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The Positive Peer Culture

BEHAVIOR DISORDER TRACK

Updated 11/2003

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The Positive Peer Culture (PPC) is aimed at helping each resident learn responsible thinking and behavior. This occurs through the involvement of staff and residents. Peers are the most critical component of the process because of their innate ability to influence each other. The PPC teaches values. The community standard is, do not give up on anybody.

PPC Goals for Residents

The Resident will:

- Eliminate criminal and inappropriate behaviors.
- Develop pro-social values.
- Develop the skills necessary to become a productive, contributing member of society.
- Develop the skills necessary to achieve academic, vocational, social and personal potential.
- Accept full responsibility for all of one's own behavior.
- Acquire a positive self-image.
- Develop the ability to be empathetic and caring.
- Recognize and accept one's own feelings and express them appropriately.
- Recognize and become sensitivity to the impact of one's behavior on others.
- Recognize negative behavior in others and care enough to confront such behavior appropriately.
- Gain a sense of mastery and control of one's life.
- Develop skills in communication and understanding.
- Build skills in being assertive as opposed to aggressive.
- Learn to work with others within norms and standards to achieve goals.
- Learn to help others so all can excel.
- Embrace challenge and change.
- Recognize negative influences, beliefs, thoughts and behaviors in one's self.
- Develop self-discipline and self-control.
- Develop problem solving and decision making skills.
- Learn to recognize and respond appropriately to authority figures.
- Develop coping skills.

Caring

The PPC teaches residents, through a comprehensive approach, to develop responsible thinking and behavior by helping each other. The PPC does not ask the resident whether or not they want help but whether or not they are willing to give help. The PPC teaches values. Caring is a critical value. Caring means wanting what is best for a person. Residents learn that whether in a family or in society they are obligated to work together.

Confrontation and accountability of behavior

Creating a climate for change requires support. This includes support during confrontation and accountability (ownership) of behavior. Norms and a structured environment support the resident's ability to make the right choices. When a resident is in violation of the norms or his behavior is inappropriate, it is the responsibility of his peers to alert him to his violation and, in a calm supportive manner, assist him in redirecting his behavior. If a resident persists in the undesirable behavior, a "Support Huddle" should be called. Residents support the individual by listening and offering positive verbal support. Since problem solving is a group responsibility, the expectation is that the individual will accept ownership of his behavior and acknowledge the support of the group.

Norms

A norm is something that is generally accepted. Norms are not rules. Rules are enforced by authority figures, whereas the residents accept norms. There are not always rules to help guide us to make the proper choices. Residents must know how to make good decisions in the absence of specific guidelines. Having a strict set of rules limits the resident's opportunity for making responsible and independent choices. Placing staff in the role of absolute authority and enforcer sets the stage for conflict that may lead to resentment as opposed to learning and change. Accepting responsibility, making good choices, and committing to those choices is a community norm for the PPC. The group works for the common good.

Leadership

The PPC encourages residents to take a leadership position within the group. Leaders do not come to us fully formed (leaders within the group evolve and grow as they accept their responsibility as positive role models who always try to do their best). A group leader learns from his mistakes, demonstrates positive behaviors, demonstrates positive values, and openly accepts responsibility for his own behaviors.

He continually works for self-improvement. A positive leader is a role model, teacher, guide, mentor, and a motivator.

A leader must be willing to praise, help, and confront others, but, above all, a leader has to care. A leader is not a taskmaster or the chosen one. The leader is a member of the group and as a member must be accountable to the norms and values rather than be above the other member, the norms, and values. The leader must use good motivational methods to encourage other members to participate in the process of personal growth and development, advancement in the level system and to develop pro-social skills. The leader gets personal satisfaction from the success of other group members.

Motivation

The ability to motivate is required of a true leader. Helping other group members to get through the roadblocks that interfere with their progress is the art of positive leadership. Threatening, intimidating, shaming, and bulling are NOT leadership skills and will not motivate. A good leader can help an individual to understand the benefit of a task and inspire in them the desire to accomplish that task. Motivation occurs when you influence another person, not control them, and in doing so have gained their respect, not their fear.

The Role of Staff

The role of staff is that of teacher, facilitator, guide, and model. Staff instructs, redirects, guides, motivates, and at the same time, always gives the resident the opportunity to learn and change by allowing them to be accountable for their own behavior and responsibilities. Staff members facilitate rational thinking in the resident and assist in the group decision-making process. Staff members are responsible for overseeing and ensuring that appropriate decision making takes place.

To facilitate the process, staff members teach and model motivation. He or she is a special kind of teacher or coach, who instructs, redirects, guides and motivates, while letting the group claim ownership and solve their own problems. To do this staff leaders must also be:

- An effective limit setter as well as a empathetic listener
- Authoritative not authoritarian
- Helpful but not entangled in group matters
- Involved but not ingratiating, condescending or paternalistic
- A cooperative team player who never undercuts a fellow staff member

- Firm and decisive, and secure enough to admit mistakes
- Able to re-evaluate situations from different perspectives, and adapt to changing circumstances

The staff's role is ever changing as the community, groups, and residents change and evolve.

Thinking Errors

The PPC believes that residents are capable of change. Inappropriate, deviant, abusive, and criminal behaviors occur through choice. A change in behavior occurs through a change in thinking. Thinking Errors are means by which a resident justifies his behaviors without considering the effects on others.

