wisdom heart courage

FIND *YOUR* WAY HOME®

YELLOW BRICK®
HANDBOOK

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"We must get back to the road in some way."

- L. Frank Baum

Introduction

Welcome to Yellowbrick, a national center of excellence specializing in the treatment of troubled emerging adults and their families. Yellowbrick offers an integrated spectrum of specialized services including expert consultation and assessment, supported living platforms, state of the art neuroscience, research-based psychotherapy strategies, and life-skill interventions; within a sober, supportive peer community.

The treatment model is guided by an understanding of the essential developmental challenges of emerging adulthood:

- separateness with identity integration and coherence
- self-regulation
- life-skill competence and beginning actualization of ambitions
- interpersonal effectiveness with a spectrum of peer and romantic intimacy
- development and maintenance of a support community
- connected autonomy in relation to family

Walking through Yellowbrick's doors represents the beginning of a process of establishing a life-plan corresponding to your individual needs and supporting you in the difficult, often risky and painful, process of change and growth.

Yellowbrick is a private healthcare organization whose mission is to improve the lives of emotionally troubled emerging adults.

The Yellowbrick Consultation and Treatment Center (CTC) provides comprehensive and integrated outpatient diagnostic and treatment services including:

- The Life Strategies Program (LSP)
- Adolescent After School IOP
- Specialty Programs: Trauma Recovery, Soma-Self, & Reward Alternatives Path
- Center for Clinical Neuroscience: *d*TMS (*Deep* Transcranial Magnetic Stimulation); Neuro-feedback; *Re*Cognition; Collaborative Psychopharmacology & Nutraceuticals; Direct Transcranial Stimulation (for anxiety and sleep)
- Core Competence
  - Supported Apartment Services
  - Education & Career Development Center
  - *Re*Cognition
  - Executive Function Enhancement

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The Residence

Yellowbrick recognizes the need for an alternative developmental platform for those emerging adults who can't move forward on campus, in an independent apartment or within the family home. The Residence offers 24/7 skilled support and membership in the Yellowbrick community while emerging adults participate in The Life Strategies Program (LSP), prescribed Specialty and Professional services, and engage in productive work or education within the community.

The Residence located on Sheridan Road in Evanston, Illinois is available as staff supported apartments. Evanston is a vibrant and diverse community with a population of 75,000 comprised of strong and active neighborhoods, thriving commercial and retail businesses and restaurants, and home to many young adults including students at Northwestern and Loyola Universities. Public services and resources are excellent, and transportation to downtown Chicago by "El" is only blocks away.

The Residence is a 4 flat apartment building with 3 three-bedroom apartments and a two-bedroom garden apartment. Additional community space is provided for group activities, leisure, a creative arts studio (Makom) and the office of staff and administration. There are Core Competence Staff (CCS) available at The Residence 24 hours a day, 7 days a week to provide a mature, supportive adult presence. While the Evanston community and surrounding neighborhood are quite safe, Yellowbrick employs individually programmed keycard locks on all street access entrances and each individual apartment, an alarm system for police, fire, and 911, and a sprinkler system for fire protection. There is ample parking on the well-lit and trafficked Sheridan Road and Chicago Ave. The Residence is located one block from the beach at Lake Michigan.

The intent is for Yellowbrick to function as a normative community setting where Residents and other emerging adult peers, aged 18 to young 30s, are simultaneously responsible and active in both their treatment and productive lives in the Evanston area. Experiences in the Yellowbrick and surrounding Evanston communities are processed within the treatment. Professional Staff and the Yellowbrick community provide an intensive, skilled, and supportive platform of relationships and growth opportunities as an alternative to the behavioral control required in other settings.

The Life Strategies Program (LSP) is scheduled from 9:30-3:00pm Monday through Friday at the Consultation and Treatment Center (CTC) located at 1560 Sherman Ave, Suite 400, in downtown Evanston. Additionally, specialty IOP programs in the areas of trauma recovery, eating disorders and addictions occur on specific days in the late afternoon. The Yellowbrick culture encourages 3 hours a week of community service work in Evanston. Many Residents will additionally be working or attending school part-time. In this way treatment takes place in "Real Time," allowing each individual to face obstacles in living as they unfold and to use the various forms of support available in order to identify problem solving strategies, take responsibility, make effective choices and establish a hopeful momentum regarding their ambitions.

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How to Use Treatment at Yellowbrick

One of the main reasons that the Yellowbrick treatment program can be helpful is because it offers so many opportunities for human interaction. Part of the advantage of this is that there are chances for young people who are struggling to meet kindred spirits, to feel and be less alone, to make friendships, to find support, and to substitute human relationships for substances and symptoms.

What You Can Do to Help Make Treatment at Yellowbrick Work for You

Patients sometimes experience the community as "living in a bubble," different from the real world in that peers and staff are more understanding and tolerant of people's issues than they believe people in the "real world" are likely to be. Alternately, sometimes people experience the community as all too real, bringing up painful realities that they may have preferred to avoid facing or thinking about. The fact is that there is truth in both of these perceptions. YB is a place where people have a lot of empathy and understanding and tolerance for people's struggles and at the same time, it is a program that asks people to learn to talk about their conflicts with others, their own inner world, their problematic behaviors.

In fact, our experience tells us that it is inevitable that whatever core difficulties a person brings to YB, these will emerge in the cauldron of community life. If a person has been lonely and has had difficulty feeling a part of things, these feelings of alienation are likely to emerge here at some point, in some fashion. If a person has had issues comparing themselves to others or with competitive feelings, these are bound to come up. If anger has been a problem, or if the way a person has expressed it has pushed people away, it is almost certain that this problem will be expressed in that person's relationships here and so forth. We refer to this phenomenon as the person's **core enactment**, which is a core repeating pattern which expresses important, and usually unacknowledged aspects of ourself that we haven't been able to express in words.

Sometimes, when this phenomenon occurs, the patient (and his/her family) feels worried and discouraged. "This is a therapeutic community! Why am I still feeling this way? Why is this still happening?" The answer, though it may not feel consoling in the moment, is that all of us as humans have a remarkably tenacious tendency to repeat our own long practiced patterns of relating to others, to ourselves, to our own feelings, even if these patterns have led to disappointment, danger or destructiveness. We all bring ourselves and our core patterns with us wherever we go. In treatment this is actually an advantage. Having these patterns enacted in our midst gives us the opportunity to work with them in vivo, in real life, in real time.

Yellowbrick is a community and a treatment program that is designed to take advantage of the reemergence of these core troubles: as opportunities to witness them as they are occurring in our midst; to understand them more deeply; to see how they may have been a person's adaptation to difficult circumstances; to help the person judge for themselves if these ways of being are getting them where they want to go; to help the person see and to learn alternative ways of coping or relating.

A note about feelings: While the therapeutic work at Yellowbrick frequently focuses on helping patients to recognize and to articulate their feelings, our goal is to assist the individual in bringing emotions back into their rightful place as a part of the understanding of the self, alongside the person's values, their needs and wishes, their thoughts. We recognize the importance of emotions, but we don't value them any more or less than we do the person's ideas or their value system. Ultimately outcome is defined by a transformed experience towards relief of distress, but also the choices and actions that are derived from thoughts, feelings and values.

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How You Can Take Best Advantage of This Treatment Opportunity

1. Show up. Woody Allen once said that 90% of success is about showing up. If you can learn to get up and get in to the program even on those days when you don't feel like it or when your thoughts are telling you to stay in bed, you will have won more than half the battle.
2. Be willing. To try something that stretches your limits. To try something that someone else suggests. To accept an invitation. To ask for and take someone's help.
3. Be honest. About your thoughts, your feelings, your behavior. Lying separates you from the community and from yourself.
4. Practice behaviors and ways of coping that are different than the one's which got you here. Try something new or something that is opposite to your usual way of being, like to come closer to people when you feeling like running away or to treat yourself with kindness when you feel self-destructive.
5. Connect. Allow yourself to get to know others and let them get to know you.
6. Test this proposition: If I allow myself to show my vulnerabilities I will feel safer and stronger than I do when I hide them.
7. Avoid avoiding. This place works best as a community and for the benefit of each individual when difficulties between and within people are confronted directly.
8. Don't be willing to keep secrets, your own or anyone else's.
9. Struggle with intention of as and have respect for the basis of staff recommendations, especially at the time you feel you "know better" or feel something else "is right".

Working to Earn Secure Attachment

Many people who come to Yellowbrick have significant difficulties in their relationships with others. Sometimes these problems cause patients to isolate and avoid connecting, or to engage in destructive relationships, or to believe that their self worth depends on a connection with a romantic partner. Frequently patients report that they have a hard time trusting others; that is difficult to depend on others or to allow others to depend on them; that they worry about not being accepted; that they worry about being or ending up alone.

A growing body of research points strongly to the fact that these kinds of difficulties have profound effects upon life satisfaction, self esteem, the ability to feel comfortable with intimacy and with independence: all core concerns for emerging adults. The literature also clearly indicates something that is extremely hopeful: it is quite possible to develop secure attachment as an adult and a therapeutic environment like Yellowbrick is well suited to facilitate this process.

Here are some examples of ways that you can help yourself to work on this dimension of your life:

- Working on your relationships by
  - Practicing turning to others for comfort
  - Improving your ability to set boundaries and limits
  - Having less tolerance for being mistreated by others
- Working on your emotions by
  - Practicing recognizing and tolerating your own feelings
  - Practicing expressing what you feel
  - Learning to access your "wise mind" which integrates feelings and your good judgment
- Working on your self by
  - Moving toward taking charge of your own life by being more active and less passive
  - Practicing compassion toward yourself
  - Practicing tolerance toward your own vulnerabilities and limitations
  - Actively grieving past losses and traumas

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- Working to develop "metacognitive" abilities by
  - Being curious about yourself and others
  - Cultivating "beginner's mind" which isn't too judgmental, open to possibility, which considers options
  - Developing a coherent narrative, your own life story, which helps you to make sense of who you are and how you came to be you

How to Make the Most of Groups at Yellowbrick

In general, group treatments are most useful when you allow yourself to be actively engaged in them. This might involve bringing your own personal issues forward, it might involve asking questions if you don't understand something that is happening or being said, it might involve offering some support or other feedback to a peer.

Sometimes people say that they hesitate to offer feedback because they don't have a ready solution to a problem that a peer is discussing. They feel, "If I don't know the answer, then I have nothing useful to say." It seems usually to be true that what is most helpful to a peer is knowing that he/she isn't alone with his/her struggle and feedback that conveys "I'm here, I'm listening, I get it," may be the most useful and supportive thing a person can offer.

Constructive confrontation: We may believe that the only way to be supportive of another person is to agree with them or to say something sympathetic. We may have been raised or have come to live by the credo "If you can't say something nice, say nothing at all." Our experience, both in treatment and in our own lives, tells us that often the most useful feedback is constructive confrontation, e.g., "When you do that it really worries me," or "When you treat me this way, it really hurts me and makes me mad." A friend tells a friend the truth about the effect of his behavior.

Complaining when things aren't going well: When we have grown up in circumstances where our words, our feelings, our requests were ignored or seemed to make things worse, we may have learned to give up our voice, to think that asking for or complaining about something is useless or worse. Groups provide an opportunity to challenge that assumption and to practice using your voice to say what you need or want or to complain about what doesn't seem fair or right.

Is it still worth talking if nothing changes?: In short, yes it is. Because speaking out helps us to know ourselves and our own values and opinions, even if the other person doesn't "get it," or change as a result. Because speaking out helps keep us from harboring hidden resentments or fears and keeps these from corroding us from the inside. Because even if others don't change, when we find and use our own voice we change ourselves.

What is valuable about groups?

- The main value of group therapy isn't about the advice you get from your peers or the group leader, though sometimes you do get good advice.
- Groups offer an opportunity to observe your own process, e.g., the emergence of your core enactment(s) (explained later in the handbook) and to be able to discuss this. This involves noticing the role you typically play in a group and your reaction to the roles others play.
- Put another way, groups provide repeated opportunities to notice your typical way of handling interpersonal situations and also provide many chances to try handling them differently, e.g., to speak out when you are hurt instead of hiding out, to confront a peer instead of seething inwardly.
- They provide the opportunity to work on learning to establish or to reestablish trust with others.
- They provide opportunities to learn how to address conflicts and differences with others.
- They provide opportunities to learn how to recognize and speak up in regard to your own needs and to learn how to balance these in relationship to others' needs.
- Groups provide opportunities to learn to express the full range of one's emotions, to be sad or angry or frustrated or joyful.

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- Many people come to Yellowbrick with an intensely ashamed sense of themselves as bad, defective, damaged. We know that shame grows when it remains hidden and secret and that the antidote for the shame within us is bringing it into the light of day. Groups provide opportunities to speak about the shameful parts of one's self.

How You Will Know if You Are Progressing in Treatment

We all hope that treatment will help every patient both to behave and to feel better. We know, though, that even in the most successful, best conducted treatment, progress is not linear but may happen in fits and starts, or involve periods of progress and regression, or may cause some people to feel worse before they feel better. These phenomena may make it difficult for a person, and for their family, to judge whether genuine progress is occurring. Here are some indications that a person is making progress:

- You know yourself better, even if the knowledge is painful.
- If you have been numb or cut off from your feelings, you are beginning to be able to feel a greater range and depth of feeling.
- If you have been overwhelmed by your feelings, then you may begin to feel a bit less overwhelmed by them.
- If you are attempting things which make you anxious but don't overwhelm you.
- If you have tended to withdraw, then you may be a little more willing to come out of your room, or to let others know when you are having a hard time.
- If you are becoming more likely to use words to express feelings or needs, rather than retreating into silence or using actions to express yourself.
- You begin to feel connected to peers and/or staff and that others know you and you know them.
- You notice that your relationships with important others, including your family, are changing- this may be that they feel more genuine or real and that things are beginning to feel more resolved or it may be that, for the moment, the relationships are more tense or conflictual.

It may be apparent from the above signs of progress, why it is that sometimes a person engaged in deep treatment may feel worse before things improve: approaching those things that have been avoided, while an essential part of recovery, almost inevitably is uncomfortable or frightening or painful in some way. If a person has tended to avoid conflicts, then beginning to address these is likely to raise anxiety and discomfort; if a person has used drugs or alcohol to manage their own emotions, then being sober may leave a person with intense feelings that they may not yet know how to handle well; if a person has had a history or trauma and denied or minimized its impact, beginning to face what happened and the toll it has taken will, of course, be a painful process.

How Parents Can Help the Process (see Handbook "Six Degrees of Separation," pp45-46)

- Attend and participate in Parents as Partners weekends and activities.
- Parents are encouraged to reach out and seek support from Yellowbrick's Family Liaison. Yellowbrick will not routinely initiate communication outside of scheduled Family Rounds or Family Therapy but rather encourages you to determine your needs for communication. The Family Liaison is free to speak with you about all information which is in the arena of "Public Behavior". The Family Liaison is the exclusive parent contact for routine clinical communication.
- Become familiar with the concept of connected autonomy. This may require tolerating discomfort associated with limited communication or periods of symptomatic behavior as a means of self-expression as issues get approached in treatment. It is often the case that a period of separateness is necessary in order to reestablish connectedness to self from which emerging adults can then re-approach family relationships differently from prior maladaptive patterns.

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- Looking at family history/relationships is not about looking for someone to blame. It is about helping the emerging adult , and the family as a whole, gain a better understanding of how your emerging adult has taken inside the experiences of their history, how he/she has integrated his/her early experiences into their self-concept and view of the world, and the narrative which the emerging adult has created that has shaped their relationship to themselves, others and reality. The unique configuration of this is known as the individual's core enactment. Yellowbrick's approach to psychotherapy focuses on identifying and working within the real-time reliving of the core enactment so as to free the emerging adult's relationship to their needs and feelings and their ability to bring that forward effectively within their relationships and community.
- Family Rounds is a strategic planning session within which the emerging adult speaks with family regarding the experience of treatment. Areas of progress and struggle are noted. Issues which relate to patterns within the family are identified and addressed as needed. If indicated, a plan for family therapy is identified. Treatment planning, including decisions about transitions and length of stay are explored. Parents are encouraged to bring questions that may not have been raised previously with the Family Liaison, including questions about finances or other issues previously screened from their emerging adult. Family Rounds is attended by the Family Liaison, Advocate and Medical Director.
- Family Therapy sessions have the goal of helping the family to observe interactions and mutual influences in the present, improve communications each members' experiences, feelings and needs and negotiate areas that require problem solving. While appreciating and honoring the understanding of the how the shadow of the past falls on current shared experiences, the emphasis is on improving communication and negotiated problem-solving.
- Everyone in the family may feel challenged and even threatened by change. It is helpful to anticipate family system changes as well as changes in the emerging adult and the other individuals in the family. Your emerging adult may be creating problems for the family, but it is not helpful to view them as the problem from a family perspective. Symptomatic behavior in an emerging adult often has meaning about issues within the family or about that individual's relationship to the family as part of the process of separating towards connected autonomy. When any one member of a family changes, this inevitably leads to changes in the family dynamic, often ones that are disruptive at first.
- Parents often focus early in the treatment on the priority of behavioral changes in executive function and plans for continued education or career plans. Most of the emerging adults who come to Yellowbrick have had their capacity to maintain routine role performance crushed under the influence of disabling emotional struggles and psychiatric illness. It is often necessary for an extended period of time for work on symptomatic relief and the untangling of emotional issues within the core enactment before the emerging adult is able to sustain meaningful efforts in these areas of life critical for adult responsibility and functioning.
- Treatment can be frustrating, discouraging and at times even infuriating for parents. It may raise issues of trust with your emerging adult and with Yellowbrick Professional Staff. You are encouraged to express these painful moments in treatment and know that they often occur at moments of potential transformation and profound opportunity for change.

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Some key indications of your readiness to move out of The Residence:

1. If safety issues have been present, these aren't currently acute, with evidence of a commitment to safety and a willingness to collaborate around safety plans;
2. Major symptoms are under control and stable, collaborative relationship with medicating psychiatrist and treatment team;
3. If drug or alcohol problems have been present, evidence of a stable period of sobriety with appropriate supports;
4. Ability to self regulate, including maintaining a schedule, decent sleep and eating pattern, etc.;
5. Capacity to manage one's anger without being destructive to others or to oneself;
6. Capacity to be alone, i.e., to tolerate one's own feelings, to tolerate separation, to learn to appreciate one's own company;
7. Ability to reach out to others, to ask for help when needed, to take initiative to connect;
8. At the least the start of some meaningful foundation for life in the community, e.g., solid connection to AA, a few friends, stable relationship to school or volunteering or work, good collaborative relationship to tx either here or outpatient.

Yellowbrick Acronyms

ACT - Acceptance and Commitment Therapy (pronounced as one word)

AdLOA – Administrative leave of absence

ALOA - Accountability leave of absence

CA - Common area, the common space on the first floor of The Residence

CACT - Community and Career Transitions Group

CCS - Core Competence Staff

CTC - Consultation and Treatment Center, located at 1560 Sherman Ave, this is where group programming and individual appointments occur

DBT - Dialectical Behavior Therapy

DSM - Diagnostic and Statistical Manual

IOP - Intensive Outpatient Program

LSP - Life Strategies Program, the group program at YB

MRI - Magnetic Resonance Imaging

OT - Occupational therapy/therapist

OTC - Over the counter (medications, vitamins, etc.)

PAP - Parents as Partners Weekend Program, the 2nd full weekend of each month

PET - Positron Emission Tomography

QEEG - Quantitative Electroencephalography (pronounced "queeg" as in "league")

RAP – Reward Alternatives Path

TMS - Transcranial Magnetic Stimulation

TRP - Trauma Recovery Program (There are separate Men's & Women's programs)

UA Toxicology (Tox) - Urinalysis toxicology, a drug test

YBCC - Yellowbrick Community Council

YBCM - Yellowbrick Community Meeting

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Yellowbrick Treatment & Community Model

The Yellowbrick model is an in-depth and highly practical strength based approach towards authentic, self-directed and enduring change in emerging adults. Treatment at Yellowbrick offers transforming value that lasts a lifetime through enhancing personal understanding and integration, mindful emotional regulation, sustainable supportive relationships and effective core competencies.

