

Welcome to Hope

The staff of the Hope program welcomes you. In this brief handbook, we want to orient you to our treatment philosophy and program structure, and provide information on what to expect as your loved one settles into treatment. We hold the belief that your family member's stay with us can make a real difference. We want our patients to leave here with a better understanding of their problems, with confidence in their ability to sustain the progress they make here, and with a sense that they have a plan to follow to ensure things continue to go well.

Upon admission to the program, your loved one will receive a handbook about the program and will receive an orientation to the unit from staff. Additionally, he/she will be invited to attend New Patient Orientation, which discusses the topics and guidelines that are most frequently asked about by incoming patients.

Treatment plans are individualized and developed by the patient and the treatment team, which consists of a psychiatrist, primary nurse, social worker, psychologist, rehabilitation specialist, mental health associate, individual therapist, as well as an addictions counselor and eating disorder counselor, if applicable. A physical examination, a nursing assessment and a psychosocial assessment will be completed soon after admission; additional assessments, such as a spiritual assessment, an addictions assessment, a leisure assessment, a vocational assessment, or a fitness assessment may also be ordered. Specialists in other areas may also provide consultation, depending on your family member's needs. Information we gather about your family member through the assessments and perhaps from you, as well as observations of interpersonal relations in treatment, is used to develop a clinical understanding and to guide the treatment process.

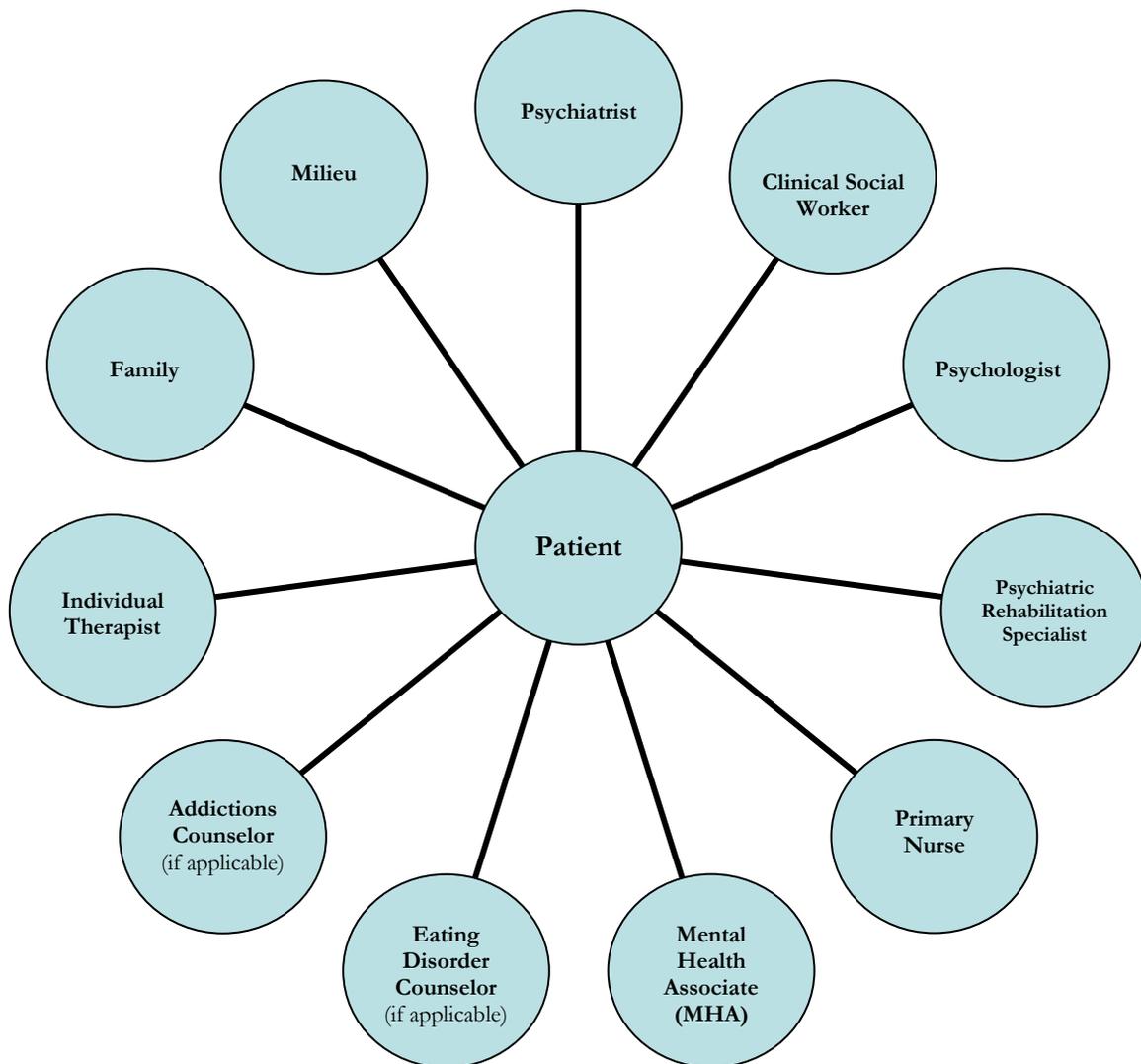
Your loved one's treatment team, as well as the entire Hope staff, will work with him/her to provide the necessary physical and emotional support throughout treatment. Treatment occurs in a therapeutic community environment with individual and group interventions. It will take several days for your loved one to orient to the groups and settle into the program. Once the assessment phase has been completed, a regular routine will be followed (see our attached weekly schedule).