The resident's progress toward achieving the goals of the PPC is demonstrated by changing thinking errors and ending patterns of self-defeating and hurtful thoughts and behaviors. Changes in behavior will be demonstrated through a resident's acceptance of responsibility, successful rise in the level system, and completion of performance and treatment goals. Privileges and movement in the level system are dependent on the resident accepting responsibility and changing thinking errors.

Inability to Empathize

- ✓ No concept of injury to others, harms others to get own desires met -Versus- Feels remorse, acknowledges others feelings and rights
- ✓ Withdraws and isolates from others, uncaring attitude -Versus-Interested in others, helps, interacts
- ✓ Negatively influences others -Versus-Good role model, cares for and confronts others
- ✓ Attitude of ownership of people and their possessions. Steals, destroys property, rude, demanding, impatient and inconsiderate. -Versus- Polite and patient, withstands frustration, respects others personal space, privacy and possessions.

Victim Stance

- ✓ Refuses to own behavior, minimizes, denies and lies Versus-Truthfulness, admitting to wrongdoing
- ✓ Feeling sorry for oneself, playing poor me, seeks rescue to avoid consequences -Versus-Accepting consequences and learning from mistakes
- ✓ Saying I can't when something is difficult -Versus- Responding to challenge with true effort

Impulsivity

- ✓ Irresponsible decision making, failure to plan ahead, acts first thinks later - Versus- Thinking and planning before action
- ✓ Impatient, have to get what I want when I want it -Versus- Ability to delay gratification, patient, handles disappointment, copes with frustration
- ✓ Short attention span, excessive horseplay, cannot complete tasks- Versus- paying attention, action appropriate to the situation, working toward completing tasks and goals

Failure to Accept Obligation

- ✓ Resists authority, stalls, refuses to comply, argues, does not accept first prompt - Versus - Prompt response, follows directions
- ✓ Procrastinate, lack of effort, poor or half complete task -Versus-Hard work completed job, best effort, quick response
- ✓ Uncooperative, works against others, undermines -Versus-Team player, sportsmanship, trustworthy
- ✓ Lack of discipline, undependable -Versus-Self monitored, self regulated, follows instructions, and follows through

Anger/Aggression

- ✓ Uses non-verbal trigger behaviors such as glaring, sulking, mumbling under breath -Versus-Dealing with conflict directly, appropriately and assertively
- ✓ Controlled by 'should' thinking triggers such as fantasies of entitlement, blaming -Versus-Accepting personal responsibility for anger
- ✓ Controlled by blaming trigger thoughts such as good/bad, assuming, magnifying, labeling -Versus-Calming thoughts, listening, and considering others positions
- ✓ Verbal and physical attacks -Versus- Managing anger and stress, working toward resolution

Social Thinking Errors

- ✓ Inflated self-image, feeling superior -Versus- Recognizes and admits problems
- ✓ Makes assumptions, jumps to conclusions -Versus- Identify the real problem, get the facts
- ✓ Unrealistic planning -Versus-Plans that include the best alternatives
- ✓ Irresponsible actions or no actions -Versus-Proper problem solving and decision making with good choices

Power Thrusting

- ✓ Inflated self-image, feeling superior -Versus- Realistic self-image knowing strengths and weaknesses
- ✓ False pride, anti-social concept of success, unrealistic expectations, perfectionism -Versus- Pride in being responsible with positive values, goal setting and planning
- ✓ Must win, can't lose, making mountains out of mole hills -Versus- Grace in winning and losing, good sport, respects disagreement
- ✓ Refuses to admit mistakes, unable to take criticism -Versus- Learns from mistakes, accepts constructive criticism
- ✓ Criticizes without support, puts others down to exalt self -Versus-Confronts to help with support

Self-Defeating and Offending Behavioral Cycles

Problems occur when, without regard to the rights and feelings of others, an individual imposes upon or hurts another to get his needs met. All people engage in repeated cycles of behavior. Adolescents who are placed in the program have repeated cycles of thinking errors and self-defeating behaviors as well as offending thoughts and behaviors. Just as these cycles of thoughts and behaviors are learned, they can be unlearned and replaced with positive cycles. Residents are taught about self-defeating and offending cycles and their role in the decision-making process. The residents are also taught how this unsuccessful chain of thoughts, feelings, and behaviors can be stopped and redirected toward a more positive successful process.

5-Stages of Group Development

1. Forming

This is a new group with a lot of new group members. The group lacks leadership, and direction. Group members may seem dazed, confused or honeymooning.

When a group is forming, staff may focus on assuming a parent role. He/she will explain the rules, norms, goals, purpose, and expectations. He/she will model acceptance and nurturing or taking care of needs through bonding and developing trust. Staff must model the desired norms of honesty, openness, and clarity.

2. Storming

Resistance, opposition, limit testing, and rebellion characterize this group. Group members will often direct their efforts toward maintaining the status quo or testing limits and boundaries. Group members tend to distrust each other and may be observed fearing responsibility, closeness, and change.

When a group moves into storming, the group leader becomes the safe harbor. He must be open, honest and stay calm. Staff will need to be authoritative, not authoritarian, and will help to solve problems.