"Real-Time" treatment at Yellowbrick provides containing and affirming relationships at critical moments when actual responsibility and choice are present. Neuroscience research demonstrates that new growth in brain networking occurs in the context of effective emotional engagement within relationships while approaching critical developmental tasks. Treatment at Yellowbrick occurs within the context of deep, often intense relationships with peers, professionals, and families within the Yellowbrick community.

Within the Yellowbrick community, professionals, patients and families co-create and actively endeavor to sustain an environment that promotes self-exploration, healing and personal growth. In order to facilitate the mission of Yellowbrick and maintain the integrity of the structures and processes that sustain , all individuals are expected to engage with honesty, respect and within a spirit of collaboration. Multiple forums and informal spaces are available within which members of the community have opportunity to discuss inter-related needs and concerns that impact each member of the Yellowbrick community. In this way, ***each member of the Yellowbrick community's actions and choices are understood to impact both the individual and the community as a whole and efforts are made to balance the tensions between individual and community interests.*** In order to provide a therapeutic platform necessary for life sustaining changes, Yellowbrick asks that each member agree to abide by specific ***Community Agreements*** as outlined in the next chapter.

The remainder of this section outlines the structures and spaces within Yellowbrick's treatment community model where there is discussion promoting mutual understanding, and support for the values and intentions present in each individual's treatment experience.

Advocate

Upon admission to Yellowbrick, each patient is assigned an Advocate. The Advocate is a member of the Professional Staff whose responsibilities include the following:

- Treatment Planning
- Individual Therapy 3 times per week
- Collaboration with other members of the treatment team
- Presentation at Professional Staff's daily Clinical Conference
- Participation in Individual Rounds
- Participation in Family Rounds
- Participation in Family Therapy (as prescribed)
- Review of Risk issues with Medical Director
- Response to managed care insurance inquiries
- Discharge Planning

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Core Enactment

The construct of **"*core enactment*"** is at the heart of Yellowbrick's model of transformative treatment. It integrates established findings from neuroscience, developmental psychology, self-psychology, and psychodynamic relationship theories. Core enactment, and its neural substrate, consists of the set of central, deep, underlying psychological convictions about oneself, relationships, and the world that organize experience and perpetuate self-defeating, self-damaging behavior patterns and attitudes. An individual's core enactment encompasses the emotions, motivation, attachment style, behavior patterns and defensive adaptations that are bound up in the underlying, "non-conscious", fixed, maladaptive beliefs about oneself, others and the larger world. It is the internalization of the genetic, neuro-biologic, developmental and experiential reality of the emerging adult's life narrative which subsequently shapes their relationship to self, others and reality.

The ***core enactment*** determines how a person absorbs and processes internal and external information and responds to it. The elements of the core enactment have corresponding brain systems and feedback loops, which maintain a relatively fixed, closed-circuit neural system that is self-perpetuating. This is why the ***core enactment*** is so entrenched, pervasive and difficult to change. Paradoxically, these brain systems often re-create and re-enact the same negative thought and behavior patterns that were meant to be protective adaptations but ultimately become their own worst enemy.

Avoidant and isolative behavior, for example, often begins as an attempt to protect the person from some perceived or real threat but itself endangers and threatens the person's life functioning. Such patterns are self-perpetuating and often ferociously resistant to change. This is why, at Yellowbrick, we developed a treatment model directed at understanding and addressing all the elements of the emerging adult's core enactment, and the brain systems that maintain them. At the core of this model is the principle that within community relationships crucial aspects of self are displaced into the experience of/with others such that the challenge is to recognize, harvest and integrate the entirety of the experience in the service of self-knowing and acceptance.

Individual Rounds

Approximately every 4-6 weeks each patient attends Individual Rounds with the entire Professional Staff. Individual Rounds is a strategic planning consultation opportunity to reflect upon the treatment course, the issues being worked on and the plan going forward. This is often represented within an understanding of the ***Core Enactment*** and how it manifests in treatment. An individual rounds worksheet has been created for the emerging adult to complete with the support of the Advocate. A copy of this worksheet is included in the Appendix section of the Handbook.

Shortly following Individual Rounds, a Family Rounds is scheduled which includes family in the discussion of the treatment course and plans for the next phase of treatment at Yellowbrick. Family Rounds is typically attended by the Advocate, the Medical Director. The Family Rounds is described in greater detail in the Family Services sections of this Handbook.

Yellowbrick Community Council (YBCC)

The purpose of the Community Council (YBCC) is to enhance communication among the emerging adults, professional and administrative members of the Yellowbrick Community and ensure that issues important to the mission of Yellowbrick are addressed in a timely and effective manner. This meeting is attended by elected representatives from the peer community but also invites all within the Yellowbrick community to participate within the clinical and program administrative process. It is co-chaired by the Community Chair and the Medical Director. The Council is part of the official administrative process within Yellowbrick as it is asked to consult to the Directors Group on administrative decisions regarding program development, policy, and procedures. Recommendations from YBCC are discussed at Yellowbrick Directors' Meeting.

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Agenda

1. Program or policy discussion
2. Identification of issues within community relationships for YBCM discussion
3. New initiatives from the community

Avoidance & Community Building

It is a primary commitment and value of Yellowbrick to provide treatment that is dynamic and flexibly responsive to the needs of emerging adults. Our earliest outcome studies indicate that the people with the poorest rates of success in treatment are those whose primary method of managing internal distress is avoidance. This may take the form of difficulty getting out of bed; frequent or chronic physical ailments; poor self-care (diet, hygiene); low group and/or individual therapy attendance; pre-occupation with computer games or on-line relationships; social isolation; minimal disclosure and expression of vulnerability within multiple modes of therapy and often little or no sense of an authentic self. The factors that contribute to avoidance as a defensive pattern are many and include but are not limited to: inverted sleep/wake cycle; difficulty getting out of bed due to hypoarousal, hyperarousal or somatization (headaches, digestive problems); hopelessness; lack of trust in peers or authority or fear of being controlled; feeling unworthy or defective; conflict avoidance and avoidance of needs, fears, anger and shame.

For most individuals the pattern of avoidance precedes their arrival at Yellowbrick and they have been living in the world feeling alienated and isolated for extended periods of time. For others, the avoidance emerges as the work of treatment uncovers parts of themselves they have sequestered or from which they are disconnected. An additional avoidant group, are those individuals for whom avoidance manifests as transition out of Yellowbrick and into the larger community arises. Fears of success and failure as well as emotions related to grief and loss are associated with this pattern. We recognize that the resolution of avoidance is an essential criteria for transition out of The Residence.

In an effort to better serve this sub-group of emerging adults at Yellowbrick, we recommend a multi-modal approach to responding to the problem of avoidance. This begins at the time of assessment during which you will learn about your ***core enactment***. This is a relational pattern based on early formative experiences that you are vulnerable to re-enacting in ways that do not serve you well. The goal is to build awareness and change behaviors so that you have a ***therapeutic enactment*** in which you respond differently than in the past. This will be a primary focus of your treatment.

If you enter treatment with identified avoidance risk, you will be given an individualized treatment plan that may include: neuroscience interventions to provide optimal medication and/or TMS; mind/body interventions with our Massage Therapist; modified group programming tailored to your needs to promote support/connection versus overstimulation/avoidance; occupational therapy focused on arousal management, day-to-day routine; education & career development interventions to help you identify interferences in motivation and acting in line with your values and others as determined.

At the center of Yellowbrick's response to avoidance is the power of peer relationships. From the moment of beginning the assessment, you will be linked with a peer mentor who will offer a bridge into the peer community in which you are a full member. *The mission of the peer community is to support your use of experiences in the treatment to your fullest potential.*

The three functions of the peer community are to orient and welcome newcomers, support struggles against avoidance and other behaviors which undermine treatment, and build cohesive, supportive connections. Peer community challenges top-down decision-making and organizing, and empowers creative action. Peer community allows individuals to "be the action they want to see" (Ghandi) by linking authority with responsibility.

Community building is a process that serves as a resource as well as a place where you can contribute to the larger Yellowbrick Community. Community building forums create and organize group activities on an ongoing basis for evenings and weekends as

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well as official Yellowbrick events such as Parents as Partners brunch or Holiday cookouts. Peers are invited to attend the Yellowbrick Community Council, to which four peer representatives are elected monthly, so as to participate as genuine members of Yellowbrick's administrative process. Community building provides an additional forum for approaching issues of success and disappointment as you are supported to take risks through participating in Yellowbrick activities and responsibilities as well as contributing to the larger community through volunteer opportunities.

Mentor Program

Upon entering Yellowbrick, each emerging adult is assigned a ***Mentor*** who functions as a resource and guide through the first few weeks of treatment. The Mentor contacts the new member of the community to offer their individual support and first-hand experience in the program. A primary responsibility of the mentor program is to review this Handbook paying particular attention to the ***Yellowbrick Agreements***. A mentor checklist is used as a guide in mentoring a newly admitted emerging adult. (Please refer to the Appendix for a copy of the mentor checklist.)

Yellowbrick Community Meeting (YBCM)

This twice weekly meeting is the only group within Yellowbrick which is required as the issues under discussion involve or affect everyone within Yellowbrick and are essential for maintaining a viable, healing treatment culture and community. The Community Meeting is focused on affirmation and acknowledgement of individuals and relationships both for their positive or problematic contribution within the community process. It is chaired by the Community Chair and the Medical Director. A single absence leads to being ineligible for Yellowbrick payment for meals at Community Dinners Friday night for that week. Repetitive absences may invoke Administrative Review (described below) and may jeopardize continued enrollment in Yellowbrick.

Agenda

1. Announcements
2. Acknowledgements
3. Yellowbrick Community Council Report
4. Reading of Yellowbrick Agreement
5. Admissions Report
6. Administrative Review Report
7. Accountability Report (1x/wk)
8. Individual Rounds Schedule
9. Requests for Support
10. Open Forum
11. Public behavior of patients and staff
12. Community relations
13. Transitions (Admissions, discharges, requests)

Public Behavior

Yellowbrick has evolved the concept of ***Public Behavior*** in accordance with an understanding that all behavior is a form of communication. It is often the case that the most troubled or unacceptable parts of an individual and their experience are also the most difficult to know and express directly. The Community Agreements have been derived from the experience of how individuals often undermine their treatment and their lives. By identifying the trespassing of a Community Agreement as a ***Public Behavior***, Yellowbrick seeks to create a supportive process wherein disturbed, disturbing and often shameful self-damaging behaviors are challenged to be openly acknowledged and harvested within the therapeutic process for the involved individual and the affected community of peers, staff and family.

When an individual engages in a ***"Public Behavior,"*** it is their responsibility to place their name on the YBCM agenda and to prepare the Public Behavior Worksheet. By definition, all Public Behaviors are not confidential as they are forms of communication which occur in the public space within Yellowbrick. Emerging adults are encouraged to discuss their public behaviors with peers and parents. In the event that emerging adults do not

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discuss with parents, Yellowbrick's Family laision and other Professional Staff, with discretion and clinical judgment, are free to share Public Behaviors with parents. The Advocate, Resource Staff and peers are available to assist in the process of the worksheet. The patient and the advocate can decide together what part of this worksheet will be most helpful. The goal of the worksheet is to help increase adaptive coping skills and improve relationships. The worksheet is based on behavior analysis which looks at what made the person vulnerable to a problem behavior and focuses on interrupting the chain of thoughts, feelings, and actions that led up to the behavior. The exploration of the behavior allows an individual to take responsibility and learn about themselves and their impact on others. Yellowbrick strongly encourages patients to seek out peer and staff support as part of this process. A copy of the Public Behavior Worksheet is included in the Appendix.

Accountability

Patients at Yellowbrick are responsible for maintaining specific treatment requirements and to participate in group and individual therapies as outlined in their treatment plan. In an effort to both support and recognize that the reasons which often bring a person to Yellowbrick may at times make it very difficult to stay accountable to the process, Yellowbrick has established the following Accountability Standards.

Accountability Standards

All are required and failure to meet any may result in Administrative Review being invoked.

- Full collaboration with medication prescriptions and over the counter (OTC) medication policies
- Meet Body Mass Index expectations
- Abstinence from alcohol, substance use and sexual activity
- Collaboration with random and for cause UA toxicology
- Prevention of a pattern of self-injury or behavior requiring medical attention
- 100% attendance is expected and supported. Minimum 67% attendance in all groups/or 80% of all the events for those individuals in 8 or less groups
- Attendance at all Yellowbrick Community Meetings
- Repetitive dishonesty or deception may invoke Administrative Review
- Repetitive violation of boundaries in relationships may invoke accountability process

Accountability Process

Failure to meet the group attendance accountability standard invokes the following Community process:

If attendance is above 33% and below 67%, the patient will be placed in a Make Up Week the following week. During that week enough groups must be attended to meet 67% for the previous week and the make-up week combined.

Failing to attend the required number of groups during the Make Up Week or if the initial percentage attended is 32% or below, results in being placed on ***Jeopardy Status*** during which at least 67% attendance for 4 consecutive weeks is expected. Parents are automatically notified by e-mail of Jeopardy Status.

Falling below the 67% threshold during any of the 4 weeks of Jeopardy will initiate a review of the ability to benefit from treatment. The individual is expected to do a Public Behavior the week after failing Jeopardy. Most often, a Family Rounds will be scheduled to discuss not honoring the family's financial investment in the treatment. The option of being placed on an ***Accountability Leave of Absence (ALOA)*** for 2 weeks during which programming is suspended and intensive consultation regarding the relationship to treatment proceeds to determine if a return to treatment is viable. Emerging Adults living within The Residence and placed on ALOA will be required to leave and arrangements will depend on their clinical condition and other factors. During Jeopardy and ALOA, appointments with the Advocate and Staff Psychiatrist continue with an exclusive focus on the impediments in the relationship to treatment.

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Yellowbrick recognizes and acknowledges that there are frequently extended moments in treatment when distress is intense and avoidant tendencies are very strong. These moments often occur during crucial and potentially transforming moments within the most potentially productive and meaningful treatments. However, the ability to embrace those moments and harvest their potential within the treatment is undermined if attendance is insufficient to engage the crucial, formative issues. Consultation with the Medical Director will decide what administrative interventions are indicated.

Administrative Review

Administrative Review is a treatment review by the Medical Director to determine if the context of an individual's treatment is likely to lead to further benefit and/or represents a threat to the integrity or safety of the treatment environment for self and/or others. Invoking Administrative Review is a judgment not based solely on the presenting behaviors. The intention of Administrative Review is the construct a process within which the individual's unfolding course will declare their intentions regarding continued treatment.

Violence, destruction of property at the CTC or The Residence, bringing alcohol or substances into The Residence and willful violation of fire safety regulations will result in automatic Administrative Review and possible discharge. Through Consultation with the Medical Director, Administrative Review is often invoked when persistent violation of the Yellowbrick Community Agreements or other patterns bring into question the viability of an individual's treatment or have an inordinately deleterious impact on Yellowbrick's therapeutic environment and process for others. This review process may result in Administrative Discharge. After Administrative Discharge for failure to meet any of the above mentioned standards, individuals may apply for return to Yellowbrick after a designated period of time by contacting the Medical Director. Individuals who are administratively discharged will be informed as to whether they are an "alumni in good standing" and subject to those privileges.

The following issues are considered within the process of Administrative Review:

- Where is the individual within the course of their treatment. What is the context within which the violations of Community Agreements is occurring?
- What are the meanings of the violations within the understanding of the individuals core enactment, including the exploration of staff and peer experiences which are activated by the behaviors?
- What is the individual's willingness to address their violations within the treatment and their willingness to take risks that might lead to change?
- What is the impact on the Community and others' treatment of either continued or interrupted treatment?
- What are the anticipated consequences and risks of a Leave of Absence or Discharge?
- What is the family's relationship to the treatment?

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Yellowbrick Community Agreements

Each member of the community's first action of commitment toward success at Yellowbrick is signing the Yellowbrick Community Agreements. In doing so, each individual makes a commitment to work collaboratively in treatment and express a willingness to follow treatment recommendations.

This commitment includes being an active participant in the community by sharing thoughts and opinions in a way that promotes personal growth as well as the growth of peers within the Yellowbrick Community.

The Community Agreements have been established and informed by clinical research and experience regarding how to create and sustain safe, self-affirming and nurturing processes in treatment and life. Each Agreement derives from a dimension within which individuals undermine their life goals and/or place themselves at risk. The Agreements are not intended to control behavior; they are empowering vehicles to identify self-damaging choices and enlist you in supporting yourself to protect your treatment and life goals.

At Yellowbrick we greatly value each member of our community. The contributions and input of all community members, peers, staff and family is essential to our optimal functioning.

We strive to create a safe community, which allows for apartment living with available on site support for growth in all areas of daily living and functioning. For this reason any actions that threaten the safety of the community such as bringing drugs or alcohol into The Residence/CTC, physical aggression towards others or destruction of property at the CTC or Residence, are potential grounds for administrative discharge. Symptomatic or self-destructive behaviors which violate the Community Agreements are understood and responded to as behavioral communications termed public behaviors. As treatment develops, these public behaviors are linked to each individual's "core enactment" which is the defining self-damaging pattern of relating to self, others and the world. Public behaviors and the core enactment are brought to the Yellowbrick Community Meeting for discussion by peers and staff in order to provide supportive accountability in treatment. In agreeing to enter Yellowbrick, you are joining a community of peers and staff working together to help each other make life transforming changes that have not been previously possible.

Making deep personal changes requires each of us within the Yellowbrick Community to agree with both the spirit and specific content of the Yellowbrick Agreements.

As members of the community, Yellowbrick staff agree and commit to:

- Commit organizational, professional, and as indicated, personal resources towards Yellowbrick's mission.
- Maintain a safe, respectful and supportive context for work in treatment.
- Support separateness, connected autonomy and a collaborative partnership in the relationship with emerging adults.
- Provide professional expertise to help you understand and address the obstacles you face in your attempts to achieve the goals of emerging adulthood.
- Help you develop a vision for your life and a plan for pursuing your vision.

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Yellowbrick Community Agreements

As a member of the community we ask you to agree and commit to these overarching principles:

- Accept ownership of your troubles, treatment and life.
- Actively work to be engaged, participating honestly on your own behalf in treatment.
- Struggle through distress.
- Accept the necessity for change and take supported risks in treatment.
- Ask for support from peers and staff.
- Approach others' concerns and any conflicts with respect.

To promote these activities we ask you to agree to:

- Make a positive commitment to the personal safety and well-being of yourself and other members of the community and obtain appropriate help for yourself when you feel at risk of becoming a danger to yourself or others.
- Commit to abstinence from alcohol and non-prescribed substances while in treatment at Yellowbrick whether or not there is a history of abuse/dependence/addiction. Support the sobriety and abstinence needs of others in the program.
- Commit to abstinence from excessive gambling, spending, video gaming, and viewing of pornography or other repetitive, persistent behaviors that undermine connection to self, others and the treatment process.
- Commit to refrain from initiating any romantic or sexual relationships while in treatment either within or outside of the Yellowbrick community, as doing so interferes with treatment and the deepening of therapeutic relationships and may be re-traumatizing for peers with a history of trauma/abuse.
- Interact with all community members honestly and respectfully and refrain from speaking negatively of others not present or holding secrets regarding peers' violation of the spirit or letter of the agreements.
- Maintain the confidentiality of Yellowbrick process psychotherapy groups by discussing them afterward only with those who were present at the particular group. This includes maintaining peer confidentiality with your parents.
- Maintain as confidential within the Yellowbrick Community all information you learn about peers and families
- Intend to attend all groups regardless of judgments as to effectiveness or personal fit.
- Seek assistance and support from peers and staff to combat avoidant, isolating behavioral patterns including excessive sleep, lack of attendance at groups or excessive use of electronic media.
- Work with staff to engage in education, work and/or community service that supports your treatment, facilitates your engagement in the community at large and fits in with your Yellowbrick schedule.
- Develop an apartment plan with roommates and a community plan with peers to work actively to build a positive household environment.
- Maintain apartment common areas and individual room in a condition respectful of Yellowbrick norms while also allowing for personal expression.
- Attend apartment meetings to develop ways to resolve conflicts as they arise and maintain household responsibilities.
- Refrain from borrowing/lending money as it interferes with developing effective money management skills and contributes to conflict in relationships.
- Refrain from using Social Networking Sites (Facebook) or any other social network to reference peers or staff directly or indirectly, engage in hate speech, bullying, or disrespectful conversations or communications
- Refrain from taking pictures at The Residence or CTC and from posting pictures of peers unless you have prior consent of all parties in pictures that were taken outside of The Residence or CTC.

