

Family Handbook



Developing Strong Futures



ORCHARD PLACE

925 SW Porter Avenue
Des Moines, IA 50315

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Developing Strong Futures

This handbook is written to acquaint you with the treatment programs at Orchard Place. We realize that making the decision for your child to come to Orchard Place has been difficult and you have many concerns and questions. We believe that the more you know about our programs, the more comfortable you will feel about the decision you have made. Children living at Orchard Place are generally from Iowa, are male and female, and are between the ages of ten and seventeen at the time of admission. They have a variety of psychiatric diagnoses that contribute to their inability to live in their homes or their communities, and symptoms are typically demonstrated by aggression, runaway episodes, self-destructive acts, truancy, depression, school failure, and withdrawal from friends and family. Orchard Place offers an individualized program that provides twenty-four hour supervision, safety and consistency.

Pre-Admission Process

When your child is referred to Orchard Place, an Admissions Coordinator reviews the referral information and determines if your child may be able to benefit from treatment at Orchard Place. The Orchard Place program will be explained and you will have the opportunity to share your concerns and treatment needs for your child and family. If you or your child require interpretation services or special accommodations, please let us know as soon as possible so that we may make the necessary arrangements prior to your child's admission. This includes but is not limited to vision, hearing, speech, language and cognitive impairments.

Orchard Place strives to build an environment of care that actively pursues equity on all organizational levels, including but not limited to race, ethnicity, gender, sexual orientation and disability. Every voice is valued. Our priority is to provide safety to employees, clients, families and the community. We have a Diversity, Equity and Inclusion committee that is charged with researching, developing and proposing approaches to create and sustain a supportive, growth-oriented, and inclusive environment.

Our goal is to provide Diversity, Equity and Inclusion educational groups to youth to increase awareness, understanding and ability to effectively interact with people from all cultures. We also will provide safe, supportive outlets for youth to engage in social justice initiatives.

We ask that you share any cultural needs for your child/family prior to admission so that we have the necessary tools to meet your needs at the beginning of treatment and ongoing.

Family Involvement:

We realize that, as a parent, you are entrusting Orchard Place with the care of your child. We understand that placing your child in residential treatment is an extremely difficult, and sometimes frightening, decision. We would like to assure you that parents/guardians and caretakers are an important part of our treatment team.

As an agency, we will consult with you on important decisions such as medication changes, treatment plans, health care and discharge planning. The unit staff will conduct a weekly update to provide you with information on how your child has done on the unit. We have found that children benefit most from treatment when our staff and parents work closely together and we support the rights provided to you.

Through weekly family therapy sessions, we attempt to strengthen the family's structure and the relationships within it. Your active involvement in the treatment program will reassure your child that they are not being abandoned, that you intend to assist them in participating in the Orchard Place treatment program, and plan for their eventual return to the community. The organization accommodates the right of the individual served to request an internal review of their plan of care, treatment, or services. Orchard Place respects the right of the individual served to refuse treatment in accordance with law and regulation; however, Orchard Place is obligated to fully inform the individual and parent about its responsibility, to potentially terminate the relationship upon notice, or to seek other treatment options for the family.

Your Role & Responsibilities in the Treatment Process

At Orchard Place, we strive to provide the highest quality of care for each of the children and families we serve and urge individuals and their families to be involved with their care. Here are some useful tips on making the most of treatment:

Speak UP – Know your rights

This is a national campaign which was started in 2002 by the Joint Commission. Orchard Place supports this effort to encourage all patients to become involved in their healthcare decisions.

- If you have a question or don't understand, ask. Your child's well-being is too important to worry about being embarrassed or offending someone.
- Don't be afraid to speak up if you feel something is amiss with your child. This could be anything from a possible side effect to how you feel a medication is working.
- If the medication sent with your child on a home visit doesn't look the same, tell us.
- Find out more about your child's diagnosis, medications and why they have been given.
- Find out generic and brand names for your child's medications, what dosages are being given, their purpose and possible side effects.
- When filling a handwritten prescription, make sure it is legible to you and to the pharmacist.
- Know what medications your child is taking and why. Keep track of dosages, including increases and decreases. Inform a staff member if you notice a side effect or if something appears or seems different.
- If your child is taking multiple medications (including over the counter drugs or vitamins), check with your pharmacist about drug interactions.
- Ask about emergency phone numbers or have a back up plan for emergencies which may arise during home visits.
- Communicate with our nurses and direct care staff regarding allergies or reactions your child has to food, medication or the environment.
- You have a right to ask for a second opinion.
- Communicate with your child's treatment team any cultural, psychosocial, spiritual beliefs, values or preferences. Freely share your expectations.
- Keep copies of treatment plans. Keep a record of diagnosis, interventions and medications tried and the results. Also keep track of therapists and doctors names and all doctor and therapist appointments.
- Prior to discharge, make a plan for any continuing treatment or medication monitoring your child will need after discharge. Sometimes it takes several months to get into the doctor or therapist of your choice.

Pay attention to the care your child receives. Get to know the people on your child's team.

Ask a trusted family member or friend to be an advocate if a situation becomes overwhelming.

Join a support group. Ask about Love and Logic parenting classes and TBRI (Trust Based Relational Intervention) training.

Participate in weekly family therapy. Keep in close communication with your child's therapist and treatment team. Attend psychiatric and educational staffings.

Remember that you are an important part of your child's treatment team. We value your input as the person who best knows your child.

Parents and Children's Rights

Orchard Place is committed to protect your client rights, as stated below:

1. Safe, comfortable, and healthful accommodations.
2. Appropriate food, clothing and shelter.
3. Appropriate medical care (to the extent that such care is not provided by physicians and others on the Orchard Place campus, Orchard Place will make referrals in accordance with established policies.)
4. Each child will receive treatment under the least restrictive conditions that are required in order to provide quality treatment.
5. Each child and their parent/legal guardian will be encouraged to state their opinion on matters affecting the life of the child and Orchard Place will listen to those expressions of opinions and, to the extent such opinions are reasonable and consistent with the treatment program, Orchard Place will make attempts to incorporate those ideas when treatment decisions are made. Consumers have the right and responsibility to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members or other conservators.
6. All children will be treated with dignity by the staff.
7. Each child will participate in an educational program at school appropriate to their needs.
8. Children will not be subjected to corporal punishment, humiliation, mental, sexual, or physical abuse, and any violations of this paragraph shall be immediately reported to the Campus Vice President.
9. All children will receive adequate and appropriate adult guidance, support, and supervision.
10. Each child shall have the right to enjoy freedom of thought, conscience, and religion.
11. There will be an individualized treatment program designed to meet the individual needs of each child.
12. Reasonable provisions will be made for the privacy of each child.
13. Each child, parent/legal guardian, and referring worker will be informed about the procedure for registering complaints.
14. Each child, parent/legal guardian, and referring worker will be informed about mail, telephone, and visitation policies.
15. Copies of written discipline policies will be furnished to each child, parent/legal guardian, and referring worker.
16. Before a child participates in any research project, the child and parent/legal guardian will be informed about the research project and the child's proposed participation, and the child, parent/legal guardian shall have the right to refuse to participate.

17. Each child and the child's parent/legal guardian is invited to visit Orchard Place prior to placement of the child and is informed, prior to placement, about the treatment, care and procedures to be followed. Barriers to visits/tours may occur during pandemics. Link to virtual tour: <https://vimeo.com/502259490>
18. Each child, the child's parent/legal guardian, and the referring worker shall be informed as to the name, professional status, and role of each Orchard Place staff member who is concerned with the treatment of the child.
19. Each child and/or parent/legal guardian shall be informed by the nurse as to the expected benefits and possible side effects of all medications that are given to that child by Orchard Place personnel.
20. All children, parents/legal guardians, and referring workers shall be notified that Orchard Place does not discriminate on the basis of race, color, national origin, gender, age religion, creed, disability, or sexual orientation.
21. All children and their parents/legal guardians will receive from Orchard Place dignified and humane treatment in a manner which should safeguard their legal and civil rights.
22. All children will receive quality treatment regardless of their source of financial support.
23. Information regarding the treatment of a child and family history is strictly confidential. Information is not shared with persons outside of the agency without written consent from the parent/guardian. Consumers also have the right to review and copy their own medical records and request amendments to their records.
24. If a parent/guardian is unable to understand a proposed treatment or procedure or unable to communicate their wishes, they may appoint someone to speak on their behalf and to make decisions.
25. If a child or parent/guardian is unable to understand written and/or spoken English, they will be informed of their rights in a language they understand.
26. Consumers have the right to receive accurate, easily understood information and assistance in making informed health care decisions about their health plans, professionals, and facilities.