3. Norming

The group shows superficial understanding of issues and superficial functioning (fronting). At this stage, the group demonstrates a general acceptance of boundaries and basic rules. Group members see themselves as part of a group where certain norms, rules, duties, and roles are expected. Group members may be seen as making an effort to function together, determine their own norms, comply and "front."

4. Performing

This group demonstrates a shift toward the understanding of pro-social group values. The group has established pro-social norms and values. The group is working together for identity and ownership. Members of this group may be seen as going above and beyond by taking initiative to enhance, grow, improve, and evolve. This group is almost completely running itself.

As a group moves into the forming or performing stage of development the group leader becomes more of a teacher. He will teach skills, empower the group, and remain patient. He will model and reinforce appropriate behaviors. Group leaders will

model caring, decision making and effective communication. In short, sets the group up to succeed.

5. Transition

Now the group is ready for the next step as the group breaks up and moves on or when several members leave. Having accomplished their goals, they prepare for the next challenge life has to offer. Groups in this stage often demonstrate anxiety, tension, withdrawal, grief, anticipation, excitement, and confusion. Some members are seen to be in denial and will attempt to find or create reasons to stop transition.

The group leader here is the coach. His role is to support, affirm, focus on the positive, solidify learning, and validate experiences. Group leaders will prepare members for ceremonies, transition, and closure.

Consequences and Rewards

Rewards and natural consequences will occur in accordance with the performance of individuals and the group. Group rewards and consequences carry more weight than sanctions placed against individual members. In truth, everyone is a member of a group, be it a family or a job, and when a group is functioning well, all gain status. When group members are only concerned with their own individual rewards, the group will appear self-centered and with no sense of empathy towards others. The PPC values and objectives reward accepting responsibility, confronting, supporting, and living consistently within the established norms. Groups are responsible for demonstrating that they care enough to help any member that is affecting the community negatively. Groups therefore, may lose the opportunity for a specific fun activity in order to problem solve, support, or confront a group member.

HUDDLES

Types of Huddles:

1. Organizational
2. Support-Praise
3. Support-Confrontation
4. Goal Setting/Evaluation
5. Feelings
6. Introduction
7. Information

Organizational:
The group comes together to get organized, plan and execute and assign tasks, delegate responsibilities, or prepare for an event.

Support-Praise:
The group comes together to recognize the accomplishment of the group or of an individual. This kind of huddle can also be called to simply demonstrate the group's caring and support for an individual who is having difficulties, feeling upset, or who has just experienced a significant event, positive or negative. Sometimes, a group will call this kind of huddle to help strengthen a group member facing a particular challenge.

Support-Confrontation:
The group comes together to bring negative behavior or thinking errors to the group's attention and call for action. The entire group may be the subject of the confrontation or the focus may on individuals. This is not used to ridicule or "burn" someone. Other times, a plan of action must be created and evaluated for the individual and for the group. A plan of action may include a consequence beyond a confrontation, but it must include what the group will do to help correct the problem. In serious problems, the individual may not be able or ready to change behaviors, and the group must determine what the group will do to help itself and the individual through the process without rejecting him. This is probably the most difficult kind of huddle, and it takes a well functioning group to do it properly.

Goal Setting/Evaluation:
The group comes together to set goals for itself and for individuals to inform the group of their personal goals. Goals can be set to work on a problem or to attain something. The group is responsible for ensuring that its members set good goals. The group should have at least one goal to improve something about the group. The group and individuals should have a long-term goal (for the month), and intermediate goal (for the week), and a short-term goal (for each day). All goals should be evaluated regularly by the group to determine progress or accomplishment of a goal. The goals must be measurable and everyone needs to know what is to be done to meet the goal. Meeting a goal should be celebrated, regardless of how small or great.

Feelings:
The group comes together at the request of an individual group member. The individual expresses his feelings appropriately and the group provides appropriate feedback. The feelings expressed may be happiness, sadness, anger, etc. Only **feelings** should be discussed, not blaming others for feelings and not confronting. (I am feeling…… because……) Only a caring group can conduct feelings huddles the correct way.

Introduction:
The group comes together at the request of an individual group member or staff member. The purpose of this huddle is to introduce a new group member or staff member. The group should tell the new individual who they are, where they are from, and why they are here. The group members should make the new individual feel welcome.

Information:
The group comes together at the request of an individual group member or staff member. The individual then provides the group with important information. The individual should make sure the group has a clear understanding of the information provided. The individual should address any questions or concerns regarding the information given.

Staff's Role:
Staff members have the final authority in determining if a group is ready for a huddle and makes sure the group conducts the huddle properly. Staff members may determine that a particular huddle is not appropriate or may stop a huddle if

the group cannot continue the huddle appropriately. Staff members facilitate and guide the group through the huddle process by setting appropriate boundaries and helping the group use good judgement. Staff members help the group learn to use good judgment by approving any decision, evaluation, or goal set by the group. Staff members' goal is to properly and appropriately empower the group members to make good decisions for themselves. Staff members should never allow the group to render judgment that will violate safety procedures, individual resident rights, policy, or the Creed.

Program Norms List

ROOM NORMS

- We will make our beds on a daily basis.
- We will clean our rooms daily.
- We will properly place dirty clothes in the laundry bag.
- We will keep bathrooms clean, swept daily, mopped daily
- We will keep dresser tops clean, with everything arranged neatly.
- We will keep a pleasant atmosphere in our rooms.
- We will keep our shoes neatly beside our bed or under our shelves.
- We will keep linen neatly on the bed, blankets tucked.
- We will not hang our towels on the doors-we will neatly put them on our windows or folded on our dressers.
- We will not hang anything on the doors.
- We will keep our floors swept every day-mopped daily.
- We will keep our doors open at all times.
- We will stay on our own side of the room.
- We will respect our roommate's privacy, if it is requested.

