

Phoenix House

*WELCOME TO PHOENIX HOUSES OF NEW
YORK*

*MANHATTAN CONNECTIONS
OUTPATIENT
ORIENTATION AND PROGRAM GUIDE*

*The Jack R. Aron Center
OASAS Part 822 MSOP
(Medically Supervised Outpatient Program)*

Phoenix House Philosophy

"Our philosophy is that every person has an inborn dignity and self-pride. But pride is like a young sapling that must be trained, channeled, and nurtured until it is able to become deeply rooted and stand alone, self-supported, and unshakable in the conviction that its firm foundation can withstand the test of any ill wind that may attempt to uproot it. An ill wind has stunted the growth of our pride, but with each other's help, we will, we must - dig our roots deeper, make our foundation stronger, and learn to combat and defeat all obstacles that stand between us and our goal of maturity, dignity, and self-respect. Our symbol, the Phoenix, derives from the Egyptian myth of the great bird which is said to have destroyed itself by fire and to have risen again from its own ashes. It is what we, who have destroyed our lives by substance addiction, are striving to do -- rise from the ashes of our defeat to take our rightful place in society. Society will accept us, for once we have regained our dignity we will be society."

Introduction

Welcome to the Jack Aron Outpatient Program. Congratulations for taking this first step towards a new and rewarding life experience. Phoenix House is here to help support and make this the most positive treatment experience for you. No matter where you are from, what brought you here, or why you believe you are here, we want to make this experience one that you can be proud of. Our staff team is here to help you help yourself in treatment. So if you find yourself having any difficulties, please talk to one of the Phoenix House staff team about it. We are here to help. Remember, "What we can't do alone, we can do together." So you're never alone, and welcome to the Phoenix House Family.

We look forward to working with you and your family members and to help you with your individual needs and positive lifestyle changes. Together, we will make it happen. We all wish you the very best. We want to help you achieve big things in your life. We want you to feel hope for a bright future. This is our commitment to you.

Wishing you success,

Ely Fontanez,

Senior Director of Outpatient Services

Program Description

The Phoenix House Jack R. Aron Outpatient Program is an OASAS Part 822 program located at 164 West 74th Street, New York, N.Y. 10023. We provide clinical services to adults 18 years and older accepting referrals from legal and social service entities as well as walk-ins. The program is voluntary and up to 12 months in duration via four phases, depending on the needs of each client. We operate during the hours of Friday to Monday from 9am- 1pm. These hours were designed to minimize the risk for relapse and recidivism.

"Our philosophy is that every person has an inborn dignity and self-pride."

Our goal is to promote and support total abstinence, foster personal growth and self help, educate about relapse prevention, and guide participants in internalizing self-governance and consequential thinking; we believe this leads to empowerment!

Our objective is to treat with dignity, individuality and respect. All participants receive thorough assessments through comprehensive evaluation of life areas. The purpose of this is to engage participants in the development of an individualized and comprehensive treatment plan. We utilize a four-phase approach implementing an array of clinical approaches and interventions including:

- Individual counseling to address ongoing issues and progress.
- Group Counseling
- Referrals to and coordination with other services as needed
- Urinalysis Testing is done on-site.

Each individual must advance through four clinical phases to earn **Empowerment**; early completions are encouraged. Persons in need of a higher level of care will be referred either internally to one of Phoenix House's residential short or long-term programs or externally to where their service needs can be met.

What to expect...

Upon admission, each participant will be assigned a Primary Counselor (PC). The PC will be responsible for coordinating services and for guiding participants through the treatment experience in a professional and respectful manner. The PC will initiate a Comprehensive Evaluation within two weeks for the purpose of identifying the specific life areas to be addressed during treatment. Assessment will be ongoing, so this is just a start.

During the interview, you will be asked for specific information. In order to get this information, the PC will keep the session focused on the specific questions. Please do not think that we are not interested in what you may want to talk about. On the contrary, during your time with us, we will explore and address many of these concerns; we just need to get this part of the assessment done as a start.