In community meetings and other discussion forums we welcome your input about any additional agreements that we can make as a community to promote a positive and productive treatment and environment.

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Support for Safety Regarding Symptomatic Behavior

Symptomatic behavior is understood as an effort, often unconscious and/or dissociated, to communicate experiences and aspects of self that are otherwise not safely or directly available to the individual for expression. Yellowbrick's model maintains that safety is located within individuals, not the environment, but that the availability of supportive and skilled relationships assists individuals to mobilize their strengths on their own behalf. The following cultural norms are also understood to support safety:

- Physical violence, destruction of property at the CTC or Residence, explicit or implied threats of violence will result in Administrative Review and place the individual at risk for discharge.
- Abstinence and self-restraint from symptomatic behavior is promoted and supported as the cultural norm.
- Abstinence from sexual activity is promoted and supported for all patients throughout treatment.
- Non-romantic coupling or other forms of exclusive or special relationships are viewed as behaviors that interfere with treatment and may introduce risk.
- Abstinence from alcohol and substance use is promoted and supported for all patients throughout treatment. Bringing alcohol or other substances into The Residence may result in Administrative Discharge.
- Failure to abide by Fire Safety regulations will result in Administrative Review and possible discharge.
- Intimidation, malicious gossip, holding secrets, peer exclusion and alienation are viewed as behaviors that introduce and escalate risk.
- Persistent symptomatic behavior may raise questions regarding your capacity to make use of treatment relationships and the community.

Yellowbrick supports developing and sustaining of life skills by providing home visits for individuals who live in their own apartments or on campus. **Yellowbrick requires, as a safety precaution, a key to access your apartment to be in treatment.**

Confidentiality Policy

- Any verbal communication or behavior between patients and staff may be communicated without restriction to other staff.
- Staff will use professional judgment regarding protecting the privacy of details while communicating effectively the essence of treatment issues among staff.
- Communications in the Interpersonal Group Therapy within the LSP (3x/week) and Specialty Programs; Soma-Self, TRP, RAP, and the Narrative, Men's and Women's Groups are to remain restricted to the patients in attendance of that group.
- All communications in other groups, or personal conversation, and all behavior is considered public domain and not confidential within the Yellowbrick community. The Family Liaison, following reasonable time for individuals to discuss their Public Behaviors with parents, will proceed to explain how the symptomatic behavior is understood within the overall context of treatment.
- Violations will be discussed in Yellowbrick Community Meeting and may result in Administrative Review and Discharge.
- Confidentiality is mandatory regarding maintaining the privacy of patients from outside individuals, including former patients, who are no longer members of the Yellowbrick community.

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Yellowbrick Group Agreements

The Group Agreements are designed to provide a safe therapeutic environment for our groups. The Agreements are always subject to review and additions by peers and staff via the Yellowbrick Community Council.

- We agree to respect the confidentiality of other group members as outlined in the Yellowbrick Agreements.
- We agree to address each group member with respect.
- We agree to attend all groups on our individual group plans. If we cannot attend a group, we agree to let the group leader know prior to the start of group.
- We agree members are expected to stay for the entire group and that if someone leaves the group in a disruptive manner they will not return to that group. Exceptions for leaving the group to self-manage distress and returning may be made as part of someone's individual treatment plan.
- We agree to refrain from using the restroom during group unless it is an emergency.
- We agree that cell phones must be turned off prior to the start of group.
- We agree to refrain from eating during group.
- We agree to refrain from taking personal notes during group without explicit permission to do so. Engaging in self-soothing activities in group such as drawing or knitting must be pre-approved as part of someone's individual treatment plan.
- We agree that all groups start on time and members will not be permitted to enter later than one minute after start time without pre-approved exception.

Agreement on Individual, Professional and Community Responsibility for Safety

Membership in the Yellowbrick community is a responsibility and privilege for all emerging adults and staff. Personal safety is considered an individual responsibility and choice, with the role of professionals and the community being to provide support for the individual's struggle to maintain self-management. The treatment community, involving all peers and staff, is available as a supportive but not supervisory resource. This means that it is ***not staff's role or responsibility*** to keep individuals safe or to control their behavior. Staff's role is to assist emerging adults in their responsibility to themselves for maintaining their safety and the integrity of their relationship to the community and their treatment.

Admission to Yellowbrick is entirely voluntary and adequate motivation and capacity to make use of the treatment is assessed within the initial consultation and throughout the treatment process. Agreement to be admitted to Yellowbrick is an agreement and commitment to accept responsibility for individual safety within the course of treatment. Emerging adults are expected to report to staff any change in their condition or issues in the Yellowbrick community involving others which represents a risk to personal safety. Individuals are expected to attend all treatments, and to learn how to accept help and to invite assistance from others to maintain safety during periods of distress.

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Yellowbrick recognizes that some emerging adults have a history of self-harm, suicide attempts or other patterns that involve risk to safety. The Yellowbrick staff and treatment community does not assume responsibility for individuals' choices or their consequences. For this reason, in The Residence, Yellowbrick dos not remove items from apartments that may be used for self-harm. Individuals at The Residence are supported by Core Competence Staff (CCS) to be mindful and make helpful, healing choices.. Yellowbrick expects emerging adults to approach CCS when struggling and work on a plan that will promote the use of healthy coping strategies.

It is accepted that individuals may have periods of symptomatic self-destructive behavior and place themselves at varying degrees of risk for self-harm. These symptomatic behaviors are anticipated and will be active as a focus in treatment throughout the Yellowbrick model as a "Public Behavior" (sec. 2, described below.) It is required that these behaviors do not place peers at risk for personal or medical safety. Yellowbrick is willing to work for extended periods of self-harm risk within a context wherein the emerging adult and parents acknowledge and share in accepting the risk, and there is sufficient collaboration in the face of distress and risk. Through periodic treatment review and consultation it will be determined if persistent symptomatic behavior represents an undue safety risk or an inability to further benefit from Yellowbrick at that time. Acknowledgement of this and parting with referral is preferable to efforts at coercive control of behavior and personal choice as these are incompatible with the collaborative relationship required for in-depth psychotherapy, personal growth and healing.

Residents who take excess ("overdose") amounts of prescription or OTC medications or perform other self-injuring behavior requiring medical/surgical intervention should expect to be hospitalized, at least briefly, for consultation and stabilization.

Residents who leave treatment against the explicit and written recommendation of the Medical Director who are assessed not to be an imminent risk to themselves or others (and therefore not legally subject to restriction of rights) assume any and all risks which may result from the decision to interrupt their treatment.

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Basis for Restraint from Coupling During Treatment

1. Coupling is a violation of the community agreements and therefore represents an internal conflict about commitment to treatment and commitment to the Yellowbrick community.
2. Coupling removes parts of self from treatment and houses those parts in the relationship, thereby undermining the efficacy of treatment.
3. Coupling often occurs at a time in treatment when individuals desire soothing in the midst of disruptive emotional work. Coupling then facilitates a flight from those emotions rather than learning to tolerate and manage distressing affect.
4. Coupling promotes an illusory feeling of wellbeing based on the immediate experience of being cared for by another rather than genuinely caring for self.
5. When a history of trauma is present for one or both parties, coupling exposes both parties to re-traumatization.
6. Coupling includes holding secrets, a way to create an illusion of intimacy by excluding others.
7. Holding secrets also represents a form of disengagement from self and relationship, thereby, sabotaging treatment.
8. Coupling as a means of self-management during treatment represents a recapitulation of each individual's core enactment.
9. Time spent alone together separates the couple from full community engagement.
10. The community begins to relate to the couple as a single unit rather than separate individuals.
11. Feedback to one individual in the couple is inhibited due to a concern that it is being heard and will be responded to by the other individual in the couple.
12. Coupling activates in others in the community the desire to be in a coupled relationship, thereby, undermining the treatment of others.
13. Coupling contributes to the creation of polarized factions in the community.
14. Coupling unnecessarily promotes feelings of envy, anger and jealousy in a manner that results in community conflict and/or distance.
15. Coupling promotes triangulation with other relationships contributing to the experience of "odd person out" for the third individual(s).

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The Residence

Life at The Residence is a vital and integral dimension within the treatment experience at Yellowbrick. Core Competence Staff (CCS) are available 24 hours a day as an involved, nourishing, mature adult presence.

Core Competence Staff

CCS provide secure attachments which sustain a sense of connectedness to a community with a culture of safety as the necessary foundation for healing and growth. Working together in "real-time, real-life, real-ationships," CCS interact with Residents providing assistance in multiple, essential areas of living. These include: development of self-agency, guidance toward making adaptive choices, self-structuring daily organization and biorhythm behaviors, effective communication within interpersonal relationships, and emotion regulation through self-soothing and interpersonal soothing.

CCS provide the nucleus for a supportive community process within The Residence where individuals receive the care and guidance from staff and peers often required to sustain basic activities of daily life. They are available to mobilize and directly implement structure and routine for Residents' life both in and out of The Residence. This is done in a variety of ways, especially via informal casual interaction, but includes: CCS shift Rounds, Community Meals, Staff Accompaniment, and partnering in any household or life activity in which support is needed such as grocery shopping, housekeeping, homework, or budgeting. Success in treatment is promoted by the CCS role of helping Residents to recognize the value of these basic life activities, to acknowledge without shame or self-criticism the need for support and other assistance, and planning, managing and ultimately being accountable for and capable of core life responsibilities.

CCS are available to help when Residents experience various forms of distress evoked within the treatment process, community or family relationships or challenges implementing goals in the wider world. Importantly, CCS offer a solid role model for managing tension states and provide a caring relationship to combat despairing aloneness. CCS presence provides a relationship that offers the healing opportunity for containment through connection. The CCS role in these situations is not to control behavior, ensure safety, take away the feelings, or to explore the origins or meanings of these states. Rather, the CCS role is to be there, listen actively and encourage mobilization and use of skills being acquired in treatment. The experience of unremitting distress and disappointment in others' caretaking is a central issue for most Yellowbrick Residents. It is recognized that this can be a difficult experience not only for Residents but for CCS because of their concern for Residents and their wish to be of support. CCS and Residents are encouraged to discuss their experience with each other. Supervision and consultation with Professional Staff is available to CCS on a 24 hour/ 7 day a week basis.

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Accompanied Status

At the time of admission you will be placed on a *Status. This may be Staff Accompanied,* Peer Accompanied or Community Status. There are a number of reasons why this may be "prescribed" for you, including promoting your safety and increasing your opportunities for connection to staff and peers. When on Accompanied Status you are expected to be with staff or peers (as discussed with you) whenever you are away from The Residence. At times of crisis, Residents may be prescribed ***Community Room*** Status where they must stay within observation of CCS including sleep. This is required for a minimum of 60 minutes and a maximum of 90 minutes (assuming the individual can commit to a safety plan) after an act of self-injury. It may be required for up to a maximum of 72 hours for a suicidal crisis. There is an additional charge for Staff Accompanied Status and Community Room Status. Parents are always approved and other specific family members or friends may also be approved for accompaniment. Requests to change Status must be discussed with your Advocate and brought to Community Meeting for feedback. Your Advocate will discuss your request with Professional Staff at the daily Clinical Conference and follow up with you individually.

Medication

- Residents receive a comprehensive review of their previous psychopharmacology treatments and a medication plan is implemented and monitored.
- Medications are purchased by Residents from local pharmacies and placed within the individual safes provided within each Resident's room at The Residence. When safety concerns preclude this option, alternative arrangements are provided.
- The medication treatment for all Yellowbrick Residents will be the responsibility of the Yellowbrick psychiatrist and will require transfer of this aspect of treatment from the previous psychiatrist, if applicable.

Upon entering The Residence, all medications (prescribed and OTC) are to be given to CCS for documentation and observed placement in the individual Resident's safe. Any immediate need for refills should be noted at this time.

The Staff Psychiatrist will be available by appointment to meet with you in order to provide Medication Management and Consultation. **It is the responsibility of each Resident to schedule and attend appointments with the Staff Psychiatrist.** The Staff Psychiatrist will arrange for availability of your medications at the pharmacy. The Staff Psychiatrist may request blood work or other laboratory tests as needed. The CCS will provide assistance in locating a site for this purpose. Medications will not be refilled without a follow-up appointment.

There are three levels of Medication Self-Administration at The Residence.

Medication Self-Administration Support

Weekly Medication Packing Support

Independent Medication Self-Administration

Self-Administration Medication Observation

Medication Self-Administration is observed by the Yellowbrick staff and, at the appointed medication times, staff will be available to:

- Meet with each Resident in a designated area.
- Observe and support each Resident's access to medication which has been previously packed for the week in a medicet.
- Observe the proper time and dosage of the medication prescribed.
- Support the recording of medication taken in the medication log.

Morning medication cut-off time is 11:00 a.m.

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Weekly Medication Packing Observation

Weekly packing of medication is viewed as an important life skill for self-management. Weekly Medication Packing Observation takes place on Sunday from 10 a.m. until 6 p.m. It is a service available to both Residents and individuals living in their own apartments in the community.

CCS is available to meet in the CCS office to pack medications for the week in a medicet that is provided by Yellowbrick. If packing does not take place during the allotted time, Monday morning medications cannot be accessed until packing for the week is completed. Upon consultation with the Advocate and Staff Psychiatrist, Residents may be approved for Independent Medication Self Administration which includes packing with the CCS and taking the medicet to the apartment where it is to be stored in a designated safe.

Policy And Procedure Regarding Medication Packing Hours At The Yellowbrick Residence

Policy:

All participants at Yellowbrick including Residents and members of the Life Strategies Program (LSPers) shall be eligible to take part in the program involving the observation of the medication process by Core Competence Staff (CCS). This process shall include three potential stages: Full Observation, Partial Observation, and Full Individual Management of Medication. For those stages that require packing with the CCS , commitment to attending packing hours shall be required. Packing hours shall include the following: for Residents, packing shall take place on Sunday between the hours of 10am and 6pm. For Members of the Life Strategies Program, the packing hours shall be Sunday from 10am - 8pm. During Parent's weekend, the packing hours shall be extended for all until 8pm. For those who are Residents, missing packing hours for four weeks in a row shall result in a possible suspension of the privilege to pack with staff. For those who are members of the Life Strategies Program, missing packing hours for three weeks in a row shall result in possible suspension of the privilege to pack with staff. These decisions are made by the Medical Director in consultation with the prescribing Physician and take into account safety issues.

Procedure:

A. Full observation includes packing with the CCS on a weekly basis and taking medication with the support of CCS during dedicated medication hours.

B. Partial observation is accessed by the following process:

C. Discussion with the Advocate

D. Meeting with the treating psychiatrist

E. Announcement in YBCM during which time feedback from peers is available

F. Pending the outcome of the above process, participants shall be approved to pack with CCS on a weekly basis and take their medicet to their apartment. For Residents, the medicet shall be kept in the safe in their apartment.

G. Full Individual Management of Medication includes the Resident or LSPer accessing their own medications and packing their medications on their own using a medicet. For Residents, the medicet and meds must be kept in the safe in their apartment.

H. CCS is present during packing with each individual and provides support and observation of the process.

I. During this time, any need for refills over the subsequent 10 day period shall be determined.

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Independent Medication Self-Administration

For those individuals who are assessed to not be at risk with a week's supply of medications, (packed or unpacked depending upon the plan), and who are functioning at a level where they adhere to their prescribed medication regimen, medications are stored in the personal safe located in each room at The Residence and self-administered independently. The decision for Independent Medication Self-Administration is made within the admission Collaboration Conference. CCS are available to assist with the storage of medication and accessing the safe. CCS will check the medicet in Resident's safes both randomly and on a scheduled basis while making Rounds.

Prescriptions

Residents fill their prescriptions at Walgreens which is located about three blocks from The Residence. They are responsible for accessing and paying for their medications as arranged by their insurance. We recommend that families set up an ***Express Pay*** account with Walgreens. This can be done at any Walgreen's pharmacy nationwide. The address for the Walgreens the Residents use is 635 Chicago Ave, Evanston, IL 60202. Walgreens requires that you come into a Walgreens store personally in order to set up the account. Yellowbrick recommends that the Express Pay explicitly restrict all but prescription and OTC medication purchases.

Consultation with the Medical Consultant

A designated internal medicine doctor, who specializes in the treatment of emerging adults, is available for consultation for any medical issues that arise and/or are historical. Each Resident is required to make an initial appointment with the doctor upon arriving at Yellowbrick. The doctor may schedule further consultations. The need for future appointments can be discussed with the Advocate and/or the Staff Psychiatrist.

Daily Living at The Residence

While living in The Residence each Resident is supplied with basic household items such as laundry detergent, toilet paper and cleaning products at The Residence. Residents are responsible for purchasing groceries, personal items, and paying for public or other transportation with personal funds.

While at The Residence each individual is expected to do their best to maintain the cleanliness and safety of the living environment. The Occupational Therapist/Life Skills Specialist will assess each Resident and jointly develop a plan of life skill assistance to the extent needed. Implementation of the plan may include the Occupational Therapist/Life Skills Specialist, Core Competence Staff, or OT students. When Residents transition from The Residence to an apartment in the nearby Evanston Community, it is the norm to have the Occupational Therapist/Life Skills Specialist and delegates provide home wellness support by conducting a minimum of four apartment/campus visits within the six weeks following transition.

In addition to each individual's own maintenance of the apartment, a professional cleaning service comes to clean approximately every two weeks. You will be notified when the cleanings are scheduled. Please be sure to report any maintenance concerns to staff.

Requests for room changes are made through the Director of Core Competence. Efforts are made to honor requests within the context of clinical needs of all individuals within The Residence. Residents may be required to change rooms to accommodate the clinical needs of others or new admissions. While there is a preference to maintain single gender apartment roommates, occasions may occur when apartments are not separated by gender. Other determining factors may be present.

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Criteria For Room Requests Policy And Procedure

Policy:

Requests for a move to another room within The Residence shall be honored and determined by the Director of Core Competence using the criteria below in priority order:

1. Clinical need as determined by professional staff
2. Good Citizen standing in the community-i.e. attendance, public behaviors, etc
3. Most seniority-the time spent in The Residence

Other factors include the determination of assessments scheduled in the future, assessment of the appropriateness of co-ed living, and the availability of a single room or other living arrangement required by a new Resident or future Resident due to clinical need.

Procedure:

The Resident who requests a move to another room within The Residence shall approach the Director of Core Competence to schedule a meeting. The timing of the move shall be planned in collaboration with the Core Competence Staff, the Director of Core Competence, and the Resident present.

Once approved by the Director- in consultation as needed with other professional staff- the Resident shall move all belongings including toiletries and food items to the new room/floor within a predetermined limited time period and with the assistance of the Core Competence Staff if needed.

The new Resident shall have responsibility to launder the bedding for the room that he/she has vacated and make the bed.

A new fob shall be issued by the Core Competence Staff if moving to another floor.

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Resident Housekeeping Agreements

The Residence, at 608 Sheridan, is your home while you are a Resident at Yellowbrick. In order to create and maintain a positive living experience for all peers, each Resident is requested to meet expectations that are viewed as a dimension in treatment that is universally relevant and often crucial for some individuals given their struggles. Yellowbrick recognizes that there is often an intimate relationship between self-respect, self-worth and the manner in which individuals care for themselves and their living space. Important struggles in self-worth, self-regulation and organizational patterning are often experienced at the interface with housekeeping responsibilities. Additionally, living with other people provides the opportunity to learn how to cooperate and collaborate and many life skills can be gained while living in the peer community at The Residence.

Yellowbrick asks that each Resident abide by the following agreements to promote respect for The Residence, apartment mates, and personal well-being.