CLOTHING NORMS

- We will always maintain appropriate dress-shirt tucked in, no hats in building, no sagging pants, no short shorts or mini-skirts, no midriffs, no holes, etc.-must be presentable.
- We will wash clothes every week, on our approved day.
- We will not write on our clothing.
- We will wear appropriate shirts-no obscenities, occult, sexual or violent images, no gang related pictures, writings, or reference, no anti-authority images, writings, etc.
- We will wear underwear and socks appropriately.
- We will keep shirts on at all times.

- We will change clothes regularly (always wearing clean clothes).
- We will not wear one color (i.e. all khaki, black, etc.).
- No sleeveless shirts.

UNIT NORMS

- We will stay out of the hallway unless issued permission.
- We will keep the unit clean (sweep each sector daily, mop daily).
- We will keep garbage in cans and not in the hallways.
- We will pick up trash.
- We will stay within staff eyesight.
- We will not keep contraband items in our rooms.
- We will not horseplay on the unit.
- We will stay in our assigned area.
- We will not yell on the unit.
- We will keep bodily fluids to ourselves.
- We will not vandalize property.
- We will not make disruptive noises.
- We will follow staffs' instructions.
- We will use the water fountain appropriately.
- We will not sexually act out.
- We will not sleep between the hours of 6:00 am to 8:45 pm (7:00 am to 8:45 pm on weekends).
- We will use furniture appropriately.
- We will not curse.
- We will follow shower schedules.

ACCOUNTABILITY NORMS

- We will not blame others-we will take responsibility for our own actions.
- We will not tell lies.
- We will confront our peers in an appropriate and positive manner.
- We will support our peers.
- We can trust each other.
- We will respect our peers and will present ourselves in a way that shows that we respect ourselves.
- We will not downgrade our peers.
- We will have appropriate interactions in all groups with all group members.
- We will not have physically or verbally abusive confrontations with peers or staff.
- We will confront our peers to be helpful, not hurtful.
- We will not take a victim stance.
- We will recognize various thinking errors.
- We will show empathy for others.

GROUP NORMS

- We will respect others while speaking.
- We will not talk out of turn.
- We will raise our hands to speak.
- We will respect our peers' confidentiality.
- We will take/have leadership responsibility.
- We will stay on the relevant and appropriate subject.
- We will encourage our peers.
- We will not sleep in-group.
- We will not instigate any conflict with our peers for their group issues.
- We will not waste group time.

COMMUNITY, LIFE SKILLS AND OTHER COMMUNITY GROUPS

- We will respect the person talking by sitting up in our seat and paying attention.
- We will raise our hands to speak.
- We will not speak out of turn.
- We will not make any unnecessary noises.
- We will not downgrade a peer for something that he has said.
- We will confront to help, not hurt.
- We will give positive feedback.
- We will have eye contact when we speak and we will get in front of the community when we ask for support.

SCHOOL NORMS:

- We will respect the rights of others to learn in a calm, safe environment.
- We will recognize the importance of an education in our present life and in our future.
- We will recognize the authority of the teacher both inside and outside the classroom.
- We will use schoolbooks and equipment in an appropriate manner.
- We will patiently request teacher assistance when needed.
- We will follow all class rules and procedures.

MEDLINE NORMS:

- We will not talk unless the nurse is talking to us or we are getting meds from the nurse at that moment.
- We will follow all line norms while in the med line.
- We will turn in a sick call if we are requesting anything other than routine meds from the nurse.
- We will give the nurse a request for service form if we have problems that may need referral to an outside health provider. This includes but is not limited to: seeing a medical doctor, getting glasses fixed, going to the dentist...
- We will check with our counselor first before talking to the nurse if it is not our turn to get meds.

LINE NORMS:

- We will keep our hands behind our backs.
- We will keep an arm length or two blocks apart.
- We will face forward.
- We will not talk in line.
- We will raise our hand to speak.
- We will not horse play in line.
- We will have our shirts tucked in.
- We will count going through all doors and around all corners.

HUDDLE NORMS:

- We will keep our hands behind our back.
- We will pay attention.
- We will raise our hand before we speak.
- We will have our shirts tucked in.
- We will be appropriate.

Level System

The Purpose of the level system is to give clear information to residents, staff, parents, and others about specific behavioral and treatment objective expectations that residents must complete before the Inter-Disciplinary Treatment Team can authorize a resident's successful completion of Courtland's residential treatment program. It is designed to give residents guidelines for their behavior as they progress through the program. Levels in Three Springs are based upon completion of tasks, competency (mastering an area), changes in thinking and behavior, development of victim awareness and empathy (sensitivity to others), and acceptance of responsibility. This is measured by residents completing treatment goals and objectives and as evidenced in behaviors. The length of time a resident remains on a certain level will be determined solely by their performance. Residents learn a sense of pride and accomplishment as they progress through the levels and additional privileges and responsibilities are awarded. *In addition to completing listed assignments, residents are also expected to maintain the appropriate attitude and "focus" of each level. Just because required assignments are completed does not prove that a resident is ready to move to the next level.*