Please feel free to ask questions about anything you do not understand. We hope these materials provide a good orientation to the treatment offered on Hope. We look forward to working together with you and your loved one.

Warm Regards,

Donna Lamb, LCSW
Program Director
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The Team: Who's Who and What Do They Do?



The Team *(continued)*

Psychiatrist: Coordinates the treatment plan and oversees the treatment team; conducts patient rounds twice weekly; orders medications, medical tests and consults; formulates diagnosis with team; reviews treatment plan with the patient at regular intervals

Social Worker: After obtaining consent from your family member and if recommended by the team, conducts family sessions; participates in weekly rounds; leads groups; coordinates discharge planning

Psychologist: Provides psychological testing as ordered; reviews outcome assessments with patient; leads groups

Psychiatric Rehabilitation Specialist: Conducts vocational, social skills, fitness and functional consults as ordered by the team; leads psychoeducational groups; oversees wellness activities; assists your loved one in developing a Wellness Plan, which can provide a blueprint for recovery

Primary Nurse: Serves as the primary nursing advocate; provides optimal continuity of patient care; leads/co-leads groups; provides total patient care to include assessments, planning, interventions, education, and evaluation; collaborates with the patient on safety plans and treatment planning

Mental Health Associate (MHA): Performs a number of duties including safety rounds, orienting patients to the unit, taking vital signs and transporting patients to off-campus appointments; is involved with numerous aspects of patient care and will have frequent contact with your family member throughout each day

Eating Disorder Counselor: If your loved one struggles with an eating disorder, the eating disorder counselor meets with the patient to conduct meal planning twice weekly; creates exercise guidelines; provides post-meal support; leads the eating disorder groups

Addictions Counselor: If your loved one struggles with an addiction, the addictions counselor conducts addictions groups; meets with patient individually to review 12-step work and goals; coordinates peer support meetings that focus on issues related to addiction

Individual Therapist: Your loved one will be assigned a psychotherapist for individual therapy, who is separate from his or her primary team. Therapy assignments are based on the individual's clinical needs. The psychotherapist may be a psychologist, psychiatrist or clinical social worker.