While living at the Yellowbrick Residence, I agree to:

- Attend all weekly apartment meetings.
  - Apartment meetings are a time when all roommates get together with staff to discuss any roommate and chore issues. This is when chores can be assigned and scheduled, when roommates can discuss respect issues, and Residents can receive assistance from staff in cleaning and organizing.
- Attend weekly Apartment Focus Night.
  - Apartment Focus Night occurs on a rotating basis one night per week for one hour. CCS are available in the designated apartment to work with the Residents of that apartment on any household tasks that need to be addressed.
- Participate in cooking night.
  - Every Tuesday, one apartment makes dinner for the entire Residence. This is on a rotation so that each apartment gets a chance to host every two months. Residents are to plan a meal, use the community debit card to purchase the food, shop together, and make the meal together. All other Residents are invited to participate. LSP members are eligible pending an invitation from the hosting apartment Residents.
- Adhere to an acceptable level of cleanliness for the entire apartment and my bedroom, as determined with staff and straighten up the bedroom at least once per week.
  - When it is determined that the apartment or personal bedroom is at a level of disorganization or mess that undermines personal goals or community norms, Residents will be given a period of time in which to clean the room/apartment. If the Resident fails to address the situation, CCS assist side-by-side with the Resident. If the Resident fails to clean with CCS, staff will clean the room/apartment without Resident input. CCS and Yellowbrick are not responsible for items lost or damaged within this process.
- Clean my apartment and bedroom the night before a tour, occupational therapy assessment, or brunch.
- Pick belongings up off the floor for the cleaning crew, which comes every other Tuesday morning, and vacate the apartment while the cleaning crew is present.
- Contact the CCS or the Director of Core Competence or place a note in "The Residence Needs" box in the Community Area to communicate any problems or needs within the apartment.
- Keep the community area clear of personal possessions when not present in that room.
  - Items left in the community area may be discarded by staff when requests to remove items are not heeded.

Yellowbrick supports sustaining the life skills acquired within The Residence by providing home visits for individuals who transition to live in their own apartments or on campus. **Yellowbrick requires, as a safety precaution, a key to access your apartment to continue in treatment.**

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Community Meals Guidelines and Protocol

During the first two weeks at Yellowbrick, all Residents are requested to participate in Community Meals. Community meals may be prescribed for individuals at any time during their treatment. These meals take place both at The Residence and at the CTC. The experience is intended to facilitate a new patient's adjustment to the program and the development of self-care and self-regulation around mealtime. At The Residence, all patients on Community Meals will eat with CCS at pre-arranged times in a pre-arranged place.

Breakfast	Residence	8:15	Apartment (determined by CCS and Residents)
Lunch	CTC	11:45 am	CTC - Makor
Dinner	Residence	7:00 pm	Apartment (determined by CCS and Residents)

Each Resident provides their meal. It is intended to be a relaxed, social time. Community Meals provide a chance to socialize and engage with others during mealtime, which can be a challenging time for some individuals. CCS or other staff (at the CTC) are present to provide support as needed. Residents who are not prescribed Community Meals are encouraged to join the group.

If you are prescribed to attend Community Meals, the following procedures apply:

- CCS are required to be aware of the meal prepared. If a meal seems inadequate, staff will suggest and encourage embellishment of the meal to achieve better balance. Residents may develop a meal plan with the Registered Dietician to keep on file with CCS.
- If an individual has a history, current urges or there is suspicion of unreported vomiting after meals, upon completion of the meal, the Resident is expected to sit with CCS and other peers for ~20 minutes to minimize any adverse behaviors associated with eating.
- Following the meal, Residents as arranged with the Registered Dietitian are encouraged to complete their Food Journal even if it is a meal away from The Residence (i.e. Lunch during programming day or meals eaten out). The Registered Dietitian will track the Food Journals in a effort to support healthy nutrition.

Lunch is the only Community Meal which takes place at the CTC; this occurs during the group called Connections and is facilitated by the Registered Dietitian or other professional staff. Again, each individual is responsible for providing their own food from home or buying lunch at one of the area restaurants or the cafeteria in the CTC building. Everyone on Community Meals eats together in Makor. All Residents and other patients are encouraged to participate in Connections. Attendance is noted for those who are required to participate in Community Meals.

Status changes regarding Community Meals beyond the initial two-week period are determined by the professional staff. Some individuals may be on Community Meals for an extended length of time as determined on an individual basis. Requests for status changes need to be brought to the Advocate and then to YBCM as a transition request. Decisions are made at the daily Clinical Conference. The Registered Dietitian may also make recommendations regarding status changes as indicated.

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The Residence Activities

Community Dinners

Every Friday evening all current and former participants in Yellowbrick programs are invited to attend a dinner outing at a restaurant of their choice in Evanston. CCS accompanies Residents to the restaurant dinner for social support. Dinner outings allow Residents to try different restaurants within the Evanston community and have time to socialize outside of The Residence and the CTC. On Sunday evenings, Residents have the option of ordering in food and eating as a group. Both of these dinners are funded by Yellowbrick.

In order to be eligible for community dinner funding by Yellowbrick, you must attend both YBCMs during the week prior or have an excused absence from those meetings.

Sunday Brunch

Once a month, the Yellowbrick community hosts a brunch at The Residence as part of Parents as Partners Weekend that is open to invited friends, family, staff and members of Yellowbrick. The Brunch is planned and prepared by peers and members of the staff. Sign up for participation in the week prior to the Brunch is encouraged.

Game Night

One night per week, Residents and CCS gather in the Community Area for the purpose of playing board games. Outpatients are invited to participate.

Movies

Each Saturday, Residents and outpatients gather to watch a movie together. This informal group takes place in Makom with a focus on social connection and exploration of issues relevant to emerging adults. Members make the selection of the film and process the experience through facilitated discussion.

Community Building

Community Building is a peer led process within the Yellowbrick Community. It is a routine section for the agenda at YBCM. Community Building requires that one or more peers take initiative to plan group activities for which the entire peer community is invited. These may occur at The Residence, in surrounding Evanston or at locations and venues within the Chicagoland area. Two activities are generally planned for each month's events. These events are funded by Yellowbrick in the amount of $10 per person per activity. Peers may meet with or otherwise consult with members of YBCC as part of the planning process. Core Competence staff will serve as consultants to peers as well.

Health Club

Every Resident is offered a membership at the L.A. Fitness Center. This is also available at a reduced a monthly fee for members of the LSP. L.A. Fitness is a full service health club offering the latest exercise equipment, numerous classes, a climbing wall and a swimming pool. Please inform staff at The Residence if you would like to access the club membership. Membership includes personal three (3) training sessions paid by Yellowbrick.

Makom Open Studio

Makom is the word signifying the space within which the world was placed at Creation. Open Studio at Makom is a place for creativity, relaxation and connection. It is the role of the Creative Arts Coordinator to facilitate this process of creation through education, encouragement and role modeling. Yellowbrick intentionally created an undefined space in which the emerging adult may take a leadership role in the design and building of their own environment. The philosophy of Makom is to maintain a space that is consistent in nature to those frequented by emerging adults. It is a space conducive to long term projects and visualization. The environment naturally stimulates socialization amongst participants as they observe others work and engage in group and individual projects. Ideas and needs are brought to the Creative Arts Coordinator and explored within a group setting before implementation. Building furniture, a movie projection system and quiet spaces for reflection are all examples of this sort of endeavor. Respect for each other's work and keeping Makom a place of peace and growth is the ideal.

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Time Away From The Residence

All Home Time

Every night there is an agreed upon "all home time" of 11:00 pm weekdays and 1:00 am weekends. This is established as a reasonable, expected time that all Residents return to their apartments. It is not a curfew. If any Resident intends to stay out past the "all home time," it is agreed that it will not interfere with participation in treatment or treatment goals and will be discussed with the Advocate, requested as a Transition at YBCM, and communicated with CCS on that night.

Residents are asked to speak with their Advocate prior to making plans to be away from The Residence for any period of time. This includes an overnight, weekend or Holiday visit away from The Residence. The request is brought to YBCM, under the Transitions section, for feedback from peers. The request is brought to Clinical Conference for feedback from staff and staff communicates the recommendation. The intention is for the individual to work in collaboration with their treatment team on a plan that best aligns with specified treatment goals.

Time Away from Treatment

It is understood and appreciated that circumstances will arise which create a legitimate tension between attendance at The Residence, CCHH @ 2233, the Life Strategies Program and Professional Services, and events in individual and family life. The emerging adult is expected to follow the Yellowbrick Community process for seeking approval of all time away from treatment. Unapproved time away from treatment will always be billed as if attended. Within the initial 10 weeks, there is no allowance for time away from treatment. Time away for psychiatric hospitalization is not an exception to this policy.

After the initial 10 weeks of programming 3 days of approved time away will be available beginning at the end of the third month of treatment. Time away will accrue at a rate of one day per month after the sixth month and will be credited towards Guarantor's account following payment of any outstanding balance. If individuals or their family choose to take additional time away, Yellowbrick will continue to bill unless a leave of absence is requested in writing. If a leave of absence is requested, Yellowbrick cannot guarantee availability of a bed in The Residence, specific staff assignments for care, or readmission at the point PATIENT wishes to return to Yellowbrick. Yellowbrick holds the right to discharge PATIENT rather than grant a leave of absence.

Time away which is clinically approved but is beyond the contractual allocation for days' away or time away which is not approved by the Medical Director will be charged as any other day under the Treatment Services Agreement. Yellowbrick requests that families be especially mindful of this at the holiday times.

Yellowbrick Smoking/Tobacco Policy

The Residence and the Consultation and Treatment Center are non-smoking facilities. Applicants are notified during the admission process that smoking or use of tobacco products is not permitted indoors. Violation of the smoking policy by smoking within either facility can result in Administrative Discharge.

There is a designated smoking area on the patio of The Residence. Smoking is not permitted in the front of The Residence or near any of the adjacent properties. Proper disposal of cigarette butts is required. Butts are not to be thrown on the ground. There are receptacles for disposal provided on the patio. Failure to comply with smoking policy can result in alteration of smoking privileges.

Smoking at the Consultation and Treatment Center is permitted within the designated smoking areas provided by Rotary Center only.

No nicotine delivery system other than nicotine gum, lozenges or patches can be used inside The Residence or in the Consultation and Treatment Center. Products that are not to be used in The Residence or in the Consultation and Treatment Center include, but are not limited to, chewing tobacco and electronic cigarettes. These will be confiscated if discovered within apartments by CCS.

If requested, Residents who smoke will be provided with options to assist them in quitting smoking such as the nicotine patch and/or appropriate medication.

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Transportation

Each Resident is responsible for transportation to and from the Consultation and Treatment Center (CTC). The Residence is about 1.5 miles from the CTC. Residents are permitted to have cars as discussed during the assessment process. The Residence is walking distance from "the el" - Chicago's transit line. We recommend that Residents of Yellowbrick purchase a Ventra Card if this will be their primary mode of transportation. The purchase can be made online at www.ventrachicago.com. Other patients walk or ride bikes. Yellowbrick bikes are available but require the use of helmets and following security procedures. Residents will be responsible for replacement cost of bikes lost or stolen while signed out to them.

Personal Spending

Yellowbrick recommends $75 per week for spending money to cover personal items and entertainment costs. This does not include smoking or transportation costs. This money can be provided through a debit card available from Chase or American Express or a local bank account. We have information on local banks for each Resident and/or their family to contact directly to establish an account. Because individuals present with a range of money management abilities, we will work with each individual on how best to arrange the distribution of funds. The Occupational Life Skills Specialist is available to work with emerging adults in establishing a workable budget.

Residence Visitor Policy

1. All visitors at The Residence shall enter and leave through the door in the Community Space.
2. Residents shall introduce all visitors to the Core Competence Staff.
3. Visitors shall not be present in The Residence during programming or other scheduled activity.
4. Visiting shall take place in the common areas of the apartment, the Community Space, Makom, or the patio.
5. Residents shall be present with their visitors at all times.
6. Core Competence Staff shall report any individual issues that arise with visitors to the Advocate and the Advocate shall address these issues with the Resident and/or the Resident shall discuss the issues in YBCM.
7. Residents shall inform their visitors of the importance of confidentiality within YB and shall be mindful of information about peers being shared with their visitors in order to protect the privacy of all Residents. Visitors who cannot be trusted regarding confidentiality will be refused the privilege of visitation. All visitors shall sign a HIPAA agreement which shall be stored in a file for visitors.
8. Violations of the spirit of this policy through inappropriate behavior may be subject to the visitor not being invited back to The Residence or asked to leave The Residence by the Core Competence Staff upon consultation with the on-call professional staff.
9. All plans for visits from any individual outside the YB community shall be made in advance, discussed with the advocate, and presented in YBCM. Visitors shall not be permitted to participate in community activities unless planned in advance and by following the procedure of discussion with the advocate and presented in YBCM.

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10. For visits from individuals within the YB community, reasonable efforts shall be made to inform apartment mates. Any Resident who has objections to a particular visitor shall bring the issue up in the apartment meeting. If they are not present in the meeting to present their objection, the visitor shall then be permitted to visit upon an invitation from a Resident of that apartment.
11. Any plans for overnight visitors shall be made in advance, discussed with the Advocate and addressed in YBCM.
12. Visitors from out of town are permitted to join Residents at the Friday night dinner out after the Resident has consulted with their Advocate or Professional Staff.
13. Visitors must agree not to take any photographs or record video while in The Residence.
14. Visitors must agree to be sober prior to and throughout the period of visitation. If there is any question, they must agree to be breathalyzed or submit to Reditest. Refusal would lead to not having the privilege to visit.

Pet Policy and Procedure

Purpose:

To ensure that the Residents are provided a safe, allergen free living environment.

Definitions:

Pet is considered any animal living within The Residence.

Policy:

No pets are allowed in The Residence. Animals found will be turned over to Evanston Animal Control, or humane agency. There may be instances in which a dog would be considered on a case by case basis. For a dog to be considered appropriate for living in The Residence pet must meet all five of the following criteria:

1. Hypoallergenic: the dog must have hair (not fur), and be a non allergenic breed. Additionally, all Residents must not be allergic.
2. Does not chew: the dog must be trained not to chew any non-food items
3. House trained: the dog must appropriately control its bowel and urinary functions (outside The Residence)
4. Quiet: the dog may not create any disturbance of others by yipping, howling, barking, whining or producing any other bothersome noises.
5. Treatment appropriate: the care of the dog will not interfere with the patient's ability to accomplish goals of his/her individual treatment plan.
6. Containment: Pets will be required to have some type of containment available during times when the Resident is out of The Residence and during the overnight-kennel, pet play yard, etc.

Dogs are allowed for the facilitation of an individual's treatment and as a resource within the Yellowbrick community. Responsibility for care of the dog is always the obligation of the individual Resident and to the extent that it is negotiated and agreed upon, peers within the community. At no time is Yellowbrick staff responsible for the care of Residents' pets. Failure to comply with pet care policy will result in the dog leaving The Residence. There will be one dog at a time in The Residence based on a first come, first served basis. The weight limit for any dog will be 35 pounds.

Please note: Yellowbrick withholds the right to deny approval of a dog in The Residence even if all five noted criteria are met if it is not in the best interest of the community.

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Yellowbrick Search Policy And Procedure

Policy:

Searches of Residents' belongings and space are conducted by Yellowbrick staff to help maintain as safe an environment as possible in an open apartment setting.

All admissions to The Residence shall agree to a search of their belongings upon arriving.

All Residents who have a positive UA tox screen or BAC within the last two weeks shall agree to a search of all belongings and packages upon return to The Residence from being out of The Residence and/or return from out of town or time away.

Any Resident shall submit to a room/apartment search for cause at the discretion of responsible Professional Staff.

Pr**ocedure:**

When a new Resident arrives for admission at The Residence, CCS shall inform the Resident of the required observation of their unpacking, and then CCS will accompany the Resident to their room and unpack with them. This will serve as a search of all belongings.

CCS shall inform any Resident with a positive UA tox screen or BAC within the last two weeks that a search will take place immediately upon the Resident's return to The Residence prior to approved time away from treatment.

All Residents are to be informed that any packages arriving at The Residence or the CTC addressed to them, or any packages they bring into The Residence, will be opened in the presence of CCS or other designated staff.

Whether routine (as at the time of admission) or for a cause determined by responsible Professional Staff, all searches shall be performed in the presence of the Resident to the extent that this is possible, practical, and safe. The Resident shall remain present for the duration of the search. If this is not possible, as determined at the discretion of responsible Professional Staff, or because the Resident declines or refuses to be present either by stating so verbally or by communicating refusal through their failure to be present in a timely manner or their active disruption or obstruction of the search, the search shall take place without the presence of the Resident.

A. When searching the room/apartment of the Resident due to a positive UA tox screen or BAC, or for cause as described above, all areas of the apartment shall be searched including the common areas, kitchen, bathrooms, etc.

B. CCS shall communicate in writing with Professional Staff regarding the results of the search immediately upon its completion and will call Medical Director with any positive findings.

Urine Toxicology Testing for Substances

Yellowbrick conducts random and for cause urine toxicology screenings to support the abstinence of patients. All UA toxicology screenings are staff observed. Random testing is determined by weekly lottery but no patient will go without testing for longer than a month. "For cause" screenings are activated by a known violation of the abstinence agreement or by the appearance or report (from anyone in the Yellowbrick Community) of alcohol or other drug use. UA toxicology screenings are viewed as supportive, in that emerging adults will have foreknowledge of the likelihood of use being discovered. Research and clinical experience demonstrates that this promotes sober decision making. There is a lab fee for the toxicology but no additional charges from Yellowbrick for observation, administration or integrating results into the treatment.

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Yellowbrick Consultation and Treatment Center

At Yellowbrick, emerging adults and their families can experience an innovative treatment program that addresses their diverse needs with an integrative, multi-disciplinary continuum of care.

Yellowbrick's Consultation & Treatment Center (CTC) is located at 1560 Sherman Ave, Suite 400 in downtown Evanston. The phone number is 847 869-1500. All professional services and Yellowbrick's administrative offices are located at the CTC. The CTC provides a full spectrum of specialized resources for emerging adults who are in need of intensive outpatient programs and services to ensure a successful transition into adulthood. Individuals in the outpatient program and individuals in The Residence attend programming and professional services appointments at the CTC as determined by their specific treatment plan. The course of each individual's treatment plan is closely monitored with research instruments and is subject to periodic review by the Medical Director and senior leadership.

The Consultation & Treatment Center offers the following services:

- Minding the Brain Neuromodulation & Life Strategies PHP/IOP
- Adolescent After School IOP
- Trauma Recovery Program IOP
- Soma Self IOP
- Reward Alternatives Path IOP
- Center for Clinical Neuroscience
- Core Competence
  - Supported Apartment Services
  - Education & Career Development Center
  - *Re*Cognition
  - Executive Function Enhancement
  - Life Skills Training and Nutrition, Health and Wellness
- Individual Therapy
- Family Services

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Minding the Brain Neuromodulation & Life Strategies PHP/IOP

Treatment at Yellowbrick is customized. Individuals whose psychiatric condition has persisted for several years and/or created safety risks and/or a period of incapacity to function within a developmental continuum have better outcomes with a more extended support platform and continued intensive treatment at varying levels of care to sustain an enduring recovery. While there is no minimum or maximum length of stay, Yellowbrick has created an 8 month/34-week treatment plan which has three phases:

a. Neuromodulation-*Minding the Brain*

b. Self & Skill Consolidation

c. Community Integration

Yellowbrick's experience is that most individuals require a minimum of 12 weeks to regulate their brain, restrain from defeating behavioral patterns and practice new adaptive actions, establish sustaining collaborative connections with staff, peers and parents, and initiate actions consistent with values, interests and ambitions. Yellowbrick's most intensive PHP level of care is therefore organized around a 12-week neuromodulation curriculum. The groups listed below are specific to the *Neuromodulation* phase while the overall treatment plan during *Neuromodulation* also includes the remainder of the Life Strategies Program. Transition from The Residence to an apartment in Evanston supported by home visits often occurs successfully at the close of the *Neuromodulation Phase* of care.

Yellowbrick recommends for most individuals that there be a 4-week period of continued full-time programming following the Neuromodulation Phase with a shift to the full Life Strategies program within the *Self & Skill Consolidation Phase*. The next phase of treatment is an individualized 8-week extended period of Life Strategies IOP at a lower level of intensity. The last 8-week *Community Integration* segment of treatment involves individual and family work along with executive function and life-skill support while living in the community. Following transition from active treatment, Alumni in Good Standing are eligible for Tuesday and Friday night Community dinners, and Parents as Partners Sunday brunches with the Yellowbrick Community at no charge.