The Inter-disciplinary Treatment Team decides level promotions each week. *The Inter-Disciplinary Treatment Team will gather as much information as possible to make the best decision as to whether or not real change is occurring.* Levels and/or privileges may be suspended or dropped depending on the type of acting out behaviors shown or lack of participation in treatment. All level and privilege demotions will be logged in the level log to ensure accurate and up to date information. Suspended privileges will be returned when the time of suspension expires. Dropped levels may only be re-earned by the resident after showing two consecutive weeks with no Risk Identification Report for inappropriate behavior, maintaining adequate daily point levels set by the Inter-Disciplinary Treatment Team, making behavioral changes recommended by the Inter-Disciplinary Treatment Team, and no ROL offense.

Requirements for Completion of Orientation Level

Central Focus: Assessment and Orientation

The purpose of this level is to introduce self-discipline, familiarize the resident with the program and encourage new efforts toward acceptance of responsibility. Upon the completion of the intake process the resident will be assigned a Peer Group, Primary Counselor, and Family Service Worker. The Peer Group will be responsible for orienting the new resident to the PPC and the group norms. The resident and his Family Service Worker will work together to develop treatment goals.

Expectations of Orientation Level

"Compliant with staff requests and program norms"

Required Behavior

The Orientation Level Resident will:

- Understand and follow program rules and norms.
- Participate appropriately in all activities (school, chores, groups, recreation, community groups)
- Accept that they have problems (begin to name them) and show willingness to work on problems.
- Demonstrate one week of consecutive and consistent compliance without a "Risk Identification Report", and demonstrate acceptable performance in all program areas, by receiving at least 75% of the possible weekly behavioral points for fourteen consecutive days immediately prior to advancement.

Responsibilities

The Orientation Level Resident will:

- Appropriately participate in Medical Health Care Screening.
- Appropriately participate in Psychological Testing.
- Appropriately participate in a Needs Assessment.
- Appropriately assist in creating a personal Treatment Plan.
- Read the Resident Handbook.
- Pass the PPC test with a 75% or better grade.
- Attend school.

- Recite and explain the Mission Statement and Creed with 80% or better performance.
- Begin a personal daily journal and have it initialed by approved staff.
- Appropriately participate in all educational intake assessments.
- Complete Community Level Packet.
- Receive majority vote from peers
- Take medications as prescribed

Privileges- Omission of stated privileges/items does not imply permission.
The Orientation Level Resident may:

1. Have all basic rights, including mail.
2. May make one 10-minute phone call to parent/guardian, only, allowed upon completion of admissions process. One out-going 5 minute phone call per week on scheduled call day. The resident may make no other calls, except in emergency and with prior approval. If a resident feels another call is urgent or necessary, he will speak with his Family Service Worker. Collect calls are not allowed.
3. Participate in visitation with parent/guardian only as scheduled.
4. Have 7-pairs of clothing.
5. Have 1-pair of shoes.
6. Have 1-pair of shower shoes.

Note: No pictures, no toys, no electronics allowed on this particular level

Time required to complete Orientation Level - Minimum of 2 weeks

Requirements for Completion of Community Level

Central Focus: Problem Awareness and Recognition

A group member promoted to Community Level has completed all that was required for Orientation and is demonstrating Bravery in recognizing the need for change. The resident will attend classes and groups and complete personal assignments to further identify problem areas. He will become increasingly aware of the negative consequences and results that inappropriate acting out behavior has had on his life. Each resident will discover barriers to recovery and behavioral change. He will begin to identify unhelpful ways in which he has tried to solve his problems but instead has led him into negative patterns of acting out. The resident will begin working with his community peer group and discovering ways that he can contribute as an active member.

Expectation of Community Members

"Consistent compliance with norms: recovers from problems with increasing success"

Required Behavior

The Community Level Resident will:

- Identify thinking errors.
- Demonstrate responsibility of self and group.
- Demonstrate acceptance of full responsibility for your criminal behavior (if applicable).
- Develop a sensitivity and understanding of the impact of your behaviors on your victim(s) (if applicable) and others.
- Understand and discuss personal cycles.
- Follow first prompts.
- Accept authority.
- Practice good hygiene and grooming.
- Be considerate of others.
- Participate fully in group activities and treatment.
- Control negative behaviors.
- Follow norms and express feelings appropriately.
- Use group huddles effectively.
- Make progress on performance and treatment goals.
- Accept and provide helpful confrontation.

- Demonstrate two weeks of consecutive and consistent compliance without a Risk Identification Report or ROL offense and achieve acceptable performance in all program areas by receiving at least 75% of the possible weekly behavioral points for fourteen consecutive days, with no more than 1 inconsistent day, immediately prior to advancement.

Responsibilities

The Community Level Resident will

- Complete criminal and personal autobiography and share in group.
- Complete empathy assignment.
- Complete 'Letter to Self-assignment.
- Understand what a 'Thinking Error' is, and make a personal list of your own thinking errors.
- Discuss the relationship between thoughts, feelings, and behaviors with your FSW and memorize the model.
- Memorize cycles
- Memorize Self-Defeating Behavior Cycle
- Create your own personal Cycle of Violence.
- Make a list of your physical and emotional triggers.
- Participate in a successful family conference.
- Appropriately participate in academic testing. (i.e. Quarterly testing, state mandated testing)
- Maintain a 2.0 GPA in school.
- Complete daily journal entries regularly and have it initialed.
- Obtain support from your group to petition for PEER Level.
- Complete Peer Level Packet.
- Discuss values represented in the Three Springs Creed.
- Show respect toward others and self.