ADMISSION

On the day of admission, you and your child will meet with admissions staff to complete intake paperwork to begin treatment. You will enroll your child in the on-campus school program facilitated by the Des Moines Public Schools. You will meet with your child's therapist to develop the treatment plan, phone/visitor list and review the emergency treatment procedures. Your first family therapy session will be scheduled. You will also meet with your child's psychiatric provider and one of our nurses. Our office manager and your child's case manager will also meet with you briefly.

We will need medical information about your child, including documentation of your child's physical, vision, hearing and dental examinations, immunization records and current medications. If your child has had a physical exam within the past 12 months, vision exam within the past 12 months and dental exam within the past 6 months, we will need records of those visits

Certain medication carry the potential to be addictive and can cause a psychological and physical dependence, even prescribed medications! One example is the use of a class of

medicines called Benzodiazepines typically used to treat anxiety and seizures. If your child is prescribed these for a seizure disorder we would not make any changes to that medication, however if they are used for anxiety, they are only to be used for a very short time or not at all because of the addiction/dependence risk. Benzodiazepine medications include those such as Ativan (Lorazepam), Klonopin (Clonazepam), Xanax (Alprazolam) and Valium (Diazepam) and others. Due to this elevated risk, in most cases the Orchard Place psychiatric provider will assess your child and decrease and possibly discontinue your child off of these medications. This is so that they learn to manage their anxiety with non-dependency causing medications and new mental coping strategies.

Once the admission process is complete, you and your child will then go to your child's unit where you will meet Milieu Treatment Counselor (MTC) staff on the unit. You will also be shown your child's room and may choose to help your child move in and get their things organized. (Barriers to entering the unit may occur during pandemics.) Your child will be introduced to the other children on the living unit after they are checked in and settled. You and your child may be experiencing many feelings at this time: confusion, fear, guilt, relief, abandonment, rejection at admission. You are encouraged to share your concerns with your therapist.

Upon arrival to the unit, you and your child will be given a list of clearly defined unit rules and guidelines. This information will be discussed with your child by a Milieu Treatment Counselor. The treatment staff has found that a consistent and predictable unit program with clearly defined rules will be most helpful in assisting your child in feeling safe. Your child will also receive written information describing unit privileges.

Each unit is co-educational, accommodating space for 10-12 children. Your child will be assigned to a single or double room based on availability and individual need. The bedroom is furnished with a desk, chair, dresser, bed, drapes, carpeting, and bulletin board or chalkboard. Your child may bring their own possessions, clothing, and personal decorations for their room.

The Family Services Center (FSC) includes administrative offices, therapy offices, family therapy rooms, a medical clinic and the reception area. There is also a full size gymnasium available for large group games and special events during after-school hours and on the weekends. Playground equipment, a greenhouse, and a softball field are available on the main campus. Breakfast, lunch, dinner and snacks are provided seven days a week.

The Orchard Place Campus School Program

The Orchard Place Campus School is located on the main campus and educational services are provided by the Des Moines Independent Community School District. In this special school setting, the educational staff is specially trained to provide both appropriate educational services as well as share an understanding of the emotional problems that often influence learning. Whenever it is appropriate for your child to begin an off-campus community school placement, the educational staff will work closely with your child to make the transition as smooth as possible. Your child's homeroom teacher will contact you to encourage your participation in parent/teacher conferences that occur twice each year. The educational staff values your involvement in developing an appropriate educational plan.

During the school year, residents attend school Monday-Friday from 8:20 am to 11:30 am and 12:30 pm to 3:20 pm. Residents return to their living until from 11:30 am to 12:30 pm for lunch.

Summer school is required for residents; however, students do not attend for the full summer. School hours are Monday-Thursday 9a-12p.

Visits, Phone Calls, and Mail

Visits, phone calls and mail from family members and other important parties are encouraged. It is often helpful for children in treatment to have consistent and predictable routines.

ON-CAMPUS VISITS

There is no waiting period before family or other specifically designated parties can visit. We ask that parent/guardians set up these visits through the therapist. Visits with non-family members are allowed with joint approval from Orchard Place staff and the parent/guardian. However, a background check must first be completed. Visits with lawyers, social workers, probation officers and clergy are allowed. We do not have set visiting hours but ask that visitors avoid school hours.

OFF-CAMPUS AND HOME VISITS

Many children benefit from spending time with their family in the community or home. This is an opportunity to learn and practice new behaviors and to promote healthy family relationships. Again, we request that visits are scheduled with the therapist in advance for reasons stated above, as well as to order medications to send home with the child.

PURPOSE

We believe regular, predictable family contact is very therapeutic for children and should begin immediately, at least on campus. Progressing toward home visitation is an important part of treatment. Home visits relieve children's anxieties about being away from home, are helpful in evaluating progress, are powerful motivators for children to make progress, provide practice for the child in transferring new behavior to the home environment, and provide practice for the parent who may wish to make changes in managing their child at home.

SCHEDULING

Family contacts are scheduled through the therapist. Exceptions are when there is a court order restricting visits. Assuming no such restrictions, visits usually begin on campus and progress to off campus and then to home visits as the child makes progress on their treatment goals. Children coming from another placement who have already progressed to home visitation may be best to continue those with minimal disruption. How soon or how quickly home visits are scheduled is a clinical decision made by the therapist in coordination with parents/guardians, the child, and the treatment team. However, home visits scheduled too soon or too frequently can raise rather than lower anxiety and can diminish the child's motivation to progress.

Medications for the visit will be requested by the therapist and ordered by nursing. Orchard Place's pharmacy requests medication be submitted three business days in advance for a weekend visit and one week in advance for vacations, spring break and holidays.

PREPARATION

The therapist discusses the purpose of home visits with the parents/guardians and resident, emphasizing the treatment aspects. Parents/guardians are recommended to have the same routines and expectations during visits that they will have once the child is home for good.

Treating the child as a guest or not expecting the child to do chores, etc as will be expected in the future will make adjustment home at discharge more difficult. For residents with an explosive history, a plan should be in place should aggression occur at home.

Parents/guardians are recommended to remove guns from the home as experience has shown that locking guns and separating them from ammunition is not always sufficient. Medications should be secured in situations where children have been self-harmful. Children who have a history of trauma and fear repeated assault should have a safety plan in place prior to beginning home visits. The whereabouts of past abusers should be discussed and a plan established should the child inadvertently have contact. The therapist reviews with parents/guardians our precautionary levels and recommendation that should the child be restricted to campus due to unsafe behavior, any off campus visit planned will occur at Orchard Place instead.

PICK UP

Should behavior prior to a visit be concerning but not result in campus restriction, unit staff inform the parents/guardians of the behavior so the parents/guardians are aware and can respond as appropriate. Unit staff are available to be sure the parents/guardians understand when and how to give medications during visits, and will involve nursing staff as needed for questions or concerns. When medication hand offs occur for off campus visits, the parents/guardians and staff will sign off that medication was accounted for and proper hand off communication occurred. Parents/guardians are responsible for transportation to and from visits. If a different arrangement is needed, this must be approved by the therapist ahead of time. Transportation by another resident's family is not allowed.

RETURN

It is very helpful for parents/guardians to come into the building with their child when returning from a visit. Talking with staff in the presence of the child about what went well and what needs improvement can be very helpful to the child's adjustment back to the unit and to the overall treatment. Parents/guardians are also asked to complete a visit report form and return this to unit staff when dropping off their child after a visit. When needing to speak with staff privately, let staff know of this need or telephone back. Children's pockets, bags, shoes, and coats are checked upon return to assure all items are safe and appropriate for the milieu. For children who may hide or try to sneak things in, parents/guardians and staff will need closer than normal communication about what the child is taking home and bringing back. A more extensive search protocol of the child's items may be done when the child returns. If needing to return a child early due to acting out behavior, it is helpful if parents/guardians can call the unit first to inform staff. Providing details of the situation to the staff upon return helps them assure immediate safety and gives all staff a better chance to help the child resolve that incident.

HOLIDAYS

We support children being home with their families for the major holidays even if they have not progressed in treatment to the point of regular home visits - provided parents/guardians and staff believe the child is safe to do so. Such visits are generally limited in length to what is needed for celebration of the holiday.