The above represents Yellowbrick's efforts to provide several options in order to offer flexibility in response to the emerging adult's clinical needs and the family's varying financial circumstances.

Neuromodulation Phase Groups @ Yellowbrick

Bioregulation Of Body, Arousal And Rhythms

Bioregulation of Body, Arousal and Rhythms is designed to explore the mind and body through the understanding of your body systems and how they affect one another. This group provides a fun, interactive, hands-on way to learn about the regulatory systems of the brain and body. This group will help provide a better understanding of how and why the Center for Clinical Neuroscience treatments relate and assist you in treatment; and it will provide additional tools for bioregulation outside of the group setting.

Interpersonal Effectiveness

Interpersonal Effectiveness is a module of DBT that addresses how to change patterns of behaviors that interfere with the development and maintenance of healthy relationships. In this group participants will be offered focused education and practice of skills that can assist in identifying factors that interfere with the development of effective and mutual relationships, why they persist, and how they can be changed. The skill-sets to be discussed include: communicating and asserting one's goals, maintaining self-respect, how to say "no" and tolerate hearing "no," maintaining relationships, how to end destructive relationships, and how to build new, healthy relationships. Group members will be asked to participate in-the-moment by demonstrating skill practice through role-play, supportive worksheet, and group discussion.

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Intimacy, Sexuality And Dating

This Group on Tuesday takes the same thematic course that the current Intimacy Matters II; the Friday Group follows that of Intimacy Matters I, intended to support the interests of those who identify as LGBTQI or as curious and questioning. Both Group sections address elements and dynamics that allow a relationship to develop and sustain intimacy, and how those elements and dynamics live within ourselves, given our own experiences with relationships. The change in title is to note that, while the group addresses intimacy in all types of relationships, some time will be devoted in particular to romantic relationships and sexuality.

Mindful Living

This group explores mindfulness practices and how one can implement them in everyday life. The practice of abiding in awareness, non-critically and non-reactively, will encompass the heart of the group. Through practical exercises including meditation, visualization, and physical awareness, group members will cultivate the state of mindfulness. Reflections on the practices and discussion around how to bring them out of the group and into one's own routine will be key to expanding mindfulness from an isolated activity to a lived experience. Group members will be encouraged to practice mindfulness each week outside of the group and bring those experiences back in for discussion. The group is appropriate for beginners and experienced practitioners of mindfulness.

Self-Identity Group

Primarily a discussion group focused on different dimensions of self and identity. Each week a different aspect of self-identity is discussed. Group members will be given recommendations for how to explore that week's particular topic further in their treatment that week.

The Joy Formula

Drawing from the field of positive psychology and extensive clinical research on the connection between joy, resiliency, and health, this group will explore how cultivating positivity can bring about healing and thriving. This playful and engaging group will include creative and mindful exercises, educational information on the connection between joy and health, and activities to support personal goals toward a positive outlook on life. Even those who currently feel that joy is out of reach can benefit from practicing exercises related to gratitude, loving-kindness, and hope. This group will actively enliven the brain by practicing positivity and hopefully find that joy is accessible to all.

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Yellowbrick
Neuromodulation - *Minding the Brain* & Life Strategies Schedule

AM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:45	AM Wake Routine	AM Wake Routine	AM Wake Routine	AM Wake Routine	AM Wake Routine		
8:15	Community Breakfast	Community Breakfast	Community Breakfast	Community Breakfast	Community Breakfast		
8:30	Self-Care	Self-Care	Self-Care	Self-Care	Self-Care		
9:30	Mindfulness Intentions (TR)	Mindfulness Intentions (TR)	Mindfulness Intentions (TR)	Mindfulness/ Intentions Yoga & Embodiment (EH)	Mindfulness Intentions (TR)	AM Wake Routine Self-Care	
9:50	Break	Break	Break		Break	Individual Art Therapy Mtgs	
9:55	ACT Education (TR) or Neuroscience 101 (SM, DB. JV)	Mindful Living (EH)	CBT Education (KB) or ***Men's Group (JR)** ***Women's Group (JMY)**		DBT Education (JMY) or Self-Identity Group (JR)	Tennis (Summer) Creative Writing (Every other week)	10am-6pm Medication packing
10:40	Break/Snack	Break/Snack	Break/Snack	Break/Snack	Break/Snack		
10:50	Bioregulation of Body, Arousal and Rhythms (SM, SB)	Attachment and Coping Skills (JR)	***Narrative Group (ML)**	The Joy Formula (WG, MD) Sexuality, Intimacy and Dating (JR)	Creative Self-Expression (WG, MD)	11:00 Community Meal	11:00 Community Meal/ PAP Brunch, 2nd Sun. of month
11:45	Break	Break	Break	Break	Break		
11:50	Connections (WG)	Connections (IW) YBCC (JR,LB)	Connections (IW)	Connections (IW)	Connections (WG,MD)		
PM							
11:55 - 12:45	***Group Psychotherapy (ML,JR)**	12:40-1:50 YBCM	***Group Psychotherapy (ML, JR)**	12:40-1:50 YBCM	***Group Psychotherapy (ML, JR)**		
12:50 -1:40	Self-Regulation ACT (TR,BJ)		Self-Regulation CBT (KB)		Self-Regulation DBT (JMY)		1pm Individual Yoga With Appointment (EH)
1:45-1-55	Self-Integration (SM, SB)	Break	Self-Integration (SM, SB)	Break	Self-Integration (SM, SB)		
2:00	*Re*Cognition/ Neurofeedback 2-6pm (LB/CCN)	Neurofeedback 2-6pm (CCN)	*Re*Cognition/ Neurofeedback 2-6pm (CCN)	Neurofeedback 2-6pm (CCN)	*Re*Cognition/ Neurofeedback 2-6pm (CCN)	*Re*Cognition/ Study Group time	Individual Yoga Cont. (EH)
3:05-3:50	Men's TRP Self-Connection (EH/WG)	Education/ Volunteer/Work Exploration	RAP: Self-Connection (WG, MD) 3:05-3:55 pm	SOMA SELF: Self-Connection (WG, MD) 3:05-3:55 pm	Education/ Volunteer/Work Exploration	OPEN ART STUDIO @ MAKOM	Individual Yoga Cont. (EH)
3:05-4:00	***Women's TRP Discussion Group (JMY,)**						
4:00-5:00	***Men's TRP Discussion Group (ML)**	Education/ Volunteer/Work Exploration	***RAP: Discussion Group (LB) 4:05-4:55pm**	***SOMA SELF: Discussion Group (IW) 4:05-4:55pm**	Education/ Volunteer/Work Exploration		Activities w/ Eliza including individual yoga, theater games, team building, cultural events, discussion
4:10-5:00	Women's TRP Self Connection (EH/WG)						
5:10-6:00	Men/Women TRP: Education (JMY/ML)	Education/ Volunteer/Work Exploration	RAP: Education (LB) 5:05-5:55pm	SOMA SELF: Education (IW) 5:05-5:55pm	Education/ Volunteer/Work Exploration		Writing/Poetry/Music
6:30	Community Dinner	Cooking Night/ Community Dinner (IW)	Community Dinner	Community Dinner	YB Community Restaurant Dinner(CCS)	Community Dinner	YB Residence Order-In Dinner
8:00	7:30 Yoga Nidra (EH, CCS)	Residence 12 Step Meeting		6:00-9:00 Apt. Mtgs. & Apt. Focus (times vary)	Movie Night	Entertainment/ Community Events	Game Night Alumni Speaker
9:00	(Mindfulness, Bioregulation)	(Mindfulness, Bioregulation)	(Mindfulness, Bioregulation)	(Mindfulness, Bioregulation)			Self-Care Prep for tomorrow
10:00	Sleep Routine	Sleep Routine	Sleep Routine	Sleep Routine			Sleep Routine
11:00	All Home	All Home	All Home	All Home	Sleep Routine	Sleep Routine	All Home

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I. Educational & Skill Building Groups

Acceptance and Commitment Therapy (ACT)

ACT is a model of psychotherapy which uses the practice of mindfulness to help group members learn to become more objective observers of their own emotional experience. This allows for greater flexibility in dealing with various stresses of life and the normal psychological pain they can engender. ACT encompasses six core principles:

1. Cognitive defusion: techniques to spend less energy and effort trying to change or prevent spontaneous private mental experience.
2. Acceptance (or radical acceptance): welcoming all thoughts, regardless of their negative or positive content.
3. Being present: openness to contact with the immediate moment
4. Observing the self: becoming aware of oneself as a consciousness with the capacity to observe spontaneous thoughts, feelings and sensations.
5. Values: identifying what is important to the observing self
6. Committed Action: following one's values and behaving according to them.

By practicing mindfulness meditation, in the group and on a regular basis outside of it, members learn to separate their observing selves from the various thoughts and feelings their minds offer them. This makes it more possible to decide and behave according to one's values, rather than fusing with thoughts and feelings and acting on them automatically or impulsively. Didactic presentation, mindfulness meditation exercises, and intragroup practice of core ACT principles are all part of this group.

Attachment and Coping Styles

Attachment styles and associated coping patterns are developed from infancy and beyond as mentalizing occurs in our earliest relationships and our life narrative unfolds. This occurs at the neurobiological and relational level with experience directly forming brain organization. *Emerging adult brains are developmentally open to structural change through changes in relating.* In this group members learn about the attachment process and identify their primary attachment style. Discussion focuses on how it developed and is reinforced in relationships in the present. Further focus on coping styles and self-regulation offers members opportunities to work on challenging and strengthening personal patterns. Group members set and regularly review progress on concrete behavioral goals toward achieving earned *secure attachment*. The ultimate goal is to improve upon problematic attachment patterns and promote the maintenance of healthy relationships.

*Re*Cognition

Cognitive Enhancement Therapy (CET) is a computerized cognitive rehabilitation training program for adults with psychiatric problems who are stabilized and maintained on medication and not abusing substances.

CET is designed to provide cognitive training to participants to help them improve impairments related to neurocognition (including poor memory and problem-solving abilities), cognitive style (including impoverished, disorganized, or rigid cognitive style), social cognition (including lack of perspective taking, foresight, and social context appraisal), and social adjustment (including social, vocational, and family functioning), which characterize their disorders and limit functional recovery and adjustment to community living.

Through CET, participants learn to shift their thinking from rigid serial processing to a more generalized processing of the core essence or gist of a social situation and a spontaneous abstraction of social themes.

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The 6 areas of Cognitive Functioning that Neuropsychonline focuses on are:

1. Attention
2. Executive Functioning
3. Memory
4. VisuoSpatial
5. Problem Solving
6. Communication

Group time is spent on working independently on the cognitive tasks, quietly asking for assistance if needed, and challenging yourself to figure things out even if they become difficult. The discussion at the end of the session will be focused on increasing awareness of strategies you used during the tasks to try and pass successfully. These strategies can also be helpful for you in daily life.

Community and Career Transitions

Community and Career Transitions group is designed to meet the needs of individuals preparing to transition from The Residence to independent living. Members are encouraged to talk about how they envision their future (career, school), and discuss past educational and vocational experiences to build insight into current needs. Related cognitive, social and emotional topics are discussed. The seventeen week curriculum covers a range of topics designed to promote successful transition out of The Residence/LSP and into the community at large.

Healthy Relationships

This group explores the interaction, communication (verbal and nonverbal), and emotional styles that characterize relationships with family, friends, romantic partners and colleagues. Group members learn to identify their own positive and negative relationship patterns as well as how to accurately assess other people, choose and pace relationships mindfully, express themselves clearly and directly, establish healthy boundaries, and resolve interpersonal conflicts. Both didactic and experiential approaches are utilized.

Life Skills

This group focuses on strengthening the emerging adult's core life competencies. Group members identify barriers creating resistance to change as the first step towards self-efficacy. Applying that knowledge, members actively engage in activities designed to foster personal responsibility, motivation, and commitment. This group combines didactic, discussion, and experiential modes of learning.

Mind, Body, & Spirit Matters

Mind Matters group offers cutting edge education about the brain and connects this information to practical implications. Participants are encouraged to be curious about their brains and how daily habits such as diet, exercise, sleep and social interaction affect their brains. In addition to learning how to best care for their brains, members also learn about the impact of mental illness, substance abuse and other destructive behaviors. The education component includes discussion and practice of mind exercises such as mentalizing and meditation as additional tools for healthy mind/brain functioning.

Body Matters group is an extension of Yellowbrick's comprehensive mind-body therapy program. Including educational and experiential components, Body Matters facilitates a broad understanding of the workings of the body with the goal of increasing body awareness and esteem. Participants are encouraged to relate to their physical anatomy through movement, palpation and intellectual engagement. They learn how the body works and connect this understanding to the impact of their behaviors, including dietary choices, smoking, and exercise on the health of their bodies.

Spirit Matters group gives participants the opportunity to explore a fundamental component of their development as emerging adults – spirituality. This group looks at all aspects of spirituality from the participant's perspective, exploring their experiences of sacredness in daily life, within and outside a religious context. It is not about learning religious doctrine but about finding a language for

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what brings meaning into their lives. This group is formatted to facilitate conversation about the experience of awe, connection to self and others, and its expression in their life experiences. Using breath and quiet, participants will be encouraged to spend some time looking within to connect with their own sacredness.

Dialectical Behavior Therapy

Dialectical Behavior Therapy (DBT) is a research-supported treatment which combines cognitive-behavioral theory and methods with Eastern meditative principles and practices. DBT addresses problems in regulating emotions, painful or maladaptive patterns of thinking and self defeating, self injuring or impulsive behavior.

Implicit within multiple contexts, the Yellowbrick culture and especially the interaction with CCS at times of adaptive stress emphasize core DBT principles of developing and refining skills in:

Mindfulness = non-judgmental, present moment awareness and acceptance;

Emotion Regulation = Identifying emotions, managing emotional reactivity and increasing positive emotional experiencing;

Interpersonal Effectiveness = improving interpersonal interactions and relationships while maintaining self-respect ; and

Distress Tolerance = Skills for tolerating painful events and emotions.

II. Intra-Interpersonal Groups

Group Psychotherapy

In this interpersonal process group the focus is on relationships among members as well as the content of what is discussed. Many of the skills learned in other Yellowbrick formats are practiced in this relational group. Participants share their own experience and hear how others approach similar issues and problems. Those in the group receive vital support and encouragement while also being challenged by peers and staff. Each emerging adult in the group can try out new ways of experiencing themselves and others in a safe, supportive environment, as well as learning how they are perceived by others.

Men's/Women's Group

This process group is divided along gender lines and focuses on both content and relationships among members. Discussion centers around the influence of gender roles, life experience, same gender friendships, intimate relationships, gender identity, and self experience. The group also focuses on educational aspects of sexuality, physiology, history of gender roles, and health as they arise. Relationships between members of the group are explored in a safe environment which allows others to reflect on their relationships within the here and now and perceptions of self and others in the group.

Narrative Psychotherapy

Narrative or storytelling is a natural extension of mentalizing. Reflections on present and past of what may be fragmented emotions, thoughts and behaviors are organized into a coherent self-story. This allows critical experiences to be integrated into a life story rather than persist in fragments that may contribute to anxiety, disconnection and other psychiatric symptoms that interfere with functioning. It contributes to the formation of identity and gives meaning to experiences that may stand alone in time. Multiple meanings may be constructed about experience as the facilitator leads the process of deconstructing individual narratives through careful questioning. This process helps the individual distinguish the self from his or her problems. Group members are encouraged to be active listeners and to provide feedback and support.

Yellowbrick Community Meeting

This twice weekly meeting is the only group within Yellowbrick which is required as the issues under discussion involve or affect everyone

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within Yellowbrick. The Community Meeting is focused on affirmation and acknowledgement of individuals and relationships both for their positive or problematic contribution within the community process. It is chaired by the Community Chair and the Medical Directors. Absence leads to being ineligible for Yellowbrick payment for meals at Community Dinners Friday and Saturday night and the possibility of being placed on Jeopardy Status.

III. Experiential

Art Therapy

Art Therapy provides a safe and structured environment where individuals can explore emotions with both traditional and non-traditional media. Emphasis is placed on the creative process rather than the product. Unconscious feelings and internal conflicts may be brought to the surface and resolved symbolically. The art therapist facilitates dialogue with one's own art. The therapeutic value offered by meditation on art is generally an infusion of imagination and awareness rather than a specific answer. It is the role of the art therapist to help find comfort in this. Art provides an experiential versus a verbal experience in which healthy solutions to problems, increased self-esteem and self-awareness may be found.

Connections

As emerging adults move toward greater independence it is critical to have opportunities for informal social connection. Connections Group is one of a number of places within Yellowbrick where this occurs. This group meets daily during the lunch hour and is comprised of people with and without eating disorders. For individuals who struggle with eating disorders, eating itself may cause anxiety, and often requires skilled support and accountability. Eating with others may pose further difficulties. The emphasis is upon making this usually challenging part of the day easier for these individuals while providing nourishment in a non-threatening supportive atmosphere. For those without eating disorders it provides a relaxed social networking opportunity. Participation offers a forum to get acquainted outside of the therapeutic environment while making connections with one another.

Intentions

This group begins each day of Yellowbrick's intensive group programming. In order to maximize individual's capacity to benefit from the day ahead, members are guided to ground themselves in the present moment and identify what approach to their day will benefit them the most based upon their current needs. Out of this self exploration each member clarifies and shares with their peers an intention for the day that helps guide them as they participate in the group program.

Self-Integration

Self-integration is a brief group at the end of the day designed to assist participants' transition from an intensive group process in the morning to the more specialized or individual work of the afternoon. We help participants integrate activated emotions into an embodied experience using creative techniques such as mindfulness, physical movement and integrative games. This group helps participants integrate what they experience in treatment so that it can be understood and transformed.

Yellowbrick Community Council

The purpose of the Community Council is to enhance communication among the patient, professional and administrative members of the Yellowbrick Community and ensure that issues important to the mission of Yellowbrick are addressed in a timely and effective manner. This meeting is attended by elected representatives from the patient community, the Director of The Residence and the VP of Clinical Services, but also invites all within the Yellowbrick community to participate. It is co-chaired by the Community Chair and the Vice-President for Clinical Services. The Council is part of the official administrative process within Yellowbrick as it is asked to consult to the Directors Group on administrative decisions regarding program development and policy and

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procedure. Recommendations from Council are discussed at Yellowbrick's Directors Meeting and the Yellowbrick Community Meeting.

Yoga

Every emotional experience has a bodily component. In traditional psychotherapy the focus is primarily on word-based thinking. Narratives alone can keep therapy at a surface level and deeper emotional trauma may remain unresolved. An over-emphasis on logical, linguistic, linear and literal thinking may tilt the balance of our minds away from the important sensorimotor, holistic, stress-reducing, image based self-regulatory functions of our non-verbal modes of processing experience. This group focuses on turning toward the body with mindful awareness of here-and-now sensory experience. This opens the pathways to integration and deep emotional healing becomes possible. Yoga instruction either individually or in groups assists in the development of a centered sense of self, mindfulness practice, and an affirmative, empowered relationship to one's body. While universally useful, this approach is especially effective for individuals with histories of trauma, eating disorders and somatization.

Specialty Programs (Reward Alternatives Path, Soma Self, & Trauma Recovery)

RAP - Reward Alternatives Path

The Reward Alternatives Path is designed to meet the needs of individuals with a history of addiction or problematic use of drugs and/or alcohol. Yellowbrick's relational model emphasizes the primary importance of interpersonal relationships for mental health. We understand that individuals with addiction have replaced their primary attachment to individuals with a relationship with the drugs/alcohol. This group helps individual's identify the needs they have in relationships and obstacles to engaging effectively interpersonally. Members are encouraged to participate in evening IOP consists of 3 hours of group treatment divided into 3 interrelated components.

RAP Mindfulness is an experiential group that group rotates seventeen weeks of art therapy and seventeen weeks of separate men's and women's yoga.

RAP Education & Discussion Group helps members understand their relationship with substance abuse and the effect it can have on all areas of their lives. This group rotates seventeen weeks of two curricula. The first focuses on the powerful relationship between shame and substance abuse. The second focuses on the principles behind the 12 Steps of Alcoholics Anonymous. Relapse prevention techniques are discussed and Twelve Step participation is strongly encouraged.