You will also get a medical assessment so that we can identify and address any medical concerns. Upon completion of these assessments, we will help you develop an individualized treatment plan to address the specific areas identified. The plan will include goals and objectives to realistically address each of these areas. Treatment will consist of a specific schedule of group therapies and progress will be closely followed during individual sessions; these sessions will be based on the needs of each participant.

It is important to know that throughout treatment, toxicology will be monitored and samples can be requested at any time. Everyone will be expected to cooperate with these requests so that we may verify abstinence and/or see if a higher level of care is needed. All of these activities are geared to help each participant have a successful recovery experience.

CLIENT BILL OF RIGHTS AND CLIENT RESPONSIBILITIES

As a participant in our program, you have very specific rights as set forth by the Office of Alcoholism and Substance Abuse Services (OASAS).

Each patient has the following rights:

- (1) to receive services that are responsive to individual needs in accord with an individualized treatment plan, which the patient helps develop and periodically update;
- (2) to receive services from provider staff who are competent, respectful of patient dignity and personal integrity, and in sufficient numbers to deliver needed services consistent with regulatory requirements;
- (3) to receive services in a therapeutic environment that is safe, sanitary, and free from the presence of alcohol or other drugs of abuse;
- (4) to know the name, position, and function of any person providing treatment to the patient, and to communicate with the provider director, medical director, board of directors, other responsible staff or the Commissioner;
- (5) to receive information concerning treatment, such as diagnosis, condition or prognosis in understandable terms, and to receive services requiring a medical order only after such order is executed by an appropriate medical professional;
- (6) to receive information about provider services available on site or through referral, and how to access such services;
- (7) to receive a prompt and reasonable response to requests for provider services , or a stated future time to receive such services in accordance with a individual treatment plan;
- (8) to know the standards that apply to his or her conduct, to receive timely warnings for conduct that could lead to discharge and to receive incremental interventions for non-compliance with treatment plans;
- (9) to receive in writing the reasons of a recommendation of discharge and information of appeal procedures;
- (10) to voice a grievance, file a complaint, or recommend a change in procedure or service to provider staff and/or the Office, free from intimidation, reprisal or threat;
- (11) to examine, obtain a receipt, and receive an explanation of provider bills, charges, and payments, regardless of payment source;
- (12) to receive a copy of the patient's records for a reasonable fee;

CLIENT BILL OF RIGHTS AND CLIENT RESPONSIBILITIES (continued)

(13) to be free from physical, verbal or mental abuse;

(14) to be treated by provider staff who are free from alcohol or drug abuse;

(15) to be free from any staff or patient coercion, undue influence, intimate relationships, and personal financial transactions;

(16) to be free from performing labor or personal services solely for provider or staff benefit, that are not consistent with treatment goals, and to receive compensation for any labor or employment service in accord with applicable state and federal law; and

(17) the following rights apply to patients who reside in an inpatient/residential setting:

(i) to practice religion in a reasonable manner not inconsistent with treatment plans or goals and/or have access to spiritual counseling if available;

(ii) to communicate with outside persons in accord with the individualized treatment plan;

(iii) to freely communicate with the Office, public officials, clergy and attorneys;

(iv) to receive visitors at reasonable times in relative privacy in accord with the individualized treatment plan;

(v) to be free from restraint or seclusion.

(vi) to have a reasonable degree of privacy in living quarters and a reasonable amount of safe personal storage space; (vii) to retain ownership of personal belongings, that are not contrary to treatment goals;

(viii) to have a balanced and nutritious diet.

(18) Participants referred to a faith based provider have the right to be given a referral to a non faith based provider

If for any reason you feel that your rights have been violated, we encourage you use our Grievance Procedure further down, speak with your Primary Counselor, their Supervisor, the Director or the Client Advocacy Unit to air your concerns.

If you cannot resolve the matter in this way we encourage you to call the OASAS Patient Advocacy Unit at (800) 553 5790.

Keep in mind that with Patient Rights come Patient Responsibilities.