Family: Supports and encourages patient to take agency to make active efforts towards recovery and wellness; supports the team's recommendations

Milieu: The entire community of staff and patients that interacts relationally with the patient to understand relationship dynamics, supports progress in treatment, and provides support and encouragement for change

Treatment Philosophy

We believe healing values are essential to treatment in the Hope program. These values include:

The Importance of Being Human

Recognizing that we are all human, we respect the dignity of others; we collaborate and aim for shared decision-making. While we may not be able to solve all problems, we believe attitude is important. Through genuine care, curiosity and commitment, we persevere in working at problems together.

Engaging Hearts and Minds

We believe healing involves slowing down and being reflective. This care requires mindfulness of mind—a reflective effort involving the use of our hearts and minds to understand ourselves and others. We aspire to be accepting, curious and compassionate. Doing so promotes feelings of safety.

Fostering Safety and Security

We aspire to create a community of staff and patients that inspires confidence that reaching out will be met with interest, empathy and care. This fosters safety and security—especially if responsive care is offered regularly.

Supporting Ownership and Agency

Although illness can obscure strengths and capacities, we want our healing environment to support personal empowerment; this includes taking responsibility for what one can change while learning to accept what one cannot. “Agency” means to initiate action for a purpose. Agency is active and fosters hope—the most important ingredient for thinking, “I can do something about this!”

Description of the Milieu

One of the unique aspects of treatment on the Hope Program is the “milieu” (pronounced “mill *you*”), which is the community of patients and staff. The Menninger brothers pioneered the concept of milieu-based treatment, acknowledging that healing occurs not only through patients’ work with clinicians but amongst the peers themselves.

The milieu is considered therapeutic when there is an environment that provides a sense of membership and belonging; patients work with peers and staff to take responsibility for the welfare of others in the community and of the community as a whole. The milieu serves as a healing community in which your loved one will find both support and challenges; it assists in containing unhelpful behaviors; and it provides opportunities to remediate the behaviors through staff and peer feedback and modeling. The therapeutic community provides a set of values and norms for behavior with the expectation that community members will participate in activities, value one another as individuals and learn to care not only for themselves but for others. The milieu provides the opportunity to integrate new and positive experiences, practice new skills and gain self-understanding.

Dr. William C. Menninger believed that patients’ patterns of thoughts and behavior that occur in the “outside world” also show up in treatment in the interactions of the milieu. The milieu offers patients and their treatment team “here and now” opportunities to reflect on their relational patterns and intervene in a way that is not possible in outpatient treatment environments. You will likely hear your loved one talk about his/her “peers” in the milieu. While your loved one will be expected to respect the confidentiality of their peers, he/she will likely reflect on the camaraderie being experienced, the challenges all have faced and the insights they have gained from interacting with the “milieu.”

On Hope, we engage in a weekly community meeting as a means of creating and reinforcing a sense of community and belonging.

LOR System

The Hope Program utilizes an “LOR” (Level of Responsibility) system. The LOR system reflects decreasing restrictions based on maintaining safety in patients’ treatment, engagement with the treatment team and the Hope Program, and a patient’s track record of sustained stability. The LOR system is not about grading or merit. It is a clinical tool that allows the treatment team to pay close attention to the patient over the course of their six- to eight-week stay.

While patients can almost always be visited by family and friends on the unit, they are usually eligible for off-grounds passes after a few weeks. As they consolidate their treatment gains and look toward discharge, patients may choose to take a therapeutic absence (TA). The LOR system allows patients and their treatment team to “stay on the same page” about their clinical progress to ensure their safety and ability to slowly manage returning to life outside of the hospital.

At the end of this handbook, you will find the guidelines for the Levels of Responsibility. Please note these guidelines are subject to change.

Family Involvement in Treatment

There are various opportunities to remain connected to your loved one, including phone calls, visitation, passes for off-campus visits, therapeutic absences and participation in the treatment. Passes and therapeutic absences are determined in collaboration with the treatment team and ultimately require treatment team approval.