RAP Interpersonal Group Therapy provides an open forum for members to explore the experiences and feelings associated with substance abuse and the struggles that are often associated with early recovery. This group promotes creating a sense of safety within which peers can share their fears and struggles and work together to try and find meaning and fulfillment in life without mind altering substances. In this interpersonal process group the focus is on relationships among members as well as the content of what is discussed.

Soma Self

The Soma Self IOP consists of 3 ½ hours of group treatment that is focused on assisting those individuals who experience a distressed or otherwise troubled relationship between their body and self experience. This would include individuals with eating disorders, body dysmorphia disorder, medical illness, trauma, etc. The group treatment is divided into three interrelated components.

Soma Self I alternates Art Therapy and Yoga. These therapies (described earlier) emphasize the importance of accessing emotions through non-verbal experiences and emotionally arousing techniques, which focus on the relationship between the body and self.

Soma Self II offers an opportunity for the group to eat together with the Registered Dietician. The goal is to have an enjoyable and successful meal experience; socializing, receiving and offering support as indicated and enacting individual food plan goals. Symptom management goals from the previous week and the

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experience of efforts to achieve them are discussed. DBT, ACT and other effective strategies are reviewed.

Soma Self III explores the experiences within oneself and interpersonal relationships that contribute to the troubled responses between the body and self experience. Patients discuss their relationships both within and outside the group and their feelings about their struggles in treatment.

Trauma Recovery Program

This evening group IOP is available *separately for men and women* who have experienced interpersonal trauma involving violence and/or the extreme or persistent violation of emotional, physical, or sexual boundaries. Within the context of the latest neurobiological understanding of trauma and traumatic attachment, the impact of trauma on the body, and the psychology of mindfulness, this group focuses on how trauma influences one's self and interpersonal relationships in the present. Based upon the research of trauma expert Bessel van der Kolk, this group adheres to an interpersonal focus format with the addition of techniques for managing sensorimotor aspects of traumatic memory. The group is divided into 3 interrelated components.

Trauma Recovery Mindfulness is an experiential group that rotates seventeen weeks of yoga with seventeen weeks of art therapy.

Trauma Recovery Education & Discussion Group teaches the Becoming Safely Embodied skills developed by Deirdre Fay.

Trauma Recovery Interpersonal Group Therapy provides a forum for the development of increased safety as issues related to trauma are explored and identified as they arise both in content and within/between the interpersonal relationships in the group.

Issues specific to men and women are addressed in the education/discussion component, as they arise in the interpersonal group and via the separation of all group components.

Center for Clinical Neuroscience

The Yellowbrick Center for Clinical Neuroscience has internationally recognized expertise among staff contributing to the development of Yellowbrick as a world-class clinical setting utilizing techniques from the frontiers of neuroscience research.

- Yellowbrick is contracted with an affiliate of the Mayo Clinic to provide pharmacogenetic studies of how an individual's DNA affects their response to medication. Genomic mapping informs issues of dosing, efficacy, medication intolerance and drug interactions. Findings are matched with databases that guide specific prescriptive choices.
- Quantitative eeg (Qeeg) provides a 3D mapping of the electrical activity and networking relationships within the brain.
- MRI-PET offers data on metabolic activity and the cellular structural integrity of the brain.
- RSA monitoring provides real-time feedback on emotional processing with implications for treatment response, approach and prognosis.
- Neuro-behavioral assessment examines discrete cognitive and mental processing functions.
- Yellowbrick employs the research validated SCID semi-structured interview to assist in arriving at evidence based psychiatric diagnosis.
- Expert clinical judgment in applying these neuroscience techniques may reveal previously undetected diagnosis or impairments, as well as "signature treatment response patterns" which inform therapeutic strategy.
- Transcranial Magnetic Stimulation (TMS), an FDA approved treatment for depression which has not responded to medication is available at Yellowbrick. It is highly effective, without side effects and non-invasive.

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Emerging Adult Career Development Center

The construction and integration of a meaningful life-career identity plays a vital role in the development of emerging adults and empowers individuals to effectively manage their life, learning, and work. Many people intuitively comprehend the importance of career development, or come to the realization after making unsatisfactory educational and career choices. Nevertheless, incorporating this basic understanding into personal growth and change can be confusing. Yellowbrick's Career Development Center assists in developing a deeper understanding of self in relation to life-career choices and aids occupational decision making through ex-pert assessment, consultation, and guidance.

Career Counseling

- Testing & Assessment
- Myers-Briggs Type Indicator
- Strong Interest Inventory
- In-Depth Assessment Interview
- Testing Interpretation & Follow-Up Session
- Educational Exploration
- Choosing A Suitable College Or University
- Determining Major
- Selecting A Graduate Program
- Career Exploration
- Examining Careers Related To Academic Major
- Understanding Occupational Requirements
- Finding A Career Related To Life-Goals
- Meaningful Life-Career Integration
- Career Change & Transition Support

Employment Services

- Identification Of Goal-Related Volunteer Opportunities
- Prevocational And Occupational Readiness Skill Development
- Resume Writing
- Job-Search Correspondence Including Cover Letters, Thank-You Letters, And Electronic Communications
- Interview & Negotiation Skills Training
- Informational Interviewing
- Recorded Mock Interviews (DVD Provided And Reviewed With Career Consultant)
- Targeted Job Search Assistance
- Effective And Appropriate Utilization Of Social Media In Career Development
- Career Coaching
- Employer-Employee Consultation & Mediation

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Family Services at Yellowbrick

One of the major developmental tasks of Emerging Adulthood is to evolve autonomy and self-sufficiency while maintaining healthy and developmentally appropriate connections with family.

Separation-Individuation is seen as a normative developmental task that has significant adaptational consequences for the road to adulthood. Relational autonomy involves a renegotiation of family relationships so that independence and autonomy are obtained within the context of ongoing relationships with parents/caregivers. The task for the emerging adult is to flexibly manage the ongoing dialectic between separation and connectedness while avoiding the undesirable outcomes of enmeshment on one hand and complete detachment and isolation on the other.

As such, family relationships are an essential aspect of the emerging adult's life and the negotiation of this journey to adulthood. Understanding the relationships within the family is crucial to the understanding of the self in relationship to other. These relationships represent the prototype for all subsequent relationships including with peers, romantic partners, and work associates. As the emerging adult focuses on the sometimes daunting task of developing a sense of self separate from his/her family, the family is an integral part of this process. In addition, when an emerging adult is troubled and struggling to launch an independent, self-governing life, the family is always deeply affected. There are usually conflicts and wounds that need healing on both sides.

The Family Service at Yellowbrick is multi-faceted and developmentally based. As the emerging adult transitions into the program and to a more autonomous setting, parents find themselves experiencing a corresponding transition of their own. Yellowbrick's Family Service seeks to provide educational experiences, support, and understanding to families as they travel the road to parenting an adult.

At Yellowbrick, parents are viewed as partners within the treatment in three essential relationships: partnering with your emerging adult, partnering with the staff in the treatment of your emerging adult, and partnering with each other to provide the kind of support to those who are also undergoing this developmental transition. In order to meet the needs of both parents and emerging adults during this mutual transition, Yellowbrick has developed the Parents-as-Partners Program.

The Family Liaison

Each family is assigned a Family Liaison, usually the Medical Director, who works closely with the family to provide support and information about the program at Yellowbrick while honoring the boundaries of the emerging adult. This Family Liaison is available by phone or e-mail to answer questions and assist the family in understanding and negotiating the family's role in the treatment of their emerging adult. This often involves introducing to the family areas within which change within parent communication or relatedness is viewed as facilitating of growth within the emerging adult at Yellowbrick. The Medical Director will also work with the family to schedule Family Rounds and other prescriptive family meetings.

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Family Rounds

An important aspect of Yellowbrick's programs is the ongoing assessment of the progress and goals of treatment in collaboration with the emerging adult and their families.

Every 4 weeks, the emerging adult is scheduled for Individual Rounds- a meeting with all members of the Professional Staff to talk about his/her treatment. Engagement in treatment, relationships with peers, and involvement in the community outside of Yellowbrick are some of the key issues that are addressed.

Correspondingly, Family Rounds are held within a similar time frame to meet with parents and their emerging adult and members of the treatment team who are directly involved in their treatment. This meeting provides an opportunity to both assess the treatment progress as well as address important family issues that may have an impact on the treatment of the emerging adult.

Family Therapy at Yellowbrick

Family or Parent Couples Therapy is not a routine service within Yellowbrick's treatment model but may be prescriptively recommended in order to focus on any family issues that have emerged throughout the treatment of the emerging adult. This ongoing treatment may be provided by Yellowbrick Professional Staff or for clinical reasons a referral may be made to our colleagues at the Family Institute of Chicago at Northwestern University.

Friday Family Forum

Friday Family Forum is an every-other-week call-in group, facilitated by The Director of Family Services, for families to have support and benefit from the experience of other families. It has been Yellowbrick's experience that families have found sharing with other families is of invaluable assistance.

Parents As Partners Weekend

The goal of the parent's weekend is to come together to learn about emerging adulthood as a phase of development in health and in illness. The weekend offers opportunities for parents to experience and explore new ways of communicating and relating to each other, their emerging adult child and to treatment professionals. The theme of Parents as Partners represents a conceptual approach of separateness, negotiated collaboration and mutuality consistent with the developmental context of emerging adulthood. The Parents as Partners (PAP) weekend is held on a bimonthly basis during the second weekend of the month. On the alternate months, a Multiple Family Group is held just after the Family Brunch on Sunday.

PAP begins on Saturday morning when parents gather for a shared breakfast and then participate in psycho-educational presentations by the Professional Staff at Yellowbrick. These presentations combine both philosophy of treatment at Yellowbrick Programs along with a focus on understanding the developmental tasks for both parents and emerging adults.

The parents then break for a shared lunch and, afterwards, participate in a Multiple Parent Group. This group provides the opportunity to meet with other parents within a safe and confidential environment and share common experience in parenting an emerging adult as well as provide mutual support.

On Sunday, the parents are invited to The Residence for Sunday Brunch. This Brunch is planned and prepared through a combined effort of Residents and staff and is held in a designated Resident apartment. Friends and extended family are also invited to attend the Brunch.

Throughout the PAP weekend, parents and families of Yellowbrick Residents who attend from out of town are invited to schedule Family Rounds with members of the treatment team. These Family Rounds serve as a vehicle for the emerging adults to meet with their parents and focus on an assessment of their treatment goals and aspects of their goal of relational autonomy.

On alternate months, Family Weekends are held which includes the Sunday Brunch followed by a Multiple Family Group composed of parents and emerging adults. Both parties are encouraged to attend whether or not their own family members are present. As with the PAP weekends, Family Rounds for out of town families are held throughout the weekend.

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Sample schedule for the Parents as Partners weekend:

"Parents As Partners"

Program Schedule (Example)

Saturday

8:30 - 9:00AM	Continental Breakfast
9:00 – 9:15AM	Welcome Bryn Jessup, PhD, Director of Family Services & Systems
9:15 – 10:15AM	"What's Emerging About Emerging Adults?" Jesse Viner, MD, CEO & Chief Medical Officer
10:15 – 10:30AM	Break
10:30 – 11:30AM	Family Conversations with Yellowbrick
11:30 – 12:30PM	Lunch (Buffet Provided)
12:30 – 2:00PM	Multiple Parent Group Jesse Viner, MD, CEO & Chief Medical Officer Bryn Jessup, PhD, Director of Family Services & Systems
2:30 – 5:30PM	Individual Family Rounds (By Scheduled Appointment Only)

Sunday

8:00 – Noon	Individual Family Rounds
11:00 – 12:45PM	Family Brunch (At Yellowbrick Residence)
1:00 –	Individual Family Rounds

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Six Degrees of Separation

A Guide to Parents

Emerging adulthood is a period of transition toward increasing autonomy while struggling to define new ways of remaining connected. The family is undergoing a parallel transition of its own. As such, it may be necessary for parents to be open to changes that will occur, changes within your emerging adult as well as within family relationships. Parents can help by being supportive, trusting, open to reciprocal communication, and encouraging independence. For every step the emerging adult takes, there is a corresponding need for change within the family.

Entering the Yellowbrick Residence may be the first time your emerging adult has lived away from home or lived in an independent setting. Alternately your emerging adult may have, in the past, attempted college or living on their own and experienced difficulties in managing and regulating their lives. Your emerging adult's involvement at Yellowbrick represents a step toward autonomy and self-management. You, as parents and partners in the treatment, can be an invaluable aspect of that process.

Here are six ways to help your emerging adult help themselves:

1 Connection: The primary goals, as the emerging adult enters Yellowbrick, are to adjust to living on their own, to connect with the Yellowbrick community, and to engage in the treatment and other productive activities such as school or work. Much time and energy may be expended in the process of this developmental step. The "phone call" may come during a period of being overwhelmed or feeling unable to manage. Initial anxious or tough moments in treatment are often expressed as complaints or accusations about the program that provoke fear and anger in parents. As much as you would like to alleviate the stress, you cannot and should not try to "fix" this for them. Be calm and reassuring about their ability to work through challenges and to seek help from the support system at Yellowbrick. Speak with the Yellowbrick Family Liaison directly about any concerns being evoked in these communications.

2 Separation: Accept that as much as you may have needed to in the past, you won't know the details of your emerging adult's life. Your emerging adult may not have lived away from you before and the opportunity to move toward adulthood and establish autonomy is an important step in their growth. Your emerging adult may need to experience the outcome of their choices and manage this outcome on their own with the support of others in the Yellowbrick community. This may require of you that you find support to manage your own anxiety about the

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separation. Our Family Liaison is available to provide support to parents as needed and the Parent Weekends, held on a monthly basis, are an opportunity to meet with others who are parenting emerging adults and may share similar concerns.

3 **Problems:** Managing complex problems within society, i.e. dealing with the daily business of life, is a vital part of becoming a competent adult. Empower your young adult to solve problems by offering guidance, expressing confidence in them, encouraging a balance of independence with thoughtful reliance on others for needed support, and trusting their decisions. Handling difficult situations for them only impedes their development and conveys a lack of believing in them as capable of developing their own strategies. They are learning important skills and becoming empowered to undertake other challenges with confidence.

4 **Personalities:** Learning to live with other people teaches essential skills such as communication and boundary setting. Your emerging adult is living in a setting where the staff is available at all times and understands the multiple challenges of this developmental period. The culture at Yellowbrick urges the emerging adult to deal openly with relationships within the community with support from the staff and peers. Several meetings a week are devoted to the experience of community and the relationships with staff, peers, and others in the Evanston community. Encourage your emerging adult to actively work through issues instead of avoiding, looking for easy solutions, or fleeing. Help your emerging adult to seek solutions that will enhance their growth and learning.

5 **Responsibilities:** Rules and structure are a part of any setting that your emerging adult may experience. Learning accountability for their actions and conduct is an import aspect of life at Yellowbrick and an important tool for managing responsibility in the future. The Yellowbrick Agreements and policies are designed to provide for their safety, health, and security as well as assist in self-regulation, engagement in treatment, and neurobiological growth.

6 **The Treatment:** Your emerging adult is involved in an intensive treatment program. Days are often long and can be exhausting. Outside of IOP programming, there are many activities designed to promote community, provide cultural and fine art experience, enhance living skills and have some down time and fun. The weekends are less rigorously scheduled but developing the skills to be alone with one's self and to be an active agent in life are an important aspects of the program at Yellowbrick. It is also a time in which grocery shopping, caring for the apartment, and other tasks may be completed. It is important to take the cues from your emerging adult in regard to time spent at home and family obligations. Often, the emerging adult will need a period of separation in order to work on building autonomy, a stronger sense of self, and the skills of self-expression and self-declaration. The ultimate goal of the separation process is relational autonomy - to become able to achieve and affirm independence and self-governance while maintaining close and mutually validating relationships.

Six degrees of Separation are guidelines for providing support to your emerging adult as they work toward increasing autonomy. Yellowbrick is here to provide support to you, as well. Please contact us with any concerns or questions.

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Administrative Items

Yellowbrick encourages all patients, families and/or guarantors to directly contact their insurance company to learn about specific benefit coverage and criteria for medical necessity prior to initiating an assessment or treatment.

Financial Information

Yellowbrick encourages all patients, families and/or guarantors to directly contact their insurance company to learn about specific benefit coverage and criteria for medical necessity prior to initiating an assessment or treatment. Insurance companies determine eligibility for assessment and treatment based on "medical necessity." It is imperative that the patient, family, and/or guarantor, as well as Yellowbrick administrative staff, are aware of the criteria applied by your insurance plan. Establishing medical necessity is a prerequisite for accessing your benefits and authorization of your assessment and/or treatment. Even under stress or time constraints it is extremely important to make yourself aware of benefit limitations and any other requirements your insurance company may have. You may consider requesting that your referring clinician attempt preauthorization prior to your admission. Yellowbrick can provide a "sample bill" for the insurance company to review.

Based on many years of experience trying to assist families to navigate the process of claiming reimbursement from commercial insurance carriers, Yellowbrick has concluded it will be in the best interests of our patients and their families to take the approach of families' seeking expert assistance to maximally access their insurance benefits.. Yellowbrick's experience as an out of network provider supporting families in their contractual relationship with health insurance companies has led us to a new understanding of the degree to which focused reimbursement expertise is needed. This has prompted Yellowbrick to connect our families with SJ Health Insurance Advocates (SJHIA).

SJ Health Insurance Advocates LLC (SJHIA) is an independent, third party expert and industry leader that works with professional providers and health insurance companies to assist families towards receiving their maximum health insurance benefits for which families have paid premiums. Yellowbrick administrative and Professional Staff will refer all matters involved in the process of verifying benefits, pre-authorization or follow-up authorization of benefits, appeals of denials or creating statements and tracking billing of insurance companies to the knowledgeable staff of SJ Health Insurance Advocates.

These functions are available through a process wherein the family contracts with SJ Health Insurance Advocates for these services. Yellowbrick sincerely believes this affords families the optimal support for maximizing insurance reimbursement. Yellowbrick is not a party to this contract and will receive no payment of any kind from SJ Health Insurance Advocates.

Yellowbrick performs a supportive role in the insurance reimbursement process rather than direct participation in the review, appeals and billing/claims, etc. process seeking reimbursement from commercial carriers. We will continue to supply families with documentation of clinical treatment and expenses. Yellowbrick will consult with SJHIA regarding both administrative and clinical issues in support of securing reimbursement.

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Yellowbrick requires the family's financial commitment of payment for the first 10 weeks of treatment which is due prior to admission. Further payments are monthly in advance as per the evolving prescribed treatment plan.

Prescriptions

Residents fill their prescriptions at Walgreens which is located about three blocks from The Residence. They are responsible for accessing and paying for their medications as arranged by their insurance. We recommend that families set up an Express Pay account with Walgreens. This can be done at any Walgreen's pharmacy nationwide. The address for the Walgreens the Residents use is 635 Chicago Ave, Evanston, IL 60202. Walgreen's requires that you come into a Walgreens store personally in order to set up the account. Yellowbrick recommends that the Express Pay explicitly restrict all but prescription and OTC medication purchases.

Medical Care

All patients at Yellowbrick are expected to have a relationship with a local primary care provider. For those patients coming from outside the local area, we encourage them to establish care with Dr. Daniel Rosenthal, a local physician associated with the Rush University School of Medicine who is Board Certified in both internal medicine and psychiatry. Dr. Rosenthal has a rare combination of knowledge about the psychiatric conditions which often interface with physical conditions and the boundaries necessary to remain in the role of primary care physician.

Transportation

Each Resident is responsible for transportation to and from the Consultation and Treatment Center (CTC). The Residence is about 1.5 miles from the CTC. Residents are permitted to have cars as discussed during the assessment process. Other methods of transportation include "the el" -Chicago's transit line. We recommend that Residents of Yellowbrick purchase a Ventra Card if this will be their primary mode of transportation. The purchase can be made online at www.ventrachicago.com. Other patients walk, ride bikes, longboard, etc.