Participation in a chemical dependence service presumes a patient's continuing desire to change lifestyle habits and requires each patient to act responsibly and cooperatively with provider staff, in accord with an individual treatment plan and reasonable provider procedures. Therefore, each patient is expected to:

- (1) work toward the goal of abstinence from drug, alcohol, and tobacco use
- (2) treat staff and other patients with courtesy and respect;
- (3) respect other patients' right to confidentiality;
- (4) participate in developing and following a treatment plan;
- (5) become involved in productive activities according to ability;
- (6) pay for services on a timely basis according to financial means;
- (7) participate in individual counseling and/or group and or family counseling sessions as applicable;
- (8) inform medical staff if receiving outside medical services;
- (9) address all personal issues adversely affecting treatment; and
- (10) act responsibly and observe all provider rules, regulations and policies;

Consequences for patient non-compliance:

(1) Provider policies and procedures to address patient non-compliance shall be designed to support a patient's positive response to treatment. Such policies and procedures must specify standards and expectations for patient behavior, and any consequences of non-compliance, including behavior which may result in treatment termination.

(2) Providers shall address patient non-compliance with timely and appropriate incremental interventions designed to assist patients in responding positively to treatment. Such incremental interventions shall be incorporated in the patient's treatment plan, be time-limited, and be documented in the patient's record.

(3) No treatment intervention or action can include delay or denial of any clinical, medical, or other required service vital to the health or recovery of the patient.

(4) Providers shall first warn patients of any behavior that could result in a recommendation of discharge with continued non-compliance, and must document such warning(s) in the patient's record.

BILL OF RIGHTS AND RESPONSIBILITIES – ACKNOWLEDGEMENT

Directions: Keep this signed document in the Clinical Chart

Client Name: _____ **Client CIDS:** _____

I acknowledge that I have received a copy of the Client Bill of Rights and Responsibilities.

SIGNATURE: _____ **DATE:** _____

Phoenix House Outpatient Programs

I have spoken with a counselor and I understand all of the following:

I can be discharged for breaking any Cardinal Rule of the program.

Cardinal Rules are designed to protect the entire community, such as:

1. No violence or threats of physical violence
2. No destroying Phoenix House property
3. No drugs or alcohol on Phoenix House property

In addition to the Cardinal Rules the following rules must be followed:

I will:

1. Attend as scheduled to obtain the maximum benefit from treatment.
2. Participate in random toxicology screening.
3. Arrive for service at the scheduled time.
4. Dress appropriately (no tank tops, shorts or skirts above the knees, Spandex or overly revealing clothing, pants at waist level with a belt if needed and no untied shoelaces).
5. Not use profanity or speak in a disrespectful tone to anyone.
6. Not bring tobacco products into the facility or in the surrounding area.
7. Not engage in gambling.

I understand that my participation is voluntary and that I may discontinue treatment at anytime. If I am mandated into treatment, I understand that I may be held accountable and experience negative consequences by the agency which mandated me, for failure to comply with treatment.

I have been informed that my treatment is confidential under Federal Law. The information I disclose is protected by 42 CFR Part 2 of Mental Health Law and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45 C.F.R. 160 & 164: I was given an overview of this law.

I was given a client's bill of rights, which I read and understand.

I Have Read and Confirm the Above:

Client's Name (Print)

Client's Signature

Date

Grievance and Appeal Procedure

If you believe that any of your rights have been violated we encourage you to file a formal complaint. This procedure allows for several steps for review affording your complaint the most consideration possible. Please be mindful, we take the grievance process very seriously as it is a means for addressing violation of your rights; it is *not* a forum for expression of your preferences.

PROCEDURE:

- ❖ First sit down and talk with your counselor
- ❖ If your issues cannot be resolved with your counselor you can request to speak to his/her immediate supervisor.
- ❖ If the supervisor does not resolve your issue you can request to speak with the Director.
- ❖ If you feel the Director did not resolve your issue you can speak to the next level of supervision Senior Director, Ely Fontanez.
- ❖ If you believe it is necessary you can request an appointment with the Client Advocacy Unit of the organization.