5:2's

When a resident is nearing discharge, the treatment team may suggest a transition plan referred to as "5-2s". This entails being at home during the week and then returning to Orchard Place on the weekends. This is not a regular part of the treatment process but is useful in specific situations. Five-twos can be helpful for children who have had past problems at home with school attendance, or problems with morning and bedtime routines. This transition plan allows the child time to re-adjust to their home school and routines prior to discharge when

school is in session. If school is not in session, 5-2's can also be helpful in allowing time for the child to re-adjust to the home setting. Families can utilize this time to practice skills learned in family sessions for this longer stretch of time at home with the continued coaching from the therapist prior to discharge should challenges arise. Five-twos are best scheduled close to discharge but soon enough before the end of treatment to problem solve issues that come up. When the child returns to Orchard Place on the weekend, they additionally have the opportunity to check in with staff, who can offer support and further problem solving if this is needed. We are limited by DHS regulations as to how many nights a child can be away from treatment. These are tracked by calendar year, not by the date of admission. The therapist is responsible for keeping track of this.

The Milieu Treatment Program

The living unit at Orchard Place offers a safe, closely supervised therapeutic environment. Milieu Treatment Counselors, night supervisors, and night security staff provide twenty-four hour supervision and security for Orchard Place children.

Each child and family has an Individualized Care Plan with goals and objectives geared to alleviate symptoms, which led to placement, as well as to address family goals.

Residents on each living unit are offered 15 hours of therapeutic groups. This includes, but not limited to Social Skills Groups, which focus on listening skills, problem-solving skills and anger management skills. Orchard Place is a Character Counts community, therefore we teach Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship.

After dinner and chores are complete, each child has a quiet period of time before transitioning to evening activities of playing games, doing homework, listening to music or relaxing. Evening hours may be spent in recreational activities, participating in therapeutic groups, working on special craft projects, birthday parties or group activities. Bedtimes are determined by the age and level of responsibility exhibited by your child. Weekends provide time and special events or community activities such as movies, sporting events, or swimming.

Your child will be provided with individual and family therapy. The therapist will work to establish a positive relationship with you and your child to encourage changes that need to occur before discharge.

A psychiatric provider completes initial and periodic evaluations of your child, participates in the development of care plans, and is available to meet with you at regularly scheduled staffings.

Behavior Management/Crisis Intervention

In order to assist youth in managing their behaviors, campus has Behavioral Motivational Systems or BMS. These systems include incentives for demonstrating adaptive behaviors and/or consequences for maladaptive behavior. Incentives may include special one-to-one interactions with staff, additional free time, special one-to-one planned activities with peers, community-based activities, and less direct supervision from staff. When it is necessary to give a consequence for a misbehavior, natural or logical consequences will be used whenever possible. If there is not an appropriate natural or logical consequence, then time-limited restrictions will be used when necessary. Extra room time is an example of timed consequences. Reflection opportunities or other written assignments may also be

used as a tool to help a child learn from their behaviors. An assigned early bedtime may be an appropriate consequence for bedtime problems.

All consequences will be clearly stated and explained to the children at the time the consequence is given. Staff will assist the child in learning new and more prosocial behavior.

Within the Behavioral Motivational Systems, there are different precautionary levels that assist staff in assessing youth's ability to maintain their safety. If a youth demonstrates an unsafe behavior that puts them at risk, the staff will assign the youth with the necessary precautionary level for that unsafe behavior. The youth then may have additional precautions in order to assist them in maintaining their safety as well as staff being able to ensure safety. These precautions may include the loss of privileges until safety is reestablished.

The campus psychiatric providers may administer oral psychotropic medications with a youth's and parent/guardian's consent, on an as needed basis, based on specific psychiatric symptoms and the level of severity. PRN psychotropic medications are used to address specific psychiatric symptoms that may arise and that are not covered by the youth's regularly scheduled medications. These medications are used to treat specific identified psychiatric symptoms and not immobilize youth. PRN psychotropic medications will only be used when other self-soothing/coping techniques have proven ineffective.

For some children, emergency treatment procedures, such as the use of restraint and seclusion may be utilized in accordance with Orchard Place written policies. Locked seclusion or restraint is used only to prevent your child from injuring himself/herself or others or to protect against serious disruption of the therapeutic environment. While in locked seclusion, children are continually monitored, paying particular attention to mealtime, bathing, and use of bathroom facilities. You will be asked for your agreement to use emergency procedures with your child and how you wish to be notified of their use.

At Orchard Place, we use Therapeutic Aggression Control Techniques, also known as TACT. This technique emphasizes verbal de-escalation. The Milieu Treatment Counselors (MTC's) learn to differentiate between emotional and deliberate behaviors which allow MTC's to identify if a counseling response or corrective response would be most beneficial. If these techniques do not work and a situation is immediately dangerous, as in harm to self or others, the crisis response technique will be utilized. The crisis response technique includes verbal redirection, verbal removal and if unsuccessful, staff may have to physically restrict or restrain a youth. MTC's learn self-protection techniques, standing holds and as a last resort - floor restraint. No prone restraints are used. The only time a floor restraint will be used is if the youth cannot be maintained safely in a standing hold and cannot be safely escorted to the time out room (TOR.)

At Orchard Place, an additional safety tool is utilized, called Ukeru. Ukeru (oo-care-oo) is a Japanese word which means "to accept" or "to receive". Ukeru includes verbal and nonverbal communication, managing and deescalating conflict by converting/diverting aggression, building an environment focused on comfort rather than control, and recognizing traumatic experiences of individuals who receive services for developmental, behavioral, and mental health needs. It also involves a system of blocking techniques to protect oneself and others during behavioral episodes including physical aggression. You will see Ukeru pads placed throughout this environment, we do not restrict the use of these for our youth as long as they are used appropriately. Ukeru provides us with another intervention to manage dangerous situations prior to the use of more restrictive methods such as physical restraint and seclusion.

Elopement (running)

In the event your child makes an attempt to elope from campus, unit staff will closely monitor and follow the child both on and off the campus grounds. Should the youth be out of staff eyesight, Des Moines Police Department will be notified for assistance. Once the child returns to campus after being out of staff eyesight, they are assessed by the nursing department. In addition, they will be asked to provide a urine sample to test for any possible alcohol and drug use.

Fire, Storm and Other Emergencies

In order to keep all youth and staff safe, we have plans on what do should there be a fire, tornado, flood or some other emergency event. At campus, drills are scheduled to allow youth to practice what to do. For example, fire drills are scheduled monthly. Tornado drills are practiced during the spring. Intruder drills happen at least twice per year.

Staff want parents/guardians to know that we have planned for emergencies for your child's safety. If we need to stay inside to be safe, the Therapy Complex ("TC") has extra food and will not lose electricity because it has a generator. If we need to leave this part of Des Moines to be safe (evacuation), we have plans for this as well. Orchard Place has a team ready to respond. There are emergency experts in Des Moines who know how many children are here and will help us. We have plans for what to take with us, including phone numbers, so we can stay in touch with all families. We will ensure clear and timely communication is occurring with parents/guardians.

Recreational Services

An Activities Director is on staff to oversee individual and group recreation experiences for your child and is available for referrals for residents with special needs. The purpose of the recreation program is to enhance self-esteem, to learn how to interact with other children in a group experience, to find pleasure in play and other leisure activities. The Activities Director also plans special activities around holidays and special occasions as well as organizing Girl Scouts for interested residents.

Kudos Korner Activities

Children have the opportunity to earn the privilege of participating in additional campus-wide recreational activities twice per month. Youth must demonstrate positive behavior including no incidents resulting in a Level 3 or higher precautionary level or having earned more than a 4 hour consequence time. These activities are conducted by volunteers under staff supervision. Typical activities include-special food events, movies, games, crafts, etc.

Therapy Groups

Orchard Place offers therapy groups for youth who can benefit from sharing in a group setting. Specific treatment issues identified may result in the treatment team suggesting youth participate in an appropriate therapy groups. Groups include Substance Use, Safer Choices (sexual relationship issues), Online Safety Education, Managing Emotional Intensity (STEPP's,) Safe Space (LGBTQ support/education), The Hate You Give (THUG) (African American identity/development), How To Be An Anti-Racist Teen (HART) (education against racism), and

Independent Living Skills. Additional support groups are available including Alateen (family member with substance use issue support group), Achieving Maximum Potential (AMP) (foster care support group), Art Expressions and Gardening Group.

Work/Vocational Opportunities

Work experiences are seen as an important part of each child's treatment. Children will be asked to complete chores on their living unit, making their bed, keeping their room clean, setting the table, rinsing dishes after meals, chores similar to those asked at home. Children wishing to earn extra money can do so through requesting work chores. These assignments may be offered to the children by the milieu or maintenance staff as the need arises.