Personal Spending

Yellowbrick recommends $75 per week for spending money to cover personal items and entertainment costs. This does not include smoking or transportation costs. This money can be provided through a debit card available from Chase or American Express or a local bank account. We have information on local banks for each Resident and/or their family to contact directly to establish an account. Because individuals present with a range of money management abilities, we will work with each individual on how best to arrange the distribution of funds. The Occupational Therapist/ Life Skills Specialist is available to help with emerging adults establish a workable budget.

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Yellowbrick Staff

Leadership

Jesse Viner, MD
CEO &
Chief Medical Officer

David H. Baron, MD
Medical Director

Bryn Jessup, PhD
Director of Family Services and Systems

Laura Viner, PhD
Director of Research

Michael Losoff, PhD
Director of Adolescent Services

Jung Mi Yi, PsyD
Director of Admissions

Linda Bostick, BSN, RN, CADC, MSEd.
Director Residence
Addiction Specialist
Health Services Coordinator

Cynthia Navas
Director of Business Services

Professional Staff

Kathi Baron, MS, OTR/L, MFA
Occupational Therapist/ Life Skills Specialist

Stephanie Benson, MA, LMHCA
Neuroscience Associate

Wendy Gilchrist, MAAT, MBA, LCPC, ATR
Creative Arts Coordinator

Eliza Hofman
Integrative Arts Specialist

Stefani Molicki, MA
Neuroscience Associate

Caroline Onischak MSN APRN PMHNP-BC
Coordinator, Center for Clinical Neuroscience Advanced Practice Nurse

Tracey Reaves, MA
Coordinator of Education and Off Campus Gap Experience

Joseph A. Reed, PhD
Clinical Psychologist

Dan Rosenthal, MD
Consulting Internist

Ilene Wynn, RD, LDN
Registered Dietician, Coordinator, Eating Disorder Services

Business Office

Ruth Movido
Business Services Coordinator

Jacqui Stieglitz
Administrative Assistant

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Yellowbrick Phone Numbers

Residence Staff Office

847-424-9434

Core Competence Staff Cell Phone

224-361-6501

CTC

847-869-1500

847 869-1515 fax

Family Liaison

708-602-4688

Consulting Internist Dr. Rosenthal

(847) 677-0212

L.A. Fitness Center

847-864-9750

Northshore University Health System

847-570-2000

Maps Online

www.cityofevanston.org/maps/index.shtml

Post Office

800-275-8777

Transportation

Metra and EL Train (312) 836-7000

www.transitchicago.com

Walgreens Pharmacy

847-864-8120

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Appendix

Treatment Plan:

Name _____ Date _____

I. Diagnosis:

II. Goals:

- Continued diagnostic assessment.
- Relief from symptoms of:
- Maintain sobriety.
- Cognitive enhancement.
- Consolidation of a coherent self-identity with a realistic, internalized basis for self-worth.
- Consolidation of capacities and patterns for adaptive distress tolerance, self-regulation, self-care and coping.
- Consolidation of interpersonal capacities to: a) feel realistically safe and trusting within effective boundaries; b) know and effectively express feelings, needs and desires; c) sustain honest, mutually sustaining relationships within a spectrum of intimacy.
- Development of connected autonomy through effective interaction and communication in relationship with parents.
- Consolidation of a realistic self-assessment and implementation of cognitive-executive and career competence, with initiation of a plan for pursuit of self-directed aims and ambitions.

III. Additional workup:

- Occupational therapy and life skill assessment.
- Sleep hygiene assessment.
- Nutritional assessment.
- Education & career assessment.
- Relapse prevention planning.
- Trauma recovery assessment.
- Medical & lab assessment.

IV. Neuroscience Interventions:

- Current medication strategy:
- Pharmaco-genomically informed psycho-pharmacology integrating findings of additional workup.
- Support for sobriety including 12 step recovery model & Addictions Specialty Service
- Nutraceutical support:
- ReCognition: cognitive enhancement training.
- Maintenance of a wellness lifestyle:
    1. **Physical activity & exercise**
    2. **Nutrition**
    3. **Biorhythms and sleep hygiene**
- Consideration of deep TMS following initial interventions

Neuro-modulatory interventions:

- Deep TMS
- Alpha stimulation
- Meditation
- Exercise
- Yoga
- Body work

Staff will engage patient and facilitate peers to:

- Attend regular meetings with psychiatrist. Frequency ___1__x/week
- Follow-through with medical services as recommended.
- Learn about medication therapeutic effects, interaction effects, and potential side effects.
- Implement agreements regarding medication regimen with honesty and full disclosure.

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- Track symptom and overall response and report reliably.
- Pack weekly and take medications as prescribed with/without supported observation.
- Learn about the impact of substances on medication effectiveness, overall functioning and risk.

V. Approaches within individual, group and family psychotherapy:

Staff will engage patient and facilitate peers to:

- Promote an alliance which facilitates honesty, authentic engagement, and collaboration.
- Support agency and authority within the treatment and life for owning choices which promote well-being and functioning.
- Support to identify and name feelings and begin to link them with the process of events, relationships and experience.
- Support for a process of increasing self-knowledge and understanding with effective communication of thoughts, feelings and needs within relationships.
- Address interferences with connectedness to self and others as described within core enactment and elsewhere.
- The concept of core enactment attempts to concisely explain how emotions, needs and associated anxieties are organized within the individual, and the attachment patterns which have developed in relationship to emotional needs and fears.
- Support a process of enhancing awareness and understanding regarding his sexuality.
- Support peer engagement and the development of capacities for friendships within a range of intimacy.
- Promote tension regulation and distress tolerance skills. Approach avoidant self-regulation patterns.
- Support for the parents to enhance communications and developmentally appropriate boundaries, authority and responsibilities

VI. Life skills, executive functioning and wellness:

Staff will engage patient and facilitate peers to:

- Regularly complete activities of daily living as independently as possible.
- Develop a balanced daily schedule, manage time and keep appointments.
- Maintain a clean and organized living space, perform chores reliably.
- Develop and follow a budget, manage money, and track spending habits.
- Practice planning, shopping, cooking and food management skills.
- Maintain personal self-care, hygiene, grooming, and laundry.
- Improve access to medical care, healthy eating, and regular exercise routine.
- Improve cognitive skills; attention, concentration, memory, problem-solving, and decision making related to everyday tasks.
- Navigate all forms of transportation.
- Explore opportunities and pursue relevant educational and vocational goals.
- Increase awareness of community resources and involvement in leisure activities.
- Improve independent living skills, explore available housing alternatives.
- Increase use of available supports, build an adequate support system.
- Improve interpersonal skills, effective communication, and conflict resolution.
- Identify personal strengths and apply them to improve role performance.
- Work towards transition to independent community integration.

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MD order for Registered Occupational Therapist evaluation and Treatment: _____JVMD_____

Supported Apartment Services	Yes	No
Supported meals	X	
Medication support	X	
Cooking support	X	
Cleaning support	X	
Grocery shopping support	X	
Public transportation training	X	
Socialization	X	
Accompanied status	Peer	
Driving, if permitted	na	

Education & Career:

- Attend scheduled sessions education & career specialist, OTR, and work with the support of CCS and other staff to initiate and sustain progress toward career-related goals.
- Take classes, work or volunteer in career-related field.
- Build resume and study skills.
- Understand and address barriers to successful progress as occur.
- Engage in community service in order to give to others (may be separate from above volunteering).

VII. Specialty Services

A. Addictions

Interventions: Addictions counseling, 12 Step meetings and step work, "Real-Time" with CCS, Psychiatric consultation, Individual yoga, Individual art therapy, Reward Alternatives Path, Urine Toxicology screening)

Staff will engage patient and facilitate peers to:

- Learn about the nature and consequences of addiction.
- Maintain sobriety with honesty and full-disclosure.
- Confront denial and avoidance and other barriers to abstinence.
- Develop and follow Relapse Prevention Plan.
- Collaborate with preventive, random and for cause urine toxicology.
- Understand the underlying psychological functions and effects of addiction on the self and relationships.
- Address the link between shame, depression, anxiety and addictive behavior.
- Attend 12-Step Meetings, work with a sponsor, and participate in a sober peer community.
- Work the steps of the 12-Step model.
- Develop coping skills to deal with urges to use.
- Attend group therapy and participate in a supportive peer community.

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B. Soma and Self

(Interventions: RD counseling, "Real-Time" with CCS, Psychiatric consultation, Soma and Self Group Program, Journal review, Weight monitoring, Supported Grocery shopping, Supported cooking, Community meals, Individual yoga, Individual art therapy, Body Work, Self-soothing skills, Meditation)

Staff will engage patient and facilitate peers to:

- Learn about the relationship between somatic (bodily) experiences and emotional experience.
- Learn about the role of mistreatment of one's body as a form of communication.
- Learn about the nature and consequences of eating disorders.
- Maintain a recommended healthy body weight, Body Mass Index, body image, and eating and exercise patterns.
- Develop and follow a nutrition plan in collaboration with the Registered Dietician.
- Participate in Community meals as recommended.
- Agree with requested weighing according to recommended procedure.
- Be honest and fully disclosing about urges, risks, lapses, and relapse.
- Confront denial and avoidance and other barriers to sustaining healthy eating and weight.
- Develop and follow a Relapse Prevention Plan for disordered eating, self-injury, and/or other misuses of body for emotional regulation or expression.
- Understand the underlying psychological functions, meanings and effects of an eating disorder on the self and relationships.
- Address the link between emotions, eating and self-image.
- Address troubled aspects of relationship between self and body.
- Attend group treatment and participate in a supportive peer community.
- Develop coping skills to deal with urges to engage in disordered eating, self-injury, or other mistreatment of one's body.

C. Trauma Recovery

(Interventions: Trauma recovery consultation, "Real-Time" with CCS, Psychiatric consultation, Trauma Recovery Group Program, Individual yoga, Individual art therapy)

Staff will engage patient and facilitate peers to:

- Learn about the nature, meaning and consequences of trauma for self-development and relationships.
- Learn about the nature and functions of dissociation and how to stay present in the moment and during therapeutic enactments.
- Understand and identify the experiences of hyper/hypo arousal and how to maintain a "window of tolerance."
- Be honest and fully disclosing about current re-enactments, such as self-injury or abusive relationships.
- Confront avoidance, denial, dissociation and other barriers to healthy self-care and relationships.
- Identify triggers for re-enactments.
- Develop relationships with shared power and self-worth.
- Understand the role of safety and trust and be able to sustain that experience while alone and in relationships.
- Understand and face the role of shame and self-blame in choices and patterns of behavior.
- Understand the impact of trauma on the experience of sexuality and personal choices.
- Understand the impact of trauma on the experience of the body.
- Attend group therapy and participate in a supportive peer community.

VIII. Risk Management Issues

-
-
-

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IX. Sample Treatment Goal Tracker

		SAMPLE YELLOWBRICK TREATMENT TRACKER										
Treatment Focus	Severity on Assessment (0-5)	#1 date	#2 date	#3 date	#4 date	#5 date	#6 date	#7 date	#8 date	#9 date	#10 date	Comments Note any point of transition from Residence, LSP or Yellowbrick
Depression												
Suicidal experience												
Self-injury												
Self hatred/judgment												
Anxiety												
Binge alcohol use												
Cognitive impairment												
Refusal to be influenced												
Difficulty accepting nurturance												
Punishing withdrawal of self when angry												

Follow-up change

0 = no change

1 = minimal change

2 = mild change

3 = moderate change

4 = significant change

5 = no longer symptomatic

Executive Medical Director

Date

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What's Emerging About Emerging Adults?

New Research and Clinical Applications

By Jesse Viner, M.D.

Emerging adulthood is a developmental period of both great risk and potential. Developmental psychologist and researcher Jeffrey Arnett was the first to identify and name the period between ages 16 and 29 as a distinct developmental phase termed Emerging Adulthood; the age of possibilities. Arnett's decade of research is published and co-authored with Yellowbrick Board of Advisors member and NIMH research scholar Dr. Judith Tanner, in The Emerging Adult; Coming of Age in the 21st Century. Arnett and Tanner identify 5 primary features in the normal phase of emerging adulthood:

- the age of identity exploration;
- the age of instability in all areas of life;
- the age of feeling in-between adolescence and adulthood;
- the most self-focused age;
- the age of possibilities and opportunities to create the future.

As a normal part of this developmental period, the emerging adult is experimenting with everything… from drugs and alcohol, to sexual partners, to lifestyle patterns, to career opportunities, to social and political identities…literally every aspect of their lives is in transition, becoming... Think for a moment about your own path in young adult life… what were you doing? Were any of you with me at Woodstock?! If you say you remember Woodstock, I know you weren't *there*!

Daniel Siegel, M.D. in his comprehensive work *The Developing Mind* (1999), synthesizes the findings from developmental neuro-scientific research. This growing body of research shows that the ultimate, organizing purpose of the brain's formation and growth throughout the lifespan is to evolve an ever more complex, integrated and higher-order representation of the self. In other words, identity formation is a crucial, nuclear process for survival and adaptation. Emerging adulthood is an active and essential window of time in the maturational unfolding of identity.

The emerging adult phase has unique emotional challenges:

- consolidation of identity and self-regulation
- role transitions within family,
- peer and intimate relationships,
- establish oneself as a capable and valued person within society.

During emerging adulthood, a second wave of psychological separation-individuation occurs with a corresponding profusion of brain cell pruning, re-networking and the establishment of neural patterns that correspond to enduring patterns of experience and behavior. Whereas in the first phase of separation-individuation in the 2nd through 4th years of life, where much of identity formation is ironically along the lines of becoming ourselves by becoming like our primary caretakers, identity formation in emerging adulthood takes place along the lines of identifying with peers, extra-parental adults and heroes.

The representation of self also derives ever more specifically from the experience of the interface with the world outside the family home. It is important to understand that brain development in the late teens and twenties is still such that action and subsequent experience is the feedback system most relied upon for information as to identity. Freed from the constraints of living within the family home and being subject to its various rules and restrictions, in addition to broader exposure to alternative choices, emerging adults engage with the world in new ways as it offers novel opportunities for self-experience and expression. Behavioral exploration and even risk taking are normative, even required actions in the service of learning so as to shape the self; risk taking allows the

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emerging adult to experience the outer margins of their "comfort zone", thus defining the self's boundaries.

Behavioral exploration and the search for myriad experience strengthen the self's competence and facilitates a coherent motivational reward system; you learn to know both what you are good at and what feels good. For example, the career literature indicates that those emerging adults who try more and different work situations prior to forging a career commitment experience increased career success and satisfaction.

Siegel's review of the research also demonstrates that the self does not develop optimally in isolation but within a context of relationships. Advances in the neurobiology of interpersonal experience (cf., Daniel Siegel, 1999) show that the brain forms its neural connections within human connections. In Siegel's words, "Human connections shape neural networks." The development of synaptic networks is how the brain expands and sustains the architecture for new learning. The brain, not just the heart and soul, needs emotional relationships to grow. According to Allan Schore (2003) a Yellowbrick Board of Advisor who is an internationally recognized scholar on attachment and affect regulation, it has been demonstrated that built into our DNA is the fact that intimate relationships throughout life act as psychobiological regulators of hormones that directly affect gene transcription. This has powerful implications for the healing role of intensive psychotherapy.

Today's culture, especially on college campuses, while also decried, offers opportunities for exploration that did not exist even a decade ago. Jarrett Seaman, who will be at Yellowbrick on December 4th discussing his book *Binge: Campus Life in the Age of Disconnection* and *Excess* which was written following 2 years of research living on a dozen college campuses across America, describes how traditional dating has become the minority pattern replaced by the phenomena of spontaneous "hooking up." This is where groups of men and women congregate for an evening together, most often involving alcohol and sometimes drugs, and everyone implicitly agrees to "see what happens." This provides a fluid interpersonal context for experiencing oneself in relation to others, and coming to know individual needs, struggles and preferences. The current culture allows for both men and women to initiate though this path remains more treacherous for women. Studies show sexually aggressive or experienced women (Seaman's research and surveys indicate over 80% of women have sex during college) are tarnished in reputation and lose status over time compared to equivalent men who rise in status. The culture of "hooking up" exists despite the fact that Glenn and Marquadt's survey of 1000 women on 11 campuses demonstrates that 63% of career oriented college women state they intend to find their husband while in college.

When we consider some of the implications of these patterns and statistics we come to understand some of the socio-cultural factors that contribute to emerging adulthood being a time of instability.

Family culture and relationships, community norms, and institutional expectations of secondary schools no longer function as implicit regulators of the self. The emerging adult is challenged to autonomously define, establish and further develop these self-regulating values, principles and capacities. According to Jennifer Tanner Ph.D., developmental research shows that during emerging adulthood there is a shift away from family and neighborhood toward greater individual identity, personal responsibility, personal power, self-regulation, and self-agency in the larger community and society as a whole.

Contexts such as college campuses are destabilizing as there is little guiding presence of authority beyond those provided by the law, multiple opportunities for exposure and provocation to engage in risk taking behaviors. Contradictory social and personal expectations for maintaining one's membership while striving to achieve individual goals are often compounded by an ambivalence within the emerging adult regarding living out the values and expectations from their family of origin.

These challenges occur within a developmental context of as yet incomplete brain networking, loss and transition from the traditional infrastructure of community support available to minors, and increasing confrontation of their limited capacity to function in an ever increasing complex world beyond home.

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Jennifer Tanner Ph.D. conceptualizes negotiating these challenges in emerging adult development as a process called "Recentering." This represents a transformation of the locus of power and responsibility into a hopefully integrated and coherent emerging adult identity. All too often this process fails.

Research and clinical experience demonstrate that about 75% of those who are to become psychiatrically ill will do so in late adolescence and young adulthood. The U.S. Department of Health and Human Services estimates that 18% (6.4 million) of those 16-25 meet the criteria for a major psychiatric diagnosis.

Freidman, et al conservatively assess that 7% (2.6 million) are functionally impaired as they transition into adulthood. These emerging adults often have a complex combination of psychiatric illnesses such as depression or anxiety, learning or processing difficulties interfering with skill development, and emotional struggles that distort personal growth.

Attempts at coping by troubled emerging adults often introduce complications from behavior patterns such as substance abuse or eating disorders which further compromise brain integrative and learning capacity, reinforce social disconnection, and arrest the development of emotional and executive competence. Problem behaviors such as binge-eating and vomiting affect brain function through the severe and enduring disruption of serotonin, dopamine, and opioid systems. This leads to further affective disorganization, then dissociative somnolence. Vomiting in bulimia, for example, is associated with decreased serotonin binding in the hypothalamus, disrupting regulation of appetite, satiety, and mood (Kaye, 2001).

Nutritional restriction in anorexia actually diminishes brain volume with corresponding cognitive impairment, obsessiveness and emotional dysregulation.

It has been demonstrated that substance abuse affects the process of myelinization which remains incomplete into the mid-twenties. Myelin lining of neurons is consolidating during the emerging adult years, as is the development of the orbito-frontal cortex which is the brain base of impulse control and judgment. By affecting myelin in these critical brain areas, the networks can't carry the same degree of stimulation, have limited resilience and are at risk for becoming overloaded much in the same way as narrow bandwidth carries limited signal and the system is at risk for crashing if there is signal overload.

Many young lives often never fully emerge into successful adulthood. The Children in Community Study (2000) compared young people with emotional and behavioral difficulties with others matched for gender and social class and found for those with psychiatric difficulties:

- The risk for failure to complete school is 14 times greater
- The rate of not being in school or employed at ages 18-21 was 4 times greater
- The risk of engaging in illegal activity was 3 times greater
- The risk of either gender being involved in a pregnancy was 6 times greater

The authors conclude the evidence is compelling that millions vulnerable of young people with emotional and behavioral difficulties become delayed and derailed in the process of emerging into adulthood.

Seaman's research demonstrates that even those emerging adults continuing to function academically have significant emotional difficulties. The number of undergraduates on psychiatric medication has tripled, including one quarter of Harvard's students. Visits to university counseling centers have similarly increased. The National Institute of Alcohol Abuse and Alcoholism 2002 report indicated 1400 annual alcohol related deaths. A National Institute of Justice report in 2002 found that 250,000 college women had been victims of rape with only 5% officially reported. Suicide remains the 2nd leading cause of death in emerging adulthood, outpaced by accidents which most often include alcohol. For every successful suicide, there are 40 failed attempts. Nine times again as many college students at some point seriously consider killing themselves.