Client Advocacy Unit:

Elizabeth Tremaine (718) 222-6600 ext 8451

If you still need assistance you may contact:

OASAS Client Advocacy Unit

501 Seventh Avenue

New York, NY 10019-6708

Call Toll Free

1-800-553-5790

CLIENT SATISFACTION SURVEY

Your opinion matters to us. It is important for you to feel safe and free to share your opinions about the services you are given. The staff team at Phoenix House collects data through client satisfaction surveys to improve services and plan for future activities.

Procedure:

All persons served (clients) will be asked to complete a confidential client satisfaction survey. The surveys will be completed on the first Wednesday of each month.

- 1) Clients will be given the option of completing the survey anonymously or supplying his or her name.*
- 2) Completed manual surveys will be immediately collected and sealed in an envelope addressed to the NY Regional Director.*
- 3) Surveys will be summarized and the results forwarded to Program Directors and Senior Management. Program Directors will:*
 - a) post the results in a visible location;*
 - b) take corrective action, as necessary; and*
 - c) include summaries of the survey results and corrective actions taken in their management reports.*
- 4) Survey results will be regularly reported to the Senior Management team and to the Board Quality Assurance Committee quarterly.*

Phoenix House Outpatient Programs

OUR PLEDGE:

We are here to help. We are here to care for you.

- You will be treated with professionalism and respect
- If at any time you feel you are being treated unfairly, we want to know and we promise to respond.

Help us know something about you -

Are you: male female

Length of participation in the program?

less than 1 month 31-90 days 91-180 days 181-365 days more than 1 year

How old are you? 21 years or less 21 - 40 older than 40

DID WE KEEP OUR PLEDGE THIS WEEK? YES NO

Tell us how you feel about your stay with us (put a check in the box that describes how you feel):

CATEGORY	Bad	Not So Great	Okay	Good	Great
Your counselor's helpfulness					
Other staff helpfulness					
The program environment					
Location (Access)					
Safety and Security					
Group member's helpfulness					
Frequency of groups and seminars					
Recreation – after program hours					
Referral to community services					
External relations and sober support					

Is there anything else you would like us to know good or bad? _____

If you would like to talk with someone about your recommendations or concerns, please tell us your name and program:

Your name: _____ Facility location: _____

Thanks for sharing your thoughts. All of your responses are confidential – we won't tell anyone.

We look forward to hearing from you.

Clyde Rush, Regional Director and Traci Donnelly, Clinical Director

Counselor Canon of Ethics:

The CASAC must:

- a. Recognize that the profession is founded on national standards of competence which promote the best interest of society, of the patient, of the counselor and of the profession as a whole.
- b. Espouse objectivity and integrity; maintain the highest standards in the services offered; respect the values, attitudes and opinions of others; and provide services only in an appropriate professional relationship.
- c. Not discriminate in work-related activities based on race, religion, age, gender, disabilities, ethnicity, national origins, sexual orientation, economic condition or any other basis proscribed by law.
- d. Recognize the need for ongoing education to maintain current competence and to improve expertise and skills.
- e. Uphold the legal and accepted moral codes which pertain to professional conduct.
- f. Respect the integrity and protect the welfare of the person or group with whom the counselor is working.
- g. Embrace, as a primary obligation, the duty of protecting the privacy of patients and must not disclose confidential information acquired in teaching, practice, research or investigation and maintain the confidentiality of records they control.
- h. Inform the prospective patient of the important aspects of the nature of services to be provided and the client/counselor relationship.
- i. Not engage in any sexual activity with patients or their significant others.
- j. Treat colleagues and other professionals with respect, courtesy and fairness and cooperate in order to serve the best interests of their patients.
- k. Not knowingly engage in behavior that is harassing or demeaning, including, but not limited to, sexual harassment.
- l. Not exploit patients or others over whom they have a position of authority.
- m. Acknowledge the limits of present knowledge in public statements concerning alcoholism and substance abuse, as well as report fairly and accurately the appropriate information and acknowledge and document materials and techniques used.
- n. Not participate in the filing of ethics complaints that are frivolous or have a purpose other than to protect the public.
- o. Assure that financial practices are in accord with professional standards that safeguard the best interests of the patient, the counselor and the profession.
- p. Strive to inform the public, through civic and professional participation in community affairs, of the effects of alcoholism and substance abuse and adopt a personal and professional stance which promotes the well-being of all human beings.
- q. Assign credit to all who have contributed to the published material and for the work upon which publication is based.