On-campus jobs are available and include being a Cook's Helper. Children who wish to apply must have the approval of their treatment team based on agency guidelines. The child is paid minimum wage and receives a paycheck every other week. The Department of Human Services may assess a portion of the children's wages to help pay for their care.

Medical Care

Nursing staff monitors and coordinates your child's medical care and are available to address your concerns. Nurses are available to meet your child's medical needs between the hours of 7:00 am and 10:00 pm Monday through Friday and 9:00 am and 9:00 pm Friday and Saturday. Nurses are on call after hours.

It is required that each child has a physical exam including hearing, vision and dental exams. If you have records of exams within the past year, please provide Orchard Place with the results. If your child has not had these exams, they will receive these upon admission or when needed. The unit staff transport youth for eye and dental exams.

If your child has been receiving medical services from a specialist (examples might be for a thyroid disorder, for physical/occupational therapy), we will want to know who that provider is so we can continue that specialized treatment. If your child has follow-up appointments with specialists or is newly referred to a specialist, we recommend the parent/guardian transport the youth to the appointment so you can ask your questions and hear the information directly. Nursing will coordinate these specialist appointments with your schedule. In the event you are unable to do this, then unit staff will transport. Additionally, we continuously monitor for infections, and ongoing review with staff and children (throughout the year) about hand washing, cough hygiene and updating immunizations.

All medications are the responsibility of a nurse who supervises ordering the medications, administering the medications, and record keeping. The Milieu Treatment Counselors have completed a medication course certified by the Iowa Board of Health and the Iowa Board of Pharmacy Examiners. The nursing staff is in communication with the consulting psychiatric provider regarding all medications. Should you have any concerns about your child's medical treatment, a nurse is available to meet with you.

You will be sent a Health Screen form to complete and return to our Admissions office. This information is important in our planning process. If your child has a medical condition that requires special precautions or care, please notify us immediately.

Vaccinations

At Orchard Place, we are a participant in the Vaccines for Children program and, therefore, able to offer all standard childhood and infectious disease vaccines at no costs to our residents. Upon admission, the nursing staff will review your child's immunization record and discuss consent for upcoming necessary vaccines.

We advise that all children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and Prevention and the American Academy of Pediatrics.

We believe that vaccinating children and young adults is an important health-promoting intervention we perform as healthcare providers and that you can perform as parents/caregivers. It is an important step in protecting your child's health and the health of others around them. Should you have questions or concerns, please discuss those with your healthcare provider in advance of your child's placement in our residential program.

Sexuality

Some residents have been sexually abused and this often leads to confusion about sexuality, exaggerated fears, and sexualized relationships. Therefore, we address these issues in Safer Choices Group (sex education).

Orchard Place staff actively discourage romantic relationships between children under our care because this is disruptive to the peer groups and to each child's ability to focus on his/her treatment goals.

Gender Identity

At Orchard Place, we uphold nonviolence (safety) as our number one Sanctuary Commitment.

This means all youth feel safe, respected and valued by Orchard Place staff for who they are.

It's important for youth to convey gender identity and expression free from any unnecessary barriers and with support from safe adults in their life.

Use of Chosen Name and Personal Pronouns

1. All youth may request that Orchard place staff use a chosen first name and the gender with which they identify, if applicable, rather than their legal name and sex assigned at birth.

Youth may also request to be referred to by the personal pronoun that they state reflects their gender identity or expression.

2. Youth will share these requests with the assigned therapist in order to facilitate further discussion and planning with the youth.

In the event therapist is not available, youth may share with their unit advocate, building supervisor or other trusted adult who will then forward request to the therapist as soon as possible.

3. Once request has been shared, the staff member will provide the youth with the Name/Pronoun Change packet for review, in order to prepare for follow-up conversations in therapy.

The Name/Pronoun Change packet helps provide guidance to the youth including education on LGBTQ+ terminology, questions to consider regarding support, gender identity and expression exploration, safety planning, preparing for family therapy discussion and review of school planning.

The entire packet does **NOT** need to be completed in order for the change to occur.

4. Individual and family therapy typically occur weekly. While there is no set timeline for the name/pronoun change to occur, the youth's treatment team supports the youth throughout this process and prioritizes this as an important topic. The name/pronoun change will occur once this is processed and safety planned in therapy.

Because safety is our number one priority, the name/pronoun change process could be temporarily delayed if unsafe behaviors (elopements, restraints, self-harm, etc.) are occurring as we have to prioritize physical safety first by discussing these unsafe behaviors first and then discussing name/pronoun changes next.

5. Should a youth or family have concerns regarding name or pronoun changes, these can be discussed with the assigned therapist or building supervisor.
6. Campus school is provided by the Des Moines Public School district. The campus school personnel must comply with Iowa Code Section 279.78 requiring parent/guardian notification about name/pronoun changes. If a youth wishes for the campus school to use a name or pronoun that is different from those assigned at birth, then a discussion will occur during family therapy with parents/guardians before the change can be finalized at the Orchard Place School. Orchard Place Campus School will be notified in writing about these changes being finalized.
7. Parental permission is **NOT** required for a youth to change name/pronoun while receiving treatment on the Orchard Place campus. Parents do **NOT** need to be notified if a youth is discussing sexual orientation issues during therapy.
8. Because consistency is important in validating the youth with these decisions, therapists will coordinate the communication of the name/pronoun changes to the electronic health record and the entire treatment/school team. This is when the changed name/pronoun can then be used by those who interact with the youth.
9. Family members/guardians of the youth will also be identified by their chosen name and personal pronoun.

Bedrooms

Orchard Place shall make every effort so that the transgender youth are housed in a facility that can provide individual sleeping quarters to allow for privacy.

Transgender youth will not automatically be housed according to their gender assigned at birth. Orchard Place will make housing decisions for transgender youth based on the youth's individualized needs and that prioritize the youth's emotional and physical safety.

Orchard Place shall take into account the youth's perception of where they will be most secure, as well as any recommendations by the youth's medical and mental health providers.

Bathroom Facilities

Bathroom facilities shall take into account the safety and privacy need of transgender and gender fluid/non-binary youth. All youth shall be allowed to use individual bathrooms with the ability for private use.

Hair and Other Personal Grooming

Grooming rules and restrictions, including rules regarding hair, make-up and shaving shall be the same for all youth regardless of LGBTQ status.

A youth shall not be prevented from using, or disciplined for using, a form of personal grooming because it does not match gender norms.

All youth shall be permitted to use approved forms of personal grooming including make-up, nail painting, etc. without regard to gender, gender expression, and/or sex assigned at birth.

Clothing

Gender, gender expression, and/or sex assigned at birth will not be a factor in regards to determining appropriateness of clothing.

Documentation

Orchard Place will document the transgender/gender fluid youth's legal name in the record for billing and auditing purposes.

All client-specific documentation such as progress notes, daily logs and other client records will reflect the youth's chosen name and personal pronoun.

Campus will follow the agency procedure for Documenting Client Names and Pronouns.

Gender Segregation

Orchard Place youth are occasionally referred or can self-select into groups based on if the curriculum applies to them. Youth are able to attend the group where they feel most comfortable.

Birth Control and the Prevention of Sexually Transmitted Diseases

It is policy of Orchard Place to promote that "the safest sex is no sex" or an abstinence policy. However, if there is concern that an adolescent may be sexually active and is not practicing safe sex, contraceptive devices may be reviewed as a means of preventing a sexually transmitted disease or pregnancy and recommendations will be made to the family on a case-by-case basis.

In accordance with Iowa law, a minor greater than 12 years of age does not require parental consent for the use of family planning and/or contraception. However, Iowa law does require parental notification for the use of family planning and/or contraception.

The child, parent(s)/guardian(s), or a member of the Orchard Place treatment team may recommend the resident receive contraceptive devices. A member of the campus nursing team will discuss the birth control process on the day of admission with the parent(s)/guardian(s) and with the child (as needed and appropriate).

The nursing team will inform the parent(s)/guardian(s) of the preferred locations Orchard Place utilizes for women's health services and contraception management.

Parent(s)/guardian(s) are strongly encouraged to attend the scheduled appointment, as these types of appointments require a substantial amount of family history. If the parent(s)/guardian(s) is unable to attend said appointment, they will be asked to fill out a

family history questionnaire prior to Orchard Place scheduling their child with women's health.

Even though parental consent is not required, Orchard Place will ask that parent(s)/guardian(s) sign the contraceptive consent form, indicate preferred contraceptive devices and consent for treatment. The Orchard Place nurse or staff member will sign as witness. This will occur at admission or as the need arises.