Privileges- Omission of stated privileges/items does not imply permission.
The Community Level Resident may:

1. Have all privileges from previous level.
2. Make one out-going 8 minute phone call per week on scheduled call day.
3. The resident may make no other calls, except in an emergency and with prior approval. If a resident feels another call is urgent or necessary, he will speak with his Family Service Worker. Collect calls are not allowed.
4. Display one family picture and any program awards in his room.
5. Participate in Point Store as earned. (Community level may purchase school supplies and food items only.)
6. Serve as Scribe.
7. Participate in off campus school outings as scheduled except local community projects, as approved by treatment team.
8. Be allowed 8 pair of clothing
9. Have 1-pair of shoes

- Note: no toys, no electronics on this particular level.

Time required to complete Community Level Minimum of 30-days after obtaining Community level with at least 14 days of consistent appropriate behavior, with no more than one inconsistent day.

Requirements for Completion of Peer Level

Central Focus: Insight and Commitment

Peer Level residents increase their insight into thoughts, feelings, and behaviors as they learn to cope with and meet emotional, social, mental and physical needs. The resident conducts a deeper study of personal patterns of problem behaviors. A Peer Level member consistently demonstrates that he has made a choice to change how he thinks about himself, others and his circumstances. He demonstrates this commitment through changes in his harmful thoughts and actions toward others. A Peer Level resident is expected to use the knowledge gained to motivate him and his peer group toward becoming cooperative and contributing members of the residential community. A Peer Level resident is making progress on treatment goals and objectives.

Expectations of Positive Peer Members

"Consistently advocates pro-social values: "Walk the Walk".

Required Behavior

The Peer Level resident will:

- Consistently demonstrate all expectations of Community Level Behavior.
- Appropriately interact with peers and staff.
- Remain considerate.
- Be cooperative.
- Identify and verbalize victim awareness and sensitivity.
- Demonstrate the capacity for remorse.
- Become a leader, role model, and problem solver in the group.
- Openly discuss issues of treatment.
- Ask for help.
- Advocate pro-social behavior.
- Show a desire to change, and begin efforts to seek extra responsibility in group.
- Begin to see themselves as members of a positive peer community.
- Will cease treating others as objects.

- Additionally demonstrate two weeks of consecutive and consistent compliance without a "Risk Identification Report" or "ROL" offense and achieve acceptable performance in all program areas, by receiving at least 80% of the possible weekly behavioral points for fourteen consecutive days immediately prior to advancement.

Responsibilities

The Peer Level resident will:

- Complete Power and Control Cycle
- Know and identify personal cycle of violence.
- Share personal cycles in group.
- Know and identify triggers of inappropriate behavior
- Complete self-analysis assignment.
- Complete Pledge essay.
- Identify and list personal self-defeating behaviors.
- Develop a three generational gene-o-gram or family tree.
- Prior to off-campus family passes will develop agreed upon expectations and rules that will govern their actions and interactions while on pass.
- Complete daily journal regularly and have initialed
- Complete five hours of Community Service Projects.
- Obtain support from group to petition for PLEDGE Level.
- Complete Pledge Level Packet.
- Complete Pledge interview with Treatment Team.
- Discuss personal examples of applying the Three Springs Creed.

Privileges- Omission of stated privileges/items does not imply permission.
The Peer Level resident may:

1. Have all privileges from previous levels.
2. Have one out-going 8 minute phone call per week on scheduled call day and one 5-minute in-coming phone call. The resident may make no other calls, except in an emergency and with prior approval. If a resident feels another call is urgent or necessary, he will speak with his Family Service Worker. Collect calls are not allowed.
3. Serve as Scribe or Group Leader.

4. Have one off-campus family pass per month (The first one must be a local day pass and pending required family therapy session).
5. Display two family pictures, any program awards, and two appropriate art drawing in room.
6. Volunteer to assist staff on facility work projects.
7. Participate on local community service projects.
8. Serve as a "Third"- may go on transports with staff and another resident as the third individual, but only if needed and only if there are no Pledge or Honors Level residents available.

*Note: passes cannot be applied for on the same day a level is applied for.

Time required to complete Peer Level- Minimum of 30 days after obtaining Peer Level.

Requirements for Completion of Pledge Level

Central Focus: Confrontation and Responsibility

When a resident has reached pledge level he has demonstrated internalization (real change) of pro-social values and the application of learned knowledge, skills and abilities in daily behavior and in his interactions with others. These new attitudes and beliefs will accompany changes in behavior. Pledge level residents maintain a focus on practicing the skills and behaviors, which support healthy relating and living. They serve as a role model to peers and make a habit of giving back to their community.