PHOENIX HOUSE OF NEW YORK AND LONG ISLAND

CLIENT NOTICE: HIPAA

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information

Information regarding your substance abuse treatment, including payment for substance abuse treatment, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Phoenix House may not say to a person outside of Phoenix House that you attend the program, nor may Phoenix House disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Except for HIV-related information, which may only be shared with your written consent unless for medical reasons, Phoenix House will use your health information internally only as needed for treatment and program operations. Phoenix House must obtain your written consent before it can disclose information about you to people or agencies outside of Phoenix House, including for payment purposes. For example, in order to be paid for services, Phoenix House must obtain your written consent before it can disclose information to your health insurer or to the government agency administering benefit payments for such services. Federal law, however, permits Phoenix House to disclose information outside of Phoenix House *without* your written permission in the following situations:

1. To a business associate through a business associate agreement; for research, audit or evaluations;
3. To report a crime committed on Phoenix House premises or against Phoenix House personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order;

For example, Phoenix House can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place.

Before Phoenix House can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. You may revoke any such written consent in writing.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Phoenix House is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. Phoenix House will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Phoenix House, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Phoenix House's records, and to request and receive an accounting of certain disclosures of your health related information made by Phoenix House during the six years prior to your request. You also have the right to receive a paper copy of this notice.

Phoenix House's Duties

Phoenix House is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Phoenix House is required by law to abide by the terms of this notice. Phoenix House reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. You will receive a revised copy of this notice in the event that any of its provisions are changed.

Complaints and Reporting Violations

You may complain to Phoenix House and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Complaints to Phoenix House should be directed to the Regional Director's Office. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs. **For further information, contact:** Clyde Rush, Senior Vice President, Regional Director 164 W. 74th Street New York, NY 10023 646-505-2143

The notice is effective on 6/24/2009.

CLIENT NOTICE - ACKNOWLEDGEMENT

Directions: Keep this signed document in the Clinical Chart

Client Name: _____ **Client CID:** _____

I hereby acknowledge that I have received a copy of the Phoenix House Client Notice.

SIGNATURE _____ DATE _____

REQUIREMENTS FOR MANDATED PERSONS SERVED

For those of you who are mandated to treatment from the criminal justice system, employers, and human resources administration, have or will sign a consent to release information about your progress in treatment. This includes treatment plan compliance, toxicology and progress reports. The information is to support your achievement of treatment plan goals.

It is also important for you to know that although you may have a mandate to complete treatment, your participation in Phoenix House is voluntary.

Reporting

We are required to report discharges to the appropriate referent. This means if you:

- *Decide to leave against clinical advice and/or self discharge*
- *Communicate where you have been referred to for additional services for a continuum of care*
- *Are hospitalized or discharged for any medical reasons*
- *Leave the program on an approved day out pass or business related destination, do not return, and are lost to contact*
- *Satisfactorily complete the program and require additional follow-up for a continuum of care*
- *Are arrested and/or engage in any illegal activities*
- *Are terminated from treatment for physical violence, threats of physical violence, entering the facility with drugs, alcohol, or paraphernalia, destroying Phoenix House property, and places the safety of other clients at risk*

Collaboration

Collaboration between the referring agency and your counselor is important to meet your individual needs. You can also contact and communicate with your referents regarding any concerns or treatment issues that arise.