It is the policy of Orchard Place to provide information and education on HIV/AIDS and other sexually transmitted diseases to Orchard Place children. These guidelines shall be individually applied, taking into consideration the psychological, physical, and behavioral characteristics of the individuals involved. Children of Orchard Place who know or suspect they are infected with the HIV virus are encouraged to seek medical treatment and assistance from community support groups and medical services.

In accordance with Iowa law, a minor greater than 12 years of age does not require parental consent for sexually transmitted disease testing or treatment. However, Iowa law does require parental notification of HIV treatment.

Consistent with federal and state discrimination laws, it is policy of Orchard Place not to unlawfully discriminate against any child because he or she may have AIDS and/or AIDS-related condition, or may have tested positive for the HIV virus.

Dietary Services

Orchard Place contracts with a registered, licensed dietitian who provides nutrition education and sets dietary goals. You can help support your child on their special diet. This is especially important when you come to visit and take your child out to eat. Your child has been given printed materials explaining their diet, and these guidelines should be followed on home visits as well. Due to the presence of food borne illnesses in our community, only prepackaged, commercially prepared foods can be shared with our clients. If families bring homemade items, they can only be given to their child.

Orchard Place participates in various Child Nutrition Programs of the U.S. Department of Agriculture and as such, complies with the following policies:

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov .

Iowa Nondiscrimination Statement

It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>.

Volunteer Program

Orchard Place is fortunate to have many friends in the community who offer their time and talents to provide additional help to our staff and additional fun to the children. Volunteers serve as tutors, mentors, unit assistants, and classroom assistants. They do not receive any payment for their work at Orchard Place. They come because they care about the children and they want to help.

Religious Involvement

If you and your child wish to continue their religious affiliations, there is the opportunity once the child can handle their responsibly in the community. When you or your child wish to attend church services or other religious activities such as Confirmation classes, youth groups, you will be asked to designate the church program and help arrange for transportation. Clergy are welcome to visit children on-campus at the request of parents, children or clergy.

Confidentiality / Privacy

It is the policy of Orchard Place to treat in strict confidence all information about the children and families we serve. We will follow all the Federal Health Information Portability and Accountability Act (HIPAA) policies.

You will receive a Privacy Notice from us which describes how health information about your child may be used and disclosed. Please review carefully.

Throughout the year, there are special events at Orchard Place. We have parties at Halloween, Thanksgiving luncheons, and special winter holiday activities. During these special occasions, your child's therapist, teachers, people from the community and other staff may be

present. Some of these activities may occur off campus. There may be times and situations that people from the community or those sponsoring special events may be aware that your child lives at Orchard Place, if your child attends these functions. It is important to discuss with your child, unit staff, or therapist if you are worried about your child's confidentiality during these activities. If you do not want your child to attend for this reason, please let the staff know.

During admission, a picture of your child will be taken and placed in their chart. This is for identification purposes. Orchard Place unit staff may occasionally take pictures of the children during special events for unit scrapbooks or bulletin boards. Children may not take pictures of each other. If you are taking pictures of your child on campus, please respect each child's privacy by not taking pictures or videotaping children other than your own.

Grievances

Orchard Place prohibits discrimination in the delivery of services to children and families on the basis of race, color, national origin, gender, age, religion, creed, disability, or sexual orientation. Any Orchard Place child or parent/guardian who has a dis-satisfaction with decisions concerning them and/or services provided may follow the grievance policy.

If your child has a grievance, the procedure to be followed is outlined in the Resident Handbook. The parent/guardian will be informed of the child's grievance by the therapist. If the parent/guardian has a grievance, they may discuss the issue directly with the child's therapist or Milieu Treatment Coordinator (MTC'r.) At the time the complaint is initiated, the parent/guardian will be given a new copy of the grievance procedure. If no satisfaction is obtained, the parent/guardian may take the grievance to the Vice President of Residential Services. If it still is not resolved, then it may be taken to the Chief Executive Officer who will refer the matter to the Executive Committee of the Orchard Place Board of Directors for further study.

The parent/guardian will be informed of the resolution of the complaint in writing. A copy of this notification will be kept in the child's file. The entire process will occur with 30 working days.

Prompt discussion of a grievance will improve the likelihood of a satisfactory and reasonable solution.

If, at any point, in the process the child or parent/guardian needs assistance, there are individuals on staff who are designated to assist with the process. The receptionist has a list of those advocates. The list of children and parent advocates is also posted on each unit. You may choose your own advocate.

During this process the child and/or parent/guardian are also welcome to contact Joint Commission (JC), www.jointcommission.org or phone: (630) 792-5636.

You may also contact the Iowa Department of Human Services or Disability Rights Iowa at 666 Walnut Street, Suite 1440, Des Moines, IA 50309, 515-278-2502.

Discharge Planning

Discharge planning begins at the time of admission and is a critical part of the treatment process. The appropriateness of the discharge plan is constantly evaluated through family therapy and psychiatric staffings.

Miscellaneous

Children may bring their favorite toy, doll, stuffed animals or standard twin size bedding; standard bedding is also available on the unit. It is often most comfortable for the child if they bring their initial supply of toiletries. They may want to bring books, games, or posters for their walls. Individual sports equipment such as tennis racquets, baseball gloves and footballs may be brought later if needed. Sports equipment for group activities such as basketball, football and softball are furnished at Orchard Place. Bike helmets are encouraged, if available.

Holidays are observed at Orchard Place. Each unit will observe your child's birthday by having a cake and a small party with other members of the child's unit.

Staff members are prohibited from receiving any gifts, favor or hospitality from clients during their employment at our agency. Clients wishing to make donations to the agency may contact our Development Office directly. The involvement and comfort level of your family is very important to us, so please let us know your concerns and needs.

What Should We Pack?

At the time of your child's admission to Orchard Place, we ask that you send seasonal clothing with them. Laundry is done several times a week on each unit. Please be sure that clothing is marked so it is not misplaced. An easy way to do this is to put your child's initials on the tags with permanent marker. Below is a general clothing list indicating what a child typically needs. Space is limited so please do not send too many items. Parents/Guardians are expected to provide clothing for their children while they are at Orchard Place. The unit staff will work with you to make sure that you know of your child's clothing needs during their stay. However, if you cannot provide clothing, let us know.

- 4 pairs of jeans/pants & shirts (cropped shirts, short shorts, spaghetti-strap tank tops or t-shirts with pictures of some rock groups and alcohol advertisements are not appropriate in our setting).
- 1 pair of sweatpants & sweatshirt
- 2 pair of pajamas & 1 robe (Robes cannot have belts or buttons. Robes must close with Velcro, zipper or snaps).
- 2 pair of shoes (including 1 pair of tennis shoes)
- 6 pair of socks
- 6 pair of underwear and 3 bras
- 1 raincoat or umbrella
- 1 belt

You are welcome to bring pictures of family members and pets as well as appropriate posters.

* Toiletries are available on each unit but children may bring their own. Anything marked "keep out of reach of children" or containing glass must be kept in a secure place on the unit. **Aerosol cans are not allowed.**



WINTER: A coat, a hat, scarf or earmuffs, a pair of gloves or mittens, and a pair of boots.



SPRING / SUMMER / FALL: 4 or 5 pair of shorts (bottom of shorts must be at or below fingertips,) a sweater and a jacket, 1 one-piece swim suit.

Please bring minimal personal items due to the likeliness of sharing a room and having limited space. You are welcome to bring your own pillow and bedding or we have bedding available. A bulletin board is in each room. If you put up pictures or other items, we ask that you not display your last name, address or phone number to help us protect your privacy in case of visitors to the unit. You should not bring expensive, sharp items, glass or pottery items. Please do not bring makeup items that contain glass. We do encourage you to bring a book and a few things that remind you of home.

Electronics: If you wish, you may bring a personal CD player or radio that runs on batteries. We will allow IPOD shuffles. We do not allow any device that has a screen or capabilities to store anything other than music.

We do not allow burned CD's due to the difficulty in monitoring appropriate music. We do not allow personal gaming systems. Electronic games allowed are those with an "E for Everyone" rating and do not have a parental advisory. We do not allow children to have cell phones on campus. Our decisions are based on research regarding the negative effects of inappropriate games and music on children, as well as protecting families against the loss of expensive items. We do have game systems, CD players and CD's available on each unit for children to use.

Please feel free to call the Admissions Office or Unit Staff if you have any questions.