Expectations of Pledge Level Residents

"Internalized change: walks the walk, believes it and lives it"

Required Behavior

The Pledge Level resident will:

- Create a pledge of pro-social behavior and practice this behavior by demonstrating a pro-social value system daily.
- Demonstrate a commitment to good moral character with self-sacrifice for the greater good and true empathy for others.
- Actively help others and demonstrate a caring and positive attitude.
- Demonstrate four weeks of consecutive and consistent compliance without a Risk Identification Report or ROL offense and achieve acceptable performance in all program areas by receiving at least 90% of the possible weekly behavioral points for fourteen consecutive days immediately prior to advancement.
- Complete PLEDGE interview and obtain 80% of staff votes prior to advancement.
- Complete essay examining impact of negative behavior on others.

Responsibilities

The Pledge Level Resident will:

- Complete majority of treatment plan goals.
- Write a personal "Pledge" of pro-social behavior.
- Successfully lead at least one community group per week.
- Assist with the orientation of new residents.
- Complete psychological post testing.
- Develop positive family relationships through family sessions.
- Complete a comprehensive relapse prevention plan.
- Complete Honors essay.
- Complete twenty hours of Community Service Projects and be able to discuss benefit of work to others.
- Complete daily journal regularly without need for supervision.
- Obtain support from group to petition for HONORS Level.
- Complete Honors Level Packet.
- Complete Honors interview with Treatment Team.

Privileges- Omission of stated privileges/items does not imply permission.
The Pledge Level resident may:

1. Have all privileges from previous levels.
2. Have one out-going 10 minute phone call per week on scheduled call day and one 8-minute in-coming phone call. The resident may make no other calls, except in an emergency and with prior approval. If a resident feels another call is urgent or necessary, he will speak with his Family Service Worker. Collect calls are not allowed.
3. Serve as group representative on program committees, and as a Peer Mentor to new residents.
4. Participate in one off-campus family pass per month.
5. Display up to five family pictures and two non-family pictures in room
6. Display two pictures of healthy role models in room.
7. Participate in work privileges to earn money (as needed by program). Work privileges will be discontinued if the resident's academic or therapeutic progress diminishes.

8. Assist staff in the point store, and hold program positions such as Library Assistant, Newsletter Editor, Teacher Aid, and Dining Room Manager.
9. Travel with staff to purchase program supplies (point store, movies, activities supplies) with Unit Coordinator, Family Service Worker, or Administrator's permission.
10. Provide input on monthly menu planning.
11. Have two off-campus outings with group as earned.
12. Have 10-pairs of clothing.
13. Have 3-pairs of shoes.
14. Have 2 or more pictures or posters (quantity and material must be approved).
15. Have walkman radios and hand held electronic games. Note: The type of music must be appropriate and approved
16. Personal time from 9:00 pm - 9:30 pm.

*Note: passes cannot be applied for on the same day a level is applied for.

Time to complete Pledge Level-Minimum of 30-days after obtaining Pledge level

Requirements for Completion of Honors Level

Central Focus: Transitions

This is the highest status level in the PPC system designed for positive resident leaders who have earned recognition through hard work, dedication, commitment, and change. Honors residents are the role models of the program and have a significant responsibility in working to maintain the culture that allowed them to succeed and grow. The resident is working on re-entry to family, step-down, and/or community systems. Emphasis is placed on relapse prevention, aftercare planning, family relationships, evaluation of the need for continued care, and support systems for the resident.

Expectations of Honor Residents
"Preparation for re-entering the community"

Required Behavior

The Honors Level resident will:

- Sustain and demonstrate all expectations of the lower level behaviors
- Act as a role model for teaching other residents the benefits of pro-social values and behaviors.
- Be held primarily responsible for the PPC.

Responsibilities
The Honors Level resident will:

- Complete Transition Plan and Aftercare Plan.
- Present Relapse Prevention Plan and Transition Plan to group and family.
- Complete Exit Interview with Treatment Team.
- Write a Treatment Summary, explaining changes you believe have occurred in you since entering the program and why you should be given a chance to re-enter the community.
- Complete daily journal regularly without supervision.
- Complete twenty hours of work and leadership on Community Service Projects.
- Co-facilitate Community Groups.
- Complete a graduation ceremony.

Privileges- Omission of stated privileges/items does not imply permission.
The Honors Level resident may:

1. Have all privileges from previous levels.
2. Begin transitional planning and initiate their pre-release notification to the Judge and JPO.
3. Perform some duties without direct supervision.
4. Have 60 minutes of personal time at "lights out" with staff approval.
5. Take an active role in influencing policy and procedure of the PPC.
6. Group mixing is permitted for Honor members with Unit Coordinator, Family Service Worker permission.
7. Have two off-campus family passes per month.
8. Display four pictures of healthy role models in room.
9. Have unlimited off-campus outings with group as earned.
10. Have 11-pairs of clothing.
11. Have5-pairs of shoes.
12. Have 2 or more pictures or posters.
13. Have any electronics.

- Note: Personal Electronics must remain in the resident's room except during approved personal time. Residents may not wear/carry these items through out the day.

Time to complete Honor's Level-through discharge

REORIENTATION LEVEL (ROL) AND SERIOUS VIOLATIONS

Serious violations are a significant threat to staff, residents, and visitors and constitute a violation of law and/or major norms. Residents may have criminal charges filed against them for such violations. There are also program consequences for such behaviors. The first consequence is an automatic demotion to Re-orientation Level or (ROL). ROL will be a minimum of three days. Restrictions and tasks will be outlined further in this manual. No resident will be denied basic rights during ROL.