Integrated Clinical Program of Therapies and Activities July 2009

Week Day	Time	Group #	Group Name	Facilitator	Location
Monday					
	11:00a	101	Life Skills	Facilitator	Living Room
	6:30 p	102	Recovery Skills/33 Week Workshop	Facilitator	Room A (3rd flr.)
	6:30 p	103	Family, AOD & Recovery:	Facilitator	Room B (3rd flr.)
	6:30 p	104	Process Group	Facilitator	Living Room (1 st flr)
	6:30 p	105	Relapse Prevention	Facilitator	Conf Room (3 rd flr.)
	8:00 p	106	Recovery & Institute Relationships	Facilitator	Living Room 1 st flr
Tuesday					
	11:00 a	201	Recovery Skills Workshop	Facilitator	Living Room
	5:00 p	202	Support Group	Facilitator	Living Room (1 st flr)
	6:30 p	203	Seeking Safety	Facilitator	Room A (3rd flr)
	6:30 p	204	Learning About My Addiction	Facilitator	Room B (3 rd flr.)
	6:30 p	205	Leisure Time & Recovery	Facilitator	Living Room (1 st flr)
	6:30 p	206	Recovery Skills/33 Week Workshop	Facilitator	Conf Room (3 rd flr.)
	8:00 p	207	AOD & And My Body	Facilitator	Living Room (1 st flr)
Wednesday					
	11:00 a	301	Social Support Group	Facilitator	Living Room
	5:00 p	302	Seek Safety/Coping Skills	Facilitator	Room B (3 rd flr.)
	6:30 p	303	Marijuana Dependence	Facilitator	Board Room
	6:30 p	304	Women's Group	Facilitator	Room B (3 rd flr.)
	6:30 p	305	Men's Group	Facilitator	Room A (3rd flr.)
	6:30 p	306	Developing Social Support	Facilitator	Conf Room (3 rd flr)
	8:00 p	307	Using Self-Help Groups	Facilitator	Living Room (1 st flr)
Thursday					
	11:00 p	401	Making A Relapse Prevention Plan	Facilitator	Conf Rm (3 rd flr)
	5:00 p	402	Marijuana Dependence	Facilitator	Living Room
	6:30 p	403	Recovery & The Mandated Client	Facilitator	Living Room
	6:30 p	404	The Recovery Process	Facilitator	Board Room
	6:30 p	405	Managing Emotions in Recovery	Facilitator	Room B (3 rd flr)
	6:30 p	406	Developing Drug-Free Coping Skills	Facilitator	Conf Room (3 rd flr)
	8:00 p	407	Support Group	Facilitator	Living Room
Friday					
	11:00 a	501	Managing Emotions in Recovery	Facilitator	Living Room
	6:30 p	502	Social Support Group	Facilitator	Board Room
	6:30 p	503	Cognitive Behavioral Treatment	Facilitator	Living Room
	6:30 p	504	Moving On: Life After Addiction	Facilitator	Room B (3 rd flr)
	6:30 p	505	Stressors Living Rooming Recovery	Facilitator	Conf Room (3 rd flr)
	8:00 p	506	Social Support Group	Facilitator	Living Room
Saturday					
	10:00 a	601	Men's Group (closed) Riverside	Facilitator	Living Room
	11:00 a	602	Men's Group (closed) Prospect	Facilitator	Living Room
Sunday					
	TBD	701	TBD	TBD	TBD
	TBD	702	TBD	TBD	TBD

This is a 'sample' Clinical Group schedule. You will be assigned to the groups based on your treatment plan. In addition to your individual services with your counselor, this will be the main treatment component. It is very important that arrive on time for these services. If you are more than 10 minutes late for group, you may not be allowed to participate and will have to wait to see someone individually. We encourage you to take full advantage of these services and use these to promote your own personal growth. We encourage all to abide by the posted Group Norms.