Ronald McDonald House-

Orchard Place campus has collaborated with Ronald McDonald House to provide accommodations for parents visiting their child in treatment. Families can enjoy home-cooked meals, private bedrooms and playrooms. Parents and siblings of a resident can stay at the Ronald McDonald House for \$10 per night along with a \$10 key deposit. The key deposit will be refunded when it is returned. Orchard Place residents are not allowed to visit or stay at Ronald McDonald House.

Your child's therapist will need to make a referral to Ronald McDonald House on your behalf. Please notify them in advance if you need accommodations so they can secure a room. There could be times when the Ronald McDonald house will be at full occupancy and you will need to find other arrangements.

Ronald McDonald House is located at 1441 Pleasant Street, Des Moines, IA, 50314. 515-243-2111.

RONALD MCDONALD BACKGROUND CHECK POLICY

Based on the desire to ensure a safe environment for all, Ronald McDonald House (RMH) Charities of Central Iowa, Inc. requires a background check including but not limited to: Child Abuse Registry, Sex Offender Registry and Criminal History. RMH will incur all expenses related to the background check.

RMH reserves the right to decide on a case-by-case basis whether applicants will be excluded on the following: The nature and gravity of the offense or conduct and the time that has passed since the offense or conduct and/or completion of sentence.

RMH uses SELECTiON.COM to complete background checks. Families will be required to provide an email address to send a link to the background check. RMH will send a one-time link to the email address. **Each individual age 18 or older is required to complete a background check before they can stay at RMH.** These background checks typically take up to 24 hours.

If a family does not have an email address, individuals are able to utilize a computer at RMH to complete a background check. RMH may also send the link to a provider in order for the family to complete the search.

Once RMH receives the completed background check, the family will receive a phone call from staff on their eligibility status.

What is Sanctuary?

Sanctuary is about helping our organization, clients and communities begin to make positive change through being trauma informed and trauma practiced.

4 Pillars of Sanctuary

Pillar 1: Trauma Theory

The Effects of Trauma Theory- Trauma is defined as an experience in which a person's internal resources are not adequate to cope with external stressors. Many of the behavioral symptoms that we see in individuals are a direct result of coping with adverse experiences. Sanctuary helps change the question from "What is wrong with you?" to "What has happened to you?"

Parallel Process- Sanctuary Model recognizes that just as human beings are susceptible to misapplication of survival skills, organizations themselves are equally vulnerable. This understanding is reflected in the recognition that there is a parallel between the traumatic symptoms we see in clients and those that we see in an organization.

Pillar 2: The Seven Sanctuary Commitments

Nonviolence- Provides physical, psychosocial, social and moral safety to the community.

Emotional Intelligence- Creates an environment in which community members understand the relationship between past experiences, emotions and behaviors and to respond and react with those relationships in mind.

Inquiry & Social Learning- Collaborative thinking and problem solving to break dysfunction and repetitive patterns through exposure to other's perspectives and ideas.

Democracy- Active participation and empowerment.

Open Communication- Creates a community that tolerates expression of emotions and interpersonal and organizational issues.

Social Responsibility- Building a community in which people feel a sense of responsibility and care for each other and the group as a whole, in which people are held accountable for their actions.

Growth & Change- Framework to evaluate current behaviors and focus on the future with goals and planning to break dysfunctional patterns.

Pillar 3: The S.E.L.F. Framework

Safety- Physical (your body is safe), psychological (you are safe regarding your thoughts and feelings), social (safe with others) and moral (safety in knowing right from wrong).

Emotional Management- recognizing and handling feelings without hurting self or others.

Loss- Acknowledging and grieving past losses or traumas and committing to work against getting stuck in the past while recognizing the all change involves loss.

Future- Re-establishing the capacity for choice in engaging in new behaviors rather than repeating old patterns.

Pillar 4: The Sanctuary Tool Kit

Core Team- Cross section of staff from all levels of the organization's hierarchy charged with executing the implementation steps.

Supervision- Individual or group meetings to review performance that includes opportunities to discuss issues of vicarious trauma, self-care, and updating safety plans.

Training- Ongoing support to staff in use of Sanctuary Model concepts through educational materials and interactive learning opportunities.

Community Meeting- All community members begin meetings by answering 3 questions designed to promote feelings identification, a focus on future and a connection to community.

How are you feeling?

What is your goal for today/this meeting?

Who will you ask for help if you need it?

Team Meeting-A way to structure meetings among staff members that allows for them to reflect on work, discuss team functioning and service delivery issues.

Self-Care Planning- A practice of identifying and committing to practice a set of activities that one can do to manage stress both inside and outside the workplace.

Red Flag Reviews- A response to critical incidents that follows a protocol that focuses on solutions rather than problems.

Safety Plans- Visual reminders of emotion management practices represented as a list of activities, techniques or skills to be used in situations that may trigger inappropriate behaviors.

S.E.L.F. Service Planning- A framework for organizing service planning meetings and documents that explores functioning, challenges, goals and progress in areas of safety, emotion management, loss and future.

Sanctuary Psychoeducation- Educational materials about the effects of trauma, the Sanctuary Tools and Concepts delivered to clients and families.

Orchard Place Commitments

	We always	We never
Nonviolence	<ul style="list-style-type: none"> • Make sure clients are safe and protected • If we find new safety problems, figure out how to fix them for our staff and clients • Always check if clients and their families are safe, and share safety info when needed • Create Safety and Self-Care Plans to keep clients safe and help them take care of themselves • Think about how history has hurt people and remember that we all have hidden biases in our society and at our organization 	<ul style="list-style-type: none"> • Ignore or make light of safety worries • Scare or harm clients or their families • Ignore that people from the same diverse community may have different experiences
Emotional Intelligence	<ul style="list-style-type: none"> • Make sure to understand and support how clients and their families feel • Use our own Safety Plan to control our emotions, avoid things that upset us, and show we care about the client and their family • Be aware of how different cultures are and adjust how we help each family to respect their ways 	<ul style="list-style-type: none"> • Judge or ignore how a client or family feels • Get defensive, if someone says we did something wrong in how we talk or act.
Social Learning	<ul style="list-style-type: none"> • Ask the clients and their families about what they know about their own culture, family, and experiences • Share our knowledge about children's mental health to help families talk and help each other better • Get the community involved by considering diversity, equity, and inclusion in different ways 	<ul style="list-style-type: none"> • Guess or think we know what the client or family is thinking or feeling • Miss chances to learn more about diversity, equity, and inclusion topics
Open Communication	<ul style="list-style-type: none"> • Give clear contact details for the people helping, explain what to expect during treatment, and what's expected from everyone • Tell clients and families it's okay to ask questions and share worries • Encourage parents and other helpers to be involved in the client's treatment 	<ul style="list-style-type: none"> • Share private information without your consent unless meeting the ground for mandatory reporting • Hide facts from a family or make things up • Shy away from talking about tough topics

Social Responsibility	<ul style="list-style-type: none"> • Offer translation help if needed • Make sure the switch to and from services goes smoothly • Assist families in finding the right care and connecting with other helpers • Think about diversity, equity, and inclusion when creating rules and ways of doing things • Stand up for the client and their family • Try to make things fair for people who don't get enough help or attention 	<ul style="list-style-type: none"> • We never assume the client and family knows what comes next in the treatment process. • Avoid blaming the client when the treatment process faces challenges. It's a team effort
Democracy	<ul style="list-style-type: none"> • Work together with the client, their family, and other helpers to set goals for treatment • Ask the client and their family what they think about our help • Stress how important it is for families and other helpers to take part in treatment for making lasting improvements 	<ul style="list-style-type: none"> • Ignore the thoughts and choices of the client and their family. • Use our authority abusively or assume we have all the answers. • Ignore the viewpoints of marginalized communities
Growth & Change	<ul style="list-style-type: none"> • Make goals for treatment that are possible, realistic, focus on strengths, and look ahead to the future • Listen to what clients and their families say to make our places fairer and more welcoming • Know that we're always learning and getting better as helpers and as a group • Care about each client and family's unique experience and ask questions to know them better 	<ul style="list-style-type: none"> • Expect families to figure out the next steps on their own • Stay in one place and making no progress

Community Meetings

Community Meetings happen hundreds of times each day across Orchard Place programs. We want you to participate in Community Meetings too.

Why we have Community Meetings?

We are all impacted when bad things happen to us or when bad things happen to those around us. No one can escape bad things from happening. These bad things can sometimes be called trauma but can also include other life stressors. Community Meetings help us practice actions that will help us bounce back from those bad things.

