their visitors are familiar with the rules and that they follow them while they are on Southwest Counseling Service property.

7) **Southwest Counseling Service holds the right to ask any visitor to leave the premises with or without cause.**

8) **All** visitors will dress appropriately. There is to be **no** revealing or sexually suggestive clothing.

9) **Visitors arriving under the influence of drugs including alcohol will be asked to leave the premises immediately.**

10) **No Excessive physical contact**, a brief greeting and departure kiss and hug are acceptable.

11) **No Diaper Bags-**Clear Ziploc bags with diapers and wipes only may be brought in. Premade bottles for children on formula are also allowed.

Visitor's access in the building is restricted to the auditorium and restrooms.

Southwest Counseling Service

RECOVERY RESIDENTIAL FACILITY COMMUNITY RULES & EXPECTATIONS

Cardinal Rules

- *Protect the Residential Facilities from behaviors that would threaten the facilities themselves. These rules preserve the integrity of the Residential Facilities, protect against dangers to the community, and ensure the physical and psychological safety of all residential facility clients.* ***Violating a cardinal rule nearly always results in automatic dismissal from the TC program.***

1. No physical violence.
2. No possession or use of drugs, or alcohol. This includes unauthorized possession of prescribed medications.
3. No sexual activity with treatment peers or staff while enrolled in the program.
4. No violation of any law.

Major Rules

- *These are essential to the recovery process. When an individual in a Residential Facility violates a major rule it is an opportunity for him or her to be appropriately confronted, receive consequences, and have a learning experience. Learning experiences assist you to develop new and more appropriate behaviors and replace unwanted attitudes and behaviors.*

1. No threats of violence or intimidation. Conduct that threatens, intimidates, or coerces another client or staff member will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual's sex, race, age, or any characteristic protected by federal, state, or local law
2. No stealing.
3. No destruction of property.
4. No contraband.
5. Members must remain on SCS facilities property unless supported by staff or given permission to leave.
6. Confidentiality- Clients will not divulge any information about any of their peers or the locations of any SCS housing to anyone outside of the Therapeutic Community.

7. No formation of inappropriate romantic relationships with other peers while participating in the program.

Program Rules

- *These are specific to Southwest Counseling Services Residential Facilities (SCSRF) and their operation. They assist you in day-to-day functions and cooperation with other community members and staff.*

1. Tobacco use is not allowed while enrolled in the program.
2. No gang representation.
3. No pornographic material.
4. All community members will remain respectful to staff and their peers both in and outside the clinical setting. No disrespecting the helping hand process.
5. No profane gestures, power-thrusting, or creating confrontation.
6. All clients will maintain an appropriate appearance.
7. No lending or borrowing money or other possessions unless approved by a staff member.
8. No plagiarism or possession of another client's personally written assignment or any other therapeutic program written materials.
9. Clients are not allowed unauthorized communication. This includes email and social networking sites and cell phones (e.g., Facebook, Snapchat, Twitter, etc.).
10. Clients will adhere to the program schedule and protocols, be punctual, and follow all instructions given.
11. ***Safety*-**Clients will not put themselves or others at risk for injury directly or indirectly.
12. **Personal Boundaries**: Clients will keep hands, feet, and all other objects to themselves. a. Physical boundaries refer to the area around a person (***personal space***), which is generally 2-3 ft. (***arm's length***).

I HAVE READ THE RULES FOR SOUTHWEST COUNSELING SERVICES RESIDENTIAL FACILITIES. I ALSO UNDERSTAND THAT FAILURE TO ABIDE BY THE RULES WILL RESULT IN CONSEQUENCES AND LOSS OF PRIVILAGES. I UNDERSTAND THAT IF I DO NOT RESPOND BY CHANGING MY BEHAVIORS AND CONTINUE BEING DISRUPTIVE TO THE COMMUNITY, I WILL MAY FACE DISMISSAL FROM THE PROGRAM. I ALSO UNDERSTAND THAT VIOLATION OF THE CARDINAL RULES IS GROUND FOR IMMEDIATE DISMISSAL.

Refer To: 7.6.3 Residential Rules and Expectations
Approved: 12/99
Modified: 12/01, 10/03, 07/05, 05/06, 06/06, 5/08, 03/09, 2/12, 4/13, 12/15

RS RESIDENTIAL FACILITIES
TREATMENT CONTRACT

Being admitted to the RS Residential Facility means, I have chosen to seek sobriety and recovery and a responsible way of life. I agree, while in treatment, to accept responsibility and consequences for my behaviors. I have read and will follow the Treatment Contract and House Rules of this facility, being fully aware that I do not have to stay and will be discharged from the facility if I violate any of the House Rules or do not participate in the treatment program.

1. I will not drink alcoholic beverages or solutions containing alcohol during my treatment.

2. I will not take drugs while in treatment unless prescribed by a Physician, Nurse Practitioner or Physician's Assistant or approved by medical staff, and supervised by the Residential Facility staff.

3. I understand that if illegal drugs are found in my possession the local police will be notified.

4. I will maintain an open mind, even if I disagree with treatment concepts or others in treatment.

5. I will accept household duties. (i.e. cleaning, maintenance, etc.).

6. I will accept responsibility for personal hygiene and cleanliness of my room.

7. I will attend and participate in all groups.

8. I will practice self-discipline, as well as self-disclosure.

9. I will immediately report to the staff any use of alcohol or drugs by another resident.

10. I agree to participate in an aftercare program, once a week for a period of one (1) year following my discharge.

11. In the event of serious medical illness, I understand that I may be discharged from the facility and referred to the Memorial Hospital of Sweetwater County emergency room or the care of my private Physician at my expense. I may, however, continue treatment when it is medically appropriate and a bed is available.

12. I will not engage in physical violence or verbal abuse of other clients or staff

13. I will not destroy, steal, or deface any property belonging to Southwest Counseling Services.

14. I will not seek out or engage in any form of romantic relationship with peers or staff members during my stay in treatment; this includes while on passes in the community.

15. *Effective 10/01/08*- I realize that I will be responsible for ½ of my prescription medications while in treatment and also am aware that in the event that SCS Quality of Life Funds are no longer available I will be responsible for the total amount (The client's portion may be paid directly to SCS or added to their bill).

16. I agree to have my belongings searched and inventoried at any given time during my course of treatment and understand that if I am discharged from the program for any reason, I have 2 weeks for myself or my designated emergency contact to retrieve them. If these arrangements are not made, I am aware my belongings will be mailed COD to appropriate parties and/or donated.

17. If I am discharged, I am aware that my medications can only be released to me with approval from my physician and any money remaining on my books will be applied to my SCS bill (if applicable) or sent to my forwarding address (if provided). If an address is not provided, the money will be dealt with in accordance to SCS financial policies.

RS RESIDENTIAL FACILITIES

TREATMENT CONTRACT, PRGRAM RULES, AND GUIDELINES ACKNOWLEDGEMENT

I have read and understand the Treatment Contract, Program Rule and Guidelines. I have received a copy of the above and agree to abide by the Contract Rules and Guidelines set forth by SCS to the best of my abilities.

I agree to participate in the program personally set for me by the treatment team and to participate in any other activities set for me by this group.

I also understand that failure to abide by any rules will lead to immediate discharge from this program.

I do not have to sign the treatment contract, knowing, however, that failure to do so will terminate my treatment.

_____	_____
CLIENT NAME (print)	Client Signature
_____	_____
Witness	Date

Revised 11/16/2015