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Treatment Systems: What we have; What works.

Treatment systems are not sufficiently organized or funded for the seriously troubled emerging adult population who, with effective treatment, are capable of becoming independent successful adults. College health services are not able to offer intensive or extended services. Community hospitals are already hard pressed to operate acute care psychiatric units with short term symptom stabilization aftercare day programs. The emerging adult's needs are approached from an episode of illness perspective and a syndrome specific focus rather than a longitudinal developmental model combining traditional treatments, extended strength based initiatives and knowledge form research in the field of neurobiology. Recurrent and persistent emotional from behavioral difficulties often extend into partial disability or explode in crisis resulting in referral to residential treatment centers.

National specialty residential treatment centers often provide excellent intervention for the acute episode of illness and build psychological and interpersonal skills necessary for successful young adult functioning. However, this population is the most vulnerable to separations and transitions in their support system and many cannot sustain their progress upon return to their community. Problems in self-regulation are stabilized, supported and healed within emotionally resonant intimate attachments which take time to develop and are not readily transferable to new therapeutic relationships. Residential treatment centers continue to function on an outdated asylum model of treatment; Go away to get better. The asylum model of treatment does not offer the concurrent experience and opportunity to build internal strengths and an anchored life in the community while receiving necessary professional support and skilled services. The emerging adult is then at risk for stalled development, misunderstanding continued suffering as demoralizing personal failure and experiencing shameful estrangement from needed family and friends.

Vander Stoep notes that families with psychiatrically ill children also tend to withdraw from their community despite increased needs for support. Continued living at home by troubled emerging adults distorts individual developmental needs and strains family bonds already weary from the turmoil and pain of psychiatric illness. Families are additionally burdened with having to cope not only with their child's illness but with functioning as case managers for a fragmented delivery system which collaborates poorly among professionals and families, and lacks accountability for outcome and economic value.

The Annenberg Foundation Trust Report on Mental Health in Adolescence (2005) has reviewed the literature on program evaluation for this population and has concluded that programs are apt to be successful-increasing positive outcomes and reducing negative outcomes if they have the following features:

- a guiding philosophy of young adult difficulties and how to effect change;
- more intensive over more time;
- broad based affecting multiple interacting systems within the individual and their milieu;
- utilize a "person in context" approach assisting "in real time" with hands on active engagement;
- provide multiple opportunities for modeling and mentoring relationships with adults and peers;
- program self-reflective questioning and monitoring of process and outcome.

Yellowbrick: Opportunity, Strategy and Model

Yellowbrick has developed its unique clinical model in concert with nationally prestigious affiliates Northwestern University Feinberg School of Medicine, Evanston Northwestern Healthcare, The Family Institute at Northwestern University, and The Chicago Institute for Psychoanalysis, as well as our nationally prominent Board of Advisors. Core research based features of the Yellowbrick model associated with positive outcomes include:

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Appendix

- **Developmental specialization** with the group of emerging adults and their families.
- **Treatment is intensive, extended, multifaceted and integrated into a coherent model.**
- **Yellowbrick Residence offers a developmental platform** for those emerging adults who cannot move forward living at home, on campus, or in an independent apartment. Treatment begins within a 24 hour supported setting and evolves into an individualized supported independent apartment context.
- **Treatment occurs in "real-time."** The primary purpose of staff presence is not to prevent symptomatic behaviors. Emerging adults retain their capacity to make choices in response to their emotional experience. Treatment relationships provide a container within which they can better hold their tensions and be supported towards self-affirming responses. This is consistent with the neuroscience regarding facilitation of new learning and targets the development of core competence in life skills.
- Treatment occurs within the context of **intimate, often intense relationships embedded in the Yellowbrick community** process which reinforces norms and values consistent with effective, successful functioning. This too is consistent with neuroscience research.
- **Neuroscience research guides the pattern, rhythm and content** of Yellowbrick programming. Attention is paid to developing normative nutritional, activity and sleep patterns. Early morning interventions consist of individual support for developing effective self-organizational skills and patterns. Initial groups are designed for introducing gradual arousal, mind-body integration and a structured goal oriented cognitive approach to the day. As the program proceeds, groups and interventions become more interpersonally and emotionally intense. Later there are opportunities to process and metabolize the emotions themselves and their personal meaning. Evenings and weekends provide skilled support for developing the capacity to structure individual time, sustain inner vitality, socialize and play.
- Treatment is delivered directly and supervised daily by a team of **senior, full time Yellowbrick clinicians.**
- **Families** are involved within the assessment process and throughout treatment with an emphasis on **facilitating the here and now developmental process of emerging adulthood** and learning new ways of relating and communicating rather than revisiting family traumas.
- A culture and philosophy that emphasizes a **strength based approach leading to competence;** individuals are more than their illness, and that successful outcome means identifying, eliciting, and collaboratively actualizing authentic core strengths, talents, needs, interests, and motivation
- **Traditional and alternative interventions** including psychiatric medicine, new findings from neurobiology, integrative medicine, multiple forms of individual as well as both small and large group psychotherapy, strength and competence based approaches, and family workshops.
- Yellowbrick Foundation has developed an extensive, unique clinical research program designed to study emerging adult development and treatment as well as track outcome. The study is being submitted to the Northwestern Feinberg School of Medicine IRB at the end of this month.

In summary, Yellowbrick has developed a clinical model which integrates the research on emerging adult development, program treatment outcome and the frontiers of neuroscience with traditional treatment approaches.

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Yellowbrick Individual Rounds Guidelines

To help you prepare for your Individual Rounds, please answer the following questions as completely as possible. You may want to ask peers or others in your support system for feedback. During the Rounds, you will receive additional feedback from the professional staff.

1. After reviewing your core-enactment from your treatment plan, how do you see these same dynamics/patterns living out in your life currently? It helps to think about how you are relating to other people and yourself, similar to the issues we discuss in Attachment Group.
2. Review each of the priorities at the end of your treatment plan and describe how you have been working on these issues since your last Rounds. If there are current risks, please address these as well.

Public Behavior Worksheet

Name:

Date:

The goal of the worksheet is to help you increase adaptive coping skills and improve relationships by exploring your behavior, taking responsibility and learning about yourself and your impact on others. You are strongly encouraged to seek out peers and staff to assist you in completing this worksheet. This worksheet will help you prepare to discuss your behavior with the community in YBCM.

1. Describe your public behavior.
2. Identify the connections between your public behavior and your **core enactment** as outlined in your treatment plan.
3. Describe the chain of **feelings, thoughts, and actions** that led up to the problem behavior.
4. Describe the **consequences** of your behavior for yourself, your relationships and the YB community.
5. Describe in detail more **positive solutions** to the problem; points in the chain at which if you had done something different, you might have avoided the problem behavior.
6. Describe what you are going to do to **repair important or negative consequences** of the problem behavior:

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Mentor Checklist

Developed by YBCC

Yellowbrick Community: go over and explain the…

- [ ] YB Handbook
- [ ] Role of the mentor
- [ ] Process of YB from the standpoint of the community (may be extremely different than what is expected)
- [ ] Confidentiality agreements – social networking and privacy policy
- [ ] Abstinence commitment – no drinking or use of substances while in YB
- [ ] Statuses (staff, peer, community)
- [ ] Dress code
- [ ] Policy on intimate relationships at YB

Groups, Attendance, Appointments: go over and explain the…

- [ ] Group:
  - Schedule
  - Descriptions
  - Location
  - What happens if switches occur
- [ ] Community meals – have to eat with staff, what happens at lunchtime?
- [ ] Administrative review procedure and Jeopardy status
  - Explain what it means to miss groups and the 67% rule
  - Go over the late rule for groups
  - Policies on what is mandatory (like YBCM) and what is not
- [ ] YBCC process and role
  - Suggestion process for YBCC: contact council rep or attend meeting if there is an issue to discuss
- [ ] Appointments
  - Checking in with staff
  - Make an appointment with the psychiatrist for a Medication Consultation

At The Residence: go over and explain the…

- [ ] Location of The Residence (LSP specific)
- [ ] Residence staff – who they are, what they do, what they can provide
- [ ] Community Space and what happens there
- [ ] Activities at The Residence: cooking night, game night, movie nights, evening events, Saturday events, Friday, Sunday, and Tuesday night dinners, 12 step meeting

Residence Policies: go over and explain the…

- [ ] Entrance policy
  - No exit or entrance through the side or front door
  - Check in with staff upon arriving and/or leaving The Residence
- [ ] Smoking Policy
- [ ] Medication Policies:
  - Med times – when each time ends, packing meds on Sunday
  - No sharing of meds (even Advil etc.)
  - All OTC meds including vitamins are stored in the med cabinet.

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Mentor Checklist - continued

Continue with checklist if peer will be living at The Residence.

Residence Features and Policies: go over and explain the…

- ☐ Grill, backyard, Makom (always open!)
- ☐ Groceries and cooking and how to get staff involved
- ☐ Apartment meetings and Apartment Focus night
- ☐ Housekeeping agreements – no food or drink in the bedrooms
- ☐ Cleaning schedule – crew comes on Tuesdays every other week, should be up and out with room picked up and everything off of the floors
- ☐ All-in time
  - Call if you will be late
  - Breathalyzed and dropped if late
- ☐ Visitors and vacation procedures:
  - Guest rules, overnight rules – have to go through advocate and then to YBCM
  - Siblings can come and visit
  - Same process goes for if you want to go away

Logistics: go over and explain the…

- ☐ Transportation options
  - Ventra Card and cabs
  - Bicycles and storage of bicycles
- ☐ Debit card
- ☐ Key fobs
- ☐ Location of the safe in rooms
- ☐ Electronics and organization in the Res – how things work (TV, computer), where things are, etc.
- ☐ Provided supplies (toilet paper, paper towels)
- ☐ Policy for when things break or need replacing - report to staff and/or put in suggestion box in Community Space
- ☐ Hair dye towels

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Yellowbrick Bicycle Policy And Procedure

Policy:

Yellowbrick shall maintain a number of bicycles (bikes) at The Residence for use by the Residents. The bikes shall be stored at the bike racks at The Residence and repaired as needed by Yellowbrick. All bikes shall be locked to the bike rack whenever not in use. Yellowbrick shall also maintain a number of bike locks (with two keys), bike lights for use of the bikes after dark, and bike helmets for use by the Residents. Any damage done to the bikes or any provided bike equipment through the use by the Residents that is determined to be due to improper use of the bikes shall be the responsibility of the Resident who has used the bike.

Procedure:

A. Any Resident who wishes to use the Yellowbrick bikes shall first sign a waiver accepting responsibility for the proper use of the bikes prior to using any bike and for any damage done that is determined to be due to improper use of the bike.

B. When using a bike, the Resident shall sign out the key for the lock with the Core Competence Staff and, upon returning the bike, shall turn in the key immediately. Residents shall be responsible for the loss of a key including replacing the lock with two keys. All Residents shall be encouraged to wear a bike helmet when using a bike.

C. The bike shall be locked when stored at any other facility (i.e. the CTC). Theft or failure to lock the bike shall be considered a violation of the policy for which the Resident is responsible. Bikes shall not be left at any other facility overnight.

D. All bikes shall be locked to the bike rack upon return to The Residence.

E. Bikes shall only be used when checking in with Core Competence Staff and obtaining a key to the lock.

F. The Resident who signs out the bike shall be responsible for anyone who then uses the bike prior to the turning in of the key.

G. Violation of any aspect of the policy can result in a suspension from the use of the bikes and/or replacement or repair.

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Coupling Policy

There is a need for a structured process in response to peers establishing themselves as a couple within the Community. The process needs to provide ample opportunity for individual exploration and discussion within the Community while also recognizing the powerful undermining of the treatment which we have witnessed as coupling proceeds without boundaries or closure. The following protocol applies in response to sexual activity among peers with or without establishment of a couple and coupling romantically with or without sexual activity. Individuals who are part of an established couple prior to entering treatment will be required to include sessions with their romantic partner as recommended.

Week 1

The peers involved in the coupling relationship (which may or may not be a sexual/romantic relationship) initiate a conversation in YBCM (under Community Relations) about their relationship and its impact within the Community. Each individual within the couple states their intention regarding continuation of the relationship as a couple. If there is intention to continue, they will be not allowed in each other's apartments in The Residence and will be on Peer Accompanied Status and not be approved peers for each other. Violation of status will demonstrate how coupling extends itself into stepping outside of the treatment recommendations in areas beyond sexual activity. If they are in the same Group Psychotherapy or have the same Advocate, changes will be made based on seniority.

Week 2

Each peer will present a Public Behavior with the Coupling Worksheet in YBCM and begin Dual Advocate meetings as one of their 3 therapy sessions per week.

Week 3

If coupling continues they will participate in Administrative Review and report on the consultation in YBCM under Community Relations. Dual Advocate meetings will continue. Parents will be notified of administrative jeopardy if peers decide to persist in coupling.

Week 4

Report on Dual Advocate meetings in Community Relations discussion in YBCM. Continue Dual Advocate meetings.

Week 5

Administrative Review upon commitment to continued coupling. Determination regarding viability of treatment with possibility of discharge.

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Basis for Abstinence from Coupling During Treatment

1. Coupling is a violation of the community agreements and therefore represents an internal conflict about commitment to treatment and commitment to the Yellowbrick community.
2. Coupling removes parts of self from treatment and houses those parts in the relationship, thereby undermining the efficacy of treatment.
3. Coupling often occurs at a time in treatment when individuals desire soothing in the midst of disruptive emotional work. Coupling then facilitates a flight from those emotions rather than learning to tolerate and manage distressing feelings.
4. Coupling promotes an illusory feeling of wellbeing based on the immediate experience of being cared for by another rather than genuinely caring for oneself.
5. When a history of trauma is present for one or both parties, coupling exposes both parties to retraumatization.
6. Coupling includes holding secrets, a way to create an illusion of intimacy by excluding others.
7. Holding secrets also represents a form of disengagement from self and relationship, thereby, violating the agreements and sabotaging treatment.
8. Coupling as a means of self-management during treatment represents a recapitulation of each individual's core enactment.
9. Time spent alone together separates the couple from full community engagement.
10. The community begins to relate to the couple as a single unit rather than separate individuals.
11. Feedback to one individual in the couple is inhibited due to a concern that it is being heard and will be responded to by the other individual in the couple.
12. Coupling activates in others in the community the desire to be in a coupled relationship, thereby, undermining the treatment of others.
13. Coupling contributes to the creation of polarized factions in the community.
14. Coupling unnecessarily promotes feelings of envy, anger and jealousy in a manner that results in community conflict and/or distance.
15. Coupling promotes triangulation with other relationships contributing to the experience of "odd person out" for the third individual(s).

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Yellowbrick Coupling Worksheet

How does violating the Yellowbrick Agreements by choosing to be in a special relationship *at this particular time* relate to your core enactment?

What parts of yourself, your feelings and issues are sequestered from community due to your involvement in this relationship?

How does being part of a couple affect your engagement in your treatment?

How does being part of a couple affect your relationship to yourself and your peers?

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Accountability Worksheet

Name: _____ Date: _____

The goal of this worksheet is to help you reflect on the current state of your relationship to treatment and prepare you to discuss your difficulties meeting the accountability standard in YBCM.

1. What do you understand about why you are not being put on an Accountability Leave of Absence at this time?

2. What do you value about your treatment?

3. What obstacle(s) prevent you from attending treatment and how do the obstacle(s) relate to your core enactment?

4. What else do you feel it is important for the community to know about your struggles and circumstances?

5. What strategies could you use to overcome the obstacle(s) you face? How can others help?

6. Are there any aspects of your treatment that you feel need to be addressed or changed?

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Status And Eligibility Chart

	Residence Support: Phone or drop-in	Residence Apartments	Residence 12-Step	Friday Community Dinner – YB Paid	Sunday Order In	Tuesday Night Community Dinner	Community Activity	Makom Studio Hours	Sunday Brunch	Camping Trips	PAP Weekend	Holiday Activities
LSP	Yes Not during LSP Out by All Home	Always by prior invitation	Yes	Yes	No*	Yes	Yes $35	Yes	Yes	Yes/ Fee	Yes/ No fee	Yes
Alumni: Good Standing	Yes Review by Residence Director	Always by prior invitation	Yes	Yes	No*	No	Yes/ Self-pay	No	Yes	No	By Re-quest	Yes
Account-ability LOA	No Refer to on-call or Advocate	No	Yes	Yes/ self-pay	No	No	No	No	No	No	Parents Only	No
Admin-istrative DC	No	No	No	No	No	No	No	No	No	No	No	No

*Alumni Speaker Dinner only

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Why Yellowbrick?

Yellowbrick is recognized nationally as providing a unique treatment environment which innovatively combines and integrates multiple dimensions of treatment not found all in one place elsewhere. These include:

- Yellowbrick is a national center of excellence specializing in the treatment of troubled emerging adults and their families. Yellowbrick has a homogeneous sober peer community of only emerging adults ages 18-30.
- Yellowbrick operates as an Open Therapeutic Community which means that relationships are established not on the basis of power but on the invitation to collaboratively bring the authentic parts of self safely forward into the treatment.
- Yellowbrick operates within "real-time" and real life as emerging adults come to live their lives within the context of being immersed within an intensive treatment environment. Rather than an "as-if" or asylum context, this creates real choice and risk which activates the neural networks required for real and enduring change.
- Yellowbrick integrates supported, sober community living platforms, intensive treatment and assistance for re-entry with school or work for emerging adults whose psychiatric and addiction histories have demonstrated the need for extended life-skill support, intensive treatment, rehabilitation from severe impairment and reclaiming of a peer community.
- Yellowbrick's model integrates traditional and cutting edge research approaches to psychiatry, cognitive enhancement, individual developmental growth and change in family systems, and life-skill rehabilitation. Yellowbrick's programs and services promote self-empowerment, brain regulation, identity integration and coherence, the development of connected autonomy within a nurturing sober peer and family support system while developing life strategy skills, career and education advancement and productive life activity in the Chicagoland community.

Yellowbrick's model utilizes the latest research from neurobiology, cognitive neuroscience, developmental psychology, a spectrum of approaches to psychotherapy, and strength based, wellness approaches. Interventions include a unique integration of:

- Research based categorical and functional diagnosis.
- Neuro-modulatory treatments such as collaborative, pharmaco-genomically informed psychopharmacology, *deep* Transcranial Magnetic Stimulation (*d*TMS), neurofeedback and Direct Trans-Cranial Current Stimulation (DTCS).
- Neuro-modulatory protocols for exercise, nutrition and sleep hygiene.
- Neuro-modulatory treatments such as mindfulness, meditation, yoga and mind-body integration which quiet the limbic system, creating safety which promotes attachment and new learning.
- *Re*Cognition; Cognitive enhancement interventions focused on attention, working memory and executive function, all considered essential for making use of other treatments and preventing relapse for psychiatric illness and addiction.
- Strength-based enhancement of life skills and executive function led in a "real-time" community living context within supported home healthcare apartments.
- Yellowbrick's treatment culture includes an expectation of involvement in school, work, and / or Community Service while in treatment to assist with the challenges in role performance functioning. This is in contrast to the asylum approach of most treatment settings.
- Intensive individual and family therapy 3-5x/week conducted by senior, expert Professional Staff with training at a Doctoral level or with decades of experience. Treatment occurs within the context of deep, often intense, relationships with professionals, peers and families within the Yellowbrick Community. Neuro-imaging shows changes in brain networking demonstrating that effective emotional engagement in relationships promotes new learning and functioning, especially in the emotion-regulating capacities of emerging adults.
- Intensive Outpatient Group Therapy Program averaging 30 hours/week specifically developed to address the universal developmental challenges of emerging adulthood and the specific syndromal issues associated with trauma, addiction and eating disorders.
- Intensive Family Model including a 24/7 Family Liaison, Family Rounds Strategic Planning sessions, family therapy and Parents as Partners monthly weekends.
- Outcome is evaluated by patient and Professional Staff research validated metrics and objectively with neuroimaging by an admission and transition quantitative EEG.

The Yellowbrick model is an in-depth but practical, strength based approach creating a context for enduring change. Treatment at Yellowbrick offers value that lasts a lifetime through enhanced personal understanding and integration, life skills and strategies, and the development of core competence.

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YELLOWBRICK®

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