In Community Meetings we start by asking *“how do you feel?”* Answering that question helps us get in touch with our feelings. Feelings aren’t right or wrong and don’t have to overwhelm us. It helps us to know other’s feelings because then we can better understand each other. We find out a lot by sharing our feelings, for example, our feelings aren’t that different from other people’s feelings.

The second question in Community Meetings is *“what is your goal for the meeting?”* Why do we ask that? Sometimes experiencing a bad thing or trauma keeps us from making plans for the future. Community Meetings help us to imagine the future and what we want to do in that future.

The third question in a Community Meeting is *“who can you ask for help today if you need it?”* Trauma and other life stressors can make us feel alone. We may think no one can help us. Answering this question helps us realize we aren’t alone and there are people we can count on.

We all have bad things happen to us. Community Meetings help us bounce back from those bad things. Use the tear off below as a reminder of how community meetings can help you check-in with yourself and people around you.

How are you feeling today?

What is your goal for this meeting?

Who can you ask for help if you need it?

1. We ask about feelings because trauma numbs you and it’s difficult to identify feelings.
2. We ask about goals because trauma keeps us stuck and it’s difficult to think about the future.
3. We ask about who can help because trauma keeps us isolated and it’s difficult to identify helps.

Safety Plans

At Orchard Place, everyone has a safety plan that they keep in their work space or with them at all times. We want you to create a safety plan to use too.

Why we use Safety Plans?

Safety Plans are a tool we can use to help keep our minds and bodies calm. Each day, there is the chance that something might happen that tests our ability to keep our minds and bodies calm. *Here are some simple steps you can go through to create your own safety plan.*

Step 1: Think about what emotions are most difficult for you to work through and keep your actions and thoughts calm (anger, shame, sadness, frustration, etc.)

Step 2: Think about what times you are likely to feel those emotions and be triggered (feeling ignored, being asked to do more than your share, when I feel judged for my differences, etc.)

Step 3: Think about what behaviors and/or physical signs you might show that others might notice when your emotion is becoming too much to control (crying, pacing, fidgeting, scribbling, etc.)

Step 4: Identify things you can do to help keep yourself and those around you feeling safe, secure, calm, and well. Put those ideas on the *My Safety Plan* card below to keep with you as a reminder.

Sample Safety Plan

Things I can do on my own:

- Listen in my head to my favorite song
- Take 3 deep breaths
- Think about my favorite place in the world

Things that require help from others:

- Take a walk with Staff
- Say my Safety Slogan (ex. Home Sweet Home, Slow Your Roll)

My Safety Plan

Things I can do on my own:

- _____
- _____
- _____

Things that require help from others:

- _____
- _____
- _____

SELF

At Orchard Place, we solve problems using a tool called S.E.L.F that focuses on four areas: Safety, Emotion Management, Loss and Future.

Why we use S.E.L.F?

Sometimes when bad things happen, we can get stuck and have trouble moving forward. S.E.L.F helps us identify a problem(s) and work together to move forward and create a hopeful future.

When using S.E.L.F. (by yourself, in pairs, or groups), first identify the problem, challenge, or event. Examples: moving, loss of loved one, bullying, not following directions or expectations.

Identify thoughts related to the different areas of S.E.L.F.

- ***Safety***

- Physical safety (your body is safe from physical harm or injury)
- Psychological safety (you are safe with yourself and you can keep yourself safe, include examples related to negative self-talk, and behaviors that impact the felt safety of those around you)
- Social safety (you are emotionally and physically safe with other people)
- Moral/ethical safety (you and others around you understand right from wrong)

- ***Emotion Management***

- Labeling emotions related to that problem, challenge, or event, which can include both negative and positive emotions. Talking about emotions helps to manage them instead of ignoring or expressing them in an unhealthy manner.
- Be mindful that different people and different cultures may express and verbalize their emotions in different manners.

- ***Loss/Change***

- This could be talking about a loss or a past, present or future change that you have or will be experiencing. This could include positive or negative changes, as either can be challenging and naming these experiences can build insight and contribute to problem solving. Example: loss of a friendship, loss of felt safety, loss of your house, changing schools, parents separating/divorce, change in your ability to meet cultural or religious needs.

- **Future**

- To think about the future helps us to not get stuck. We need to make sure we do not try things that haven't worked before. We also want to figure out what is motivating us to move forward. **You should spend most of your time in this section of the tool, working on the specific actions or steps you will take to make the future better.**

Problem/Challenge/Event:

Safety	Emotion Management	Loss	Future

S.E.L.F.



Self-Care Plans

We are all affected by the bad, sad, or scary things that happen to us, to others we love, or to others in our community/world. Dealing with those hard things can be stressful, and stress and adversity can take a toll on us. Self-Care Plans are tools and activities that we can use to maintain balance and health while we handle the difficult things that we may face on a day-to-day basis. At Orchard Place, both staff and clients develop Self-Care Plans to help manage the demands of school, work, friendships, and family life.

Why we use Self Care Plans?

Self-Care Plans are made up of activities we can practice regularly, even daily, to take care of ourselves. Keep your Self-Care Plan to remind you to care for yourself and share it with a trusted person so that they can help you.

Four categories of safety to consider when creating your Self-Care Plan include:

Physical Safety:

- Keeping your body safe from physical harm
- Keeping your body healthy and clean
- Eating healthy food
- Having a safe place to go or leave to
- Being physically active

Psychological Safety:

- Being safe with yourself
- Having safe thoughts and feelings about self

Social Safety:

- Feeling and being safe with other people
- Feeling and being connected to others
- Understand and accept others differences

Moral Safety:

- Understanding what is right and wrong
- Feeling safe to do the appropriate thing
- Having healthy beliefs and values
- Making choices that you know are right

CREATING A SELF-CARE PLAN

This Self-Care Worksheet will help you create a way to take care of yourself each day. Use your answers to these items to create a Self-Care Plan. Share your plan with a trusted friend or caregiver. Refer to it often to make sure that you are taking care of yourself.

Physical Self-Care

- Eat regularly meals/snacks and healthy foods
- Take time to care for your appearance
- Shower regularly
- Brush your teeth
- Get enough sleep
- Identify and participate in fun physical activities
- Play outside/exercise
- Go on outings in the community
- Other:

Psychological Self-Care

- Participate in sessions with professionals
- Write/draw in a journal
- Read for fun
- Listen to music
- Find things that make you laugh
- Praise yourself; give yourself affirmations
- Identify people and spaces that bring you comfort
- Make time and space for completing homework and/or chores
- Take a break/brain break
- Challenge thinking/reframe thinking
- Other:

Social Self-Care

- Identify positive and supportive friends
- Participate in groups, organized sports or extra-curricular activities
- Spend time with supportive adult
- Call, text, or see safe/supportive friend
- Practice healthy social media habits
- Spend time with people that support your identity/who you are
- Other:

Moral Self-Care

- Play fair/Cooperate with others
- Identify beliefs and values
- Meditate/pray
- Participate in spiritual/religious community
- Advocate for your needs or the needs of others
- Other:

PHYSICAL

PSYCHOLOGICAL

**MY PERSONAL
SELF CARE PLAN**

SOCIAL

MORAL

What is a Red Flag Review?

A Red Flag Review is a team meeting called to process and problem-solve a safety concern. These meetings focus on **SOLUTIONS** rather than describing the problem or storytelling. A Red Flag Review is used when a safety concern or problem requires a response within 72 hours. Other problem-solving tools are considered prior to calling a Red Flag Review – leaving this as a last resort tool.

Why we use Red Flag Reviews?

Red Flag Reviews are used based on the belief, “No one of us is as smart as all of us”. Many people coming together to address a problem are more likely to come up with meaningful solutions. Naming a problem takes away its power.

How are Red Flag Reviews Called?

Anyone in the community - including clients and families - can call a Red Flag Review to respond to a community need or concern. The affected team can help determine whether the concern warrants a Red Flag Review or if another problem-solving option is more fitting. Based on who the affected team decides should be in attendance, families, clients, and anyone involved in a client’s treatment can be invited and in attendance.