Group NORMS

- Observe the facilitator's role.
- Welcome New Members: body language speaks *louder* than words.
- Be on time: do not become upset if you are told you cannot participate due to lateness.
- Respect the group process, do not get up in the middle of the group to go to the bath room etc, do these things BEFORE the group starts.
- NO Eating or Drinking while group is in session, if you are hungry pick up a snack before the group starts.
- CONFIDENTIALITY: all participants are expected to maintain what is said in group *inside* the group.
- Be respectful of each other: treat others the way you want to be treated.
- NO Cross-Talking: only one discussion at a time.
- NO Interrupting: ask if the person is finished before speaking, sometime we need a few second to gather our thoughts before continuing.
- NO Sleeping: sleeping is *non*-participation.
- Constructive Criticism: this means focusing on the speaker's positives and 'building' on these.
- NO verbal/physical attacks or implied threats!
- NO Monopolizing the group, if asked to give others a turn to speak, be respectful.
- Burning Desires at the group's start; that way we can help>

Negative Behaviors in Treatment to avoid; these behaviors hurt the individual and stops them from making progress in treatment

Intimidator – *uses anger to drive people away*

Intellectual – *mistakes knowledge for understanding*

Victim – *blames negative events for addiction*

Blamer – *blames other people for addiction*

Playing Dumb – *“I don’t understand”*

Avoider – *tries to keep a low profile*

Socialite – *keeps a high profile but is superficial*

AA/NA Expert – *speaks in slogans but doesn’t get personal*

Con Man – *thinks he (or she) is fooling people*

Closed-Minded – *“I know what I have to do”*

Magic Bullet – *“I know what caused my addiction”*

“Yeah, but” – *“That’s a good idea, but it won’t work”*

Deflector – *tries to focus attention away from self*

Lip Service – *agrees to follow through, but never does*

Controller – *tries to control the course of treatment*

Rabble-Rouser – *tries to turn patients against staff*

Suspicious – *“What will you do with this information?”*

These roles attempt to place the group member above the group and are destructive to the group.

- **Aggressor:** Attacks other group members, deflates the status of others, and other aggressive behavior.
- **Blocker:** Resists movement by the group; comes late, gets up to go to the ‘bathroom, etc.
- **Attention seeker:** Monopolize group’s time by calling attention to themselves.
- **Confessor:** Seeks to disclose non-group related feelings or opinions.
- **Dominator:** Asserts control over the group by manipulating the other group members, also monopolizes group time.
- **Help seeker:** Tries to gain the sympathy of the group.
- **Know-it-all:** has the answer to everything except their own issues.
- **Complainer:** criticizes everything about the group, the program, etc.

All of these behaviors are used to avoid the real issues that need to be addressed.

Each member of this program *chooses* either to do time or use time; the choice is yours; choose wisely.

PHOENIX HOUSE OUTPATIENT ORIENTATION GROUP NOTE

Date: _____ Time: _____ Length of Session: 60 minutes

Patient's Name: _____

Client ID# : _____

By signing I attest to having received a copy of the Orientation Guide and understand the contents discussed in this group session:

Signature

Orientation Group:

Participants were provided with a copy of the **Orientation Guide** and engaged into discussion about same. Counselor/client roles and expectations were defined, clarified and discussed. Facilitator reviewed program services including assessment and treatment planning process and activities, hours of operation, orientation to emergency exits and building layout, i.e. where services are provided (group and individual), toxicology process, Client rights, responsibilities and Grievance Procedure and Tobacco Free policy were reviewed and discussed. Process of obtaining information regarding quality and satisfaction with services was described and each was encouraged to participate in these activities.

Code of Ethics and description of policy on confidentiality and overview of HIPPA-42 CFR followed in addition to requirements of mandated clients. Emphasis was placed on the voluntary nature of treatment and the potential consequences of choosing not to participate. Client fees, fee scales and payment process were explained.

Facilitator then engaged group via Round-Robin format to confirm understanding of information presented. Group concluded that the information was understood and each agreed to read Manual and bring any questions to Primary Counselor for clarification.

Clinician Print and Sign Name:

Supervisor (If required) Print and Sign Name:

7/01