Those incidents, which are considered serious violations, include:

1. Fighting and Assaults and/or Battery (includes physically harming others and serious threats)
2. Destruction of Property
3. Escape and Attempted Escape
4. Gang Related Behaviors
5. Stealing
6. Possession of Major Contraband
7. Self-injurious Behavior
8. Sexual Acting-Out Behavior (includes solicitation, frottage, and indecent exposure)
9. Group Mixing
10. Leaving staff's sight
11. Directly instigating a peer in hopes the peer will become off track
12. Refusing to complete assigned consequences

GUIDELINES FOR RESIDENTS ON ROL

1. Residents on ROL will spend the majority of their time in the classroom, school hallway, or near their room. No resident will be denied -basic rights, such as education, meals, sleep, physical education, participation in counseling, etc.

2. Residents will do homework and work on their Rejoining Packet during Activity Time.

3. "ROL Assignments" - The resident on ROL must submit a Rejoining Packet to the Unit Coordinator containing the following: a letter of apology to his group, a letter of apology to staff, a contract for change, a signed letter from their

reporting teacher indicating that all assigned work has been completed, an explanation of how they violated community norms, a description of the thinking errors that influenced behavior, and a plan to prevent this behavior in the future.

4. Residents on ROL will have 1-hour of physical activity per day.

5. ROL's will do morning exercises or other physical education activities in an appropriate location.

6. Residents on ROL will have basic rights but no earned privileges. The below listed rights are allowed:

    a. All basic rights including mail.

    b. Phone Privileges: One out-going 5 minute phone call per week on scheduled call day. The resident may make no other calls, except in emergency and with prior approval. If a resident feels another call is urgent or necessary, he will speak with his Family Service Worker. Collect calls are not allowed.

    c. Visitation with parent/guardian only as scheduled.

7. Residents may interact with staff and only Pledge and Honors Level peers that will encourage positive behavior. This interaction should be focused on meeting the basic needs/rights of the resident. This interaction should also be in a therapeutic context and intent.

8. ROL's will have a 30 minute earlier bedtime. All ROL's will sleep in their room unless otherwise determined by treatment team. Special observation, which requires residents to sleep somewhere other than their room, will be reviewed by treatment team at least twice per week.

9. ROL's will travel with staff, in the back of the group's line.

10. ROL guidelines must be followed for three consecutive days for the resident to be eligible to rejoin his group. The Unit Coordinator or shift supervisor

establishes all initial ROL criteria and reviews all Rejoining Packets for completion.

11. ROL's must complete their Rejoining Packet, abide by the guidelines, and have 3 successful days with 6 consecutive yeses to be voted off ROL. **In order to obtain a yes signature, one must achieve a minimum of 25 points on ROL point card.**

12. Residents on ROL must request signatures from staff at the end of each shift, and from his reporting teacher at the end of the school day. Residents on ROL are responsible for requesting permission to obtain signatures from staff. **The signature must come from the counselor working with that group on that shift**, not the Family Service worker, shift supervisor, unit coordinator or other counselors.

13. Residents committing a major violation will be placed on ROL. When the resident is released from ROL, he will return to his former level. If a resident must be placed on ROL two times or more within 30 days, or has another offense while on ROL, he will drop one level when he returns to his group. This will be brought before Treatment Team.

14. ROL's will be allowed contact with parent/guardian, advocates, etc. All rights of the resident will be observed.

Instructions for Reorientation Level

You have been in a serious violation at Three Springs, Courtland. You Will, for the next three days, be given the opportunity to evaluate your behavior and develop a plan for:

1. Changing your behavior.
2. Re-establishing your respect and status within your peer community group

For the next three days you will have:

1. No earned privileges.
2. The opportunity to complete schoolwork.
3. The opportunity to complete a Rejoining Packet.
4. Basic Rights:

    a. All basic rights including mail.
    b. Phone Privileges: One out-going 5 minute phone call per week on scheduled call day. The resident may make no other calls, except in emergency and with prior approval. If a resident feels another call is urgent or necessary, he will speak with his Family Service Worker. Collect calls are not allowed.
    c. Visitation with parent/guardian only as scheduled.

5. Limited contacts with staff and peers. You may interact with staff and only Pledge and Honors Level peers that will encourage positive behavior. This interaction should be focused on meeting your basic needs/rights. This interaction should also be in a therapeutic context and intent. (No frivolous or negative interactions).
6. 30 minute earlier bedtime.

You are required to:

1. Telephone your parent and/or Caseworker to inform them of your serious violation.
2. Actively participate in school and complete schoolwork.
3. Attend group therapy when offered.
4. Complete a Rejoining Packet.
    a. Contract for change.
    b. Apology to group.
    c. Apology to staff.
    d. Explanation of violated norms.
    e. Thinking errors that influenced you.
    f. Plan of action.
    g. Signature sheets.
    h. Facilitate huddle processing major norm violation.
5. Upon completion, give the Packet to the Unit Coordinator.

*If you do not meet your ROL requirements, your ROL time will be extended until you complete the work assigned and show positive consistency for three consecutive days.

*If you commit another serious violation to program norms while you are on ROL, your ROL status and days will be re-started.

*When you have completed all ROL requirements, the Unit Coordinator will review your packet and you will return to your former level. If this is your second ROL within 30 days, you will lose one level. A resident cannot be reduced below Orientation Level.

** Role of staff

- Praise all positive behaviors small and large.