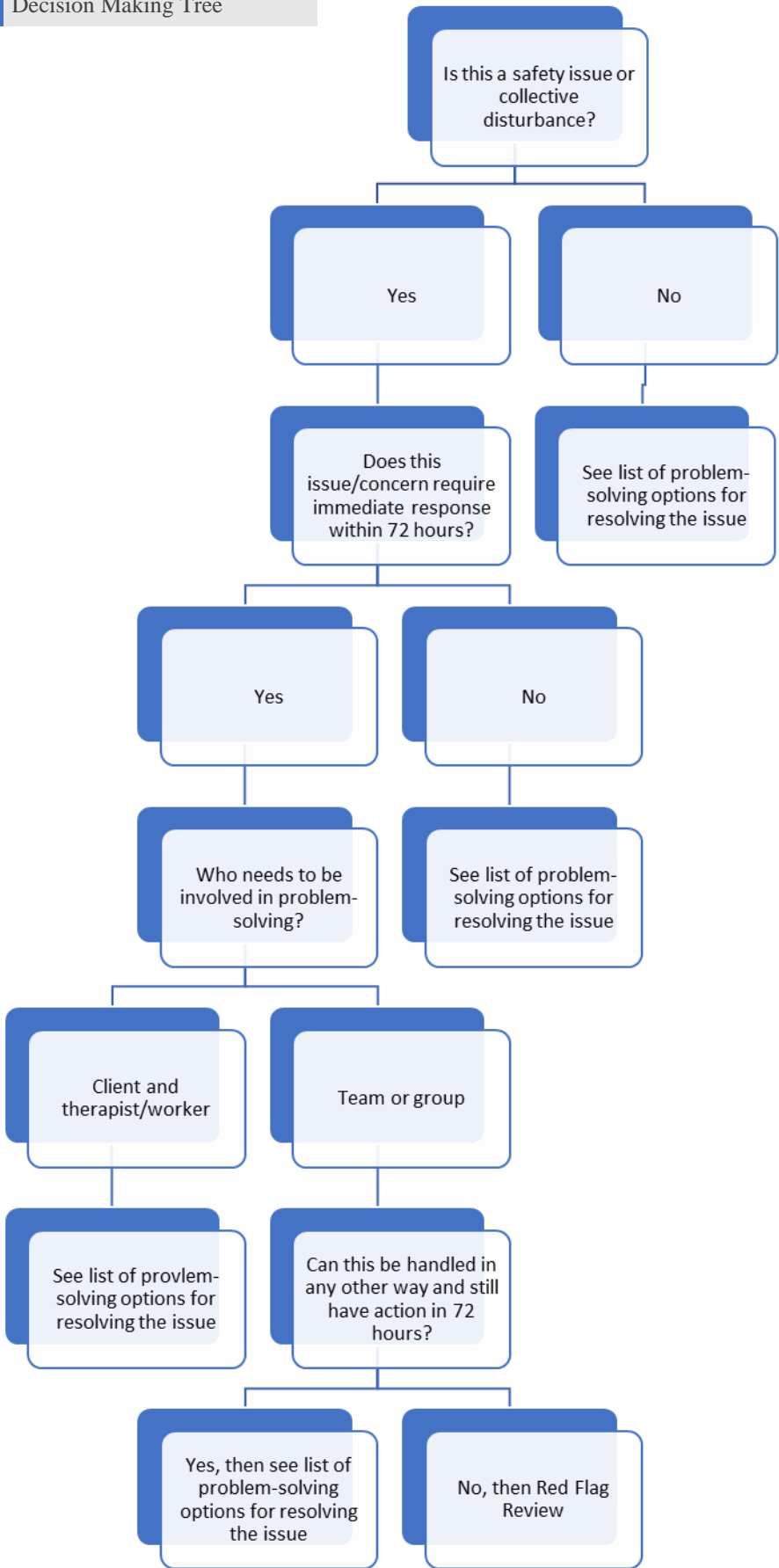
Who leads a Red Flag Review?

The person who calls the Red Flag Review, or another identified support person, is in charge of facilitating the meeting. An outline for the Red Flag Review meeting is available to the facilitator. Red Flag Review guidelines should be reviewed prior to beginning the meeting.

Decision Making Tree

Collective Disturbance:
When a whole system (i.e. classroom, unit, organization, program, family) experiences a significant event that goes unprocessed, this can result in unresolved feelings and perceptions. A collective disturbance occurs when these feelings and perceptions become disconnected from their original source but end up creating what appears to be unrelated issues or dynamics within the system.

- Problem Solving Options:
- * Therapeutic Sessions
 - * Staffings
 - * Team Meetings
 - * Unit Meetings
 - * Grievance Procedures
 - * Critical Incident Protocols
 - * Other Agency Procedures



Trust Based Relational Intervention

Campus Staff have been trained in *Trust Based Relational Intervention* an evidence based caregiver strategy for working with youth.

Trust Based Relational Intervention has the following key elements:

- Helps care givers to understand the impact of trauma on long term development, including identification of risk factors, interpreting behavior, and responding appropriately
- Helps care givers gain insight into what a secure attachment between child and parent looks like, and thereby learn strategies to improve the child/care giver bond, understand behavior, and use proactive strategies to address behaviors
- Helps care givers and clients learn and use healthy self-regulation and communication skills
- Helps empower the client and caregiver to become 'detectives' when issues arise rather than 'react'

Behavior Management

Campus staff understand that from time to time behaviors will occur during programming. Such behaviors might include: Yelling, emotional dysregulation, throwing items, crossing of boundaries with peers or staff (verbally or physically), elopement, refusal to follow directions, etc.) Campus staff will utilize the following behavior management strategies when behavioral challenges occur.

Proactive Strategies:

Proactive strategies are designed to teach social and behavioral skills. This involves balancing both structure and nurture, providing guidelines and emotional support, as well as setting limits and appropriate expectations for each child. Staff will guide and teach children in sharing power, choices, compromises, and life value terms through group engagement, daily interaction, focused connection, and play.

Responsive Strategies:

Responsive strategies focus on helping children produce the right behaviors rather than punishing the wrong ones. Staff goals are to maintain connection with the child, contentment with between child and staff, and initiate behavioral change. Staff will use the following to assist your children in being successful through behavioral episodes.

IDEAL Response:

Immediate – Response within the first 3 seconds of behavior

Direct – Staff will get on the child's level, use gentle touch (as appropriate), and maintain eye contact.

Efficient – Staff will use the appropriate amount of structure and nurture for which the situation calls for and engage child with the appropriate level of response, in order to keep the child moving forward.

Action Based – Staff will utilize active, experiential learning, through strategies such as choices, compromises, and redos.

Leveled at the Behavior – Staff will be mindful of the delicacy of a child's self-esteem, help children understand that behavior is not who they are and help child to understand their personal value regardless of behavior.

Levels of Response:

LEVEL 1: Playful Engagement

With playful engagement the goal is to put out a spark before it becomes a fire. Playful engagement works with the following types of behaviors: disrespectful tone and words, rolling eyes, speaking out of turn, interrupting, taking something without permission, and demanding something rather than asking politely. A warm tone, moderate volume, and quick playful cadence will be used to re-direct behaviors.

LEVEL 2: Structured Engagement

This level requires a bit more attention and intervention. This may be used for the following types of behaviors: ongoing challenge or dysregulation, mild agitation, and hyperactivity. Staff will stop what they are doing and address the situation using choices and compromises. In addition they may ask the child to engage in a 'redo'. Staff will return to playful engagement.

LEVEL 3: Calming Engagement

When the situation escalates to the point that the child needs help regulating and calming themselves, and level 1 and 2 have not worked, calming engagement will be used. At this stage it is assumed that the child needs help determining their needs and how to get those needs met appropriately. The use of 'time in' may be used, staff will bring the child closer so that they will see them as an advocate for their needs. Use of a 'time in', 'break space', 'think it over place', or 'quiet place' may be used. Staff will return to playful engagement. A safe adult will offer support, a safe place will be utilized, and empowering strategies might be used (i.e. weighted blanket, calming music).

LEVEL 4: Protective Engagement

When children are in immediate danger to themselves or others, staff will use their best judgment in keeping the child safe and out of harm's way. Behaviors that might require protective engagement include: sudden acts of aggression, threats of danger or harm, out of control behavior, behavioral collapse, self-inflicted harm/injuries, purposeful property damage, and elopement.

CRASH & BUMP Rooms and Sensory Paths:

Campus is equipped with 3 fully functioning sensory rooms to assist children in connecting with the following sensory based needs: proprioception, tactile, and vestibular. The Crash & Bump Rooms host a variety of options for children to use to assist them through behavioral challenges.

Each campus building also has a Sensory Path which youth can use to manage behavioral challenges through Sensory work. Sensory Paths are also in the on-campus school buildings as well.

Orchard Place is licensed by the
Iowa Department of Health and Human Services
(DHHS)

Orchard Place is accredited by the
Joint Commission

Updated: 11/23

FAMILY HANDBOOK

I, _____, parent/guardian of
_____, have received the Orchard Place Family
Handbook.

Parent/Guardian Signature: _____

Date: _____

Staff Signature: _____

Date _____