Phone Calls

Your loved one will be provided a personal cell phone upon admission to the unit. The phone will have its own number and maintain voicemails. You may speak with your loved one outside of scheduled programming. Families are requested not to call between the hours of 11:30 pm and 7:30 am. *In case of emergencies or other upsetting news or information, families are asked to inform the social worker before contacting the patient; if the social worker is not available, please call the unit nursing station at 713-275-5410 and inform nursing.* Informing the team and staff prior to contacting the patient allows a plan of support for the patient to be determined.

We are often asked, “How often should I call my family member?” There is no set rule or guideline regarding a patient’s communication with family members. We encourage patients to take agency with their communication preferences with their family members. This issue is something that can be addressed with your team and/or in a family session with your team if the level of communication becomes problematic for you or your family member. *Too much contact with family can inhibit the patient’s development of relationships with peers; these relationships are a vital part of the treatment process.*

For international calls, an international calling card will need to be purchased. Menninger does not cover the cost of these calls.

Visitation

On Hope, we understand that you may feel anxious to see your family member frequently or soon after their admission. However, we believe that there is therapeutic value in waiting to visit until the patient has been in treatment for a few weeks. It usually takes a few weeks for a patient to become comfortable on the unit and become really involved in their treatment. It is important to allow this natural adjustment to occur, and a visit too soon could disrupt this process.

Your loved one should discuss visits with friends and family with his/her social worker prior to scheduling the visit. On weekdays, visitation is between the hours of 11:30 am and 1 pm and 5 to 8 pm. Visitation must not conflict with scheduled programming. Weekend visitation hours are from 8 am to 8 pm. Visitation outside normal visiting hours should be approved by the treatment team.

When you arrive for your visit, check in at our Hospitality Center (located at the entrance to our campus); you will be asked for a picture ID and the four-digit patient identification number. You’ll then be directed to the Commons building for check-in with our receptionist, who will contact the unit for visitation approval. Upon receipt of approval, you will be asked to review and sign a Visitor

Conduct and Confidentiality statement acknowledging your understanding and agreement to its terms.

Due to patient safety and confidentiality, all personal belongings, including cell phones, must be left in your car or stored in a designated keyed locker provided by Menninger. After visiting, retrieve your items from the locker, return the key to the receptionist, and sign out.

Visitor Guidelines

Patient and clinic visitors are expected to conduct themselves in a manner that is considered appropriate by community standards, and should adhere to the following guidelines:

- Upon arrival to the unit, check in at the nursing station before visiting with your family member. Each visitor must sign in and out.
- All items brought in for patients, including food items, must first be checked by nursing staff to verify safety and proper storage. Because of limited storage space, we do ask that only conservative amounts of snacks be brought into the unit.
- Visitation is limited to two hours per day on the unit with no more than two visitors at a time.
- Visits can take place in the main lounge unless redirected by nursing staff. When a quieter place is needed, a group room may be requested from staff. Visits on campus may take place when the patient has permission to visit off the unit either through a) the proper LOR, b) a physician's order for visitation on grounds with family or c) joining the family for meals in the cafeteria.
- Off-campus passes must be requested by the patient and approved by the team *prior to your visit*.
- Visitors are not allowed in the bedrooms or areas posted as "No Visitors." Also, only patients can participate in program activities, such as gym time, craft time or other therapies. The unit's back terrace is reserved solely for patients.
- You may purchase meals in the cafeteria. Credit cards may be used for lunches Monday-Friday; weekend meals will require cash. Your loved one may eat with you in the cafeteria if he/she has a written pass or the LOR to eat on his/her own. Also, meals with family in the dining room must occur separately from the patient group. If food is brought from off campus, you may eat together in the main lounge on the unit.
- Children must be supervised by the adult who brings them to the visit. At no time will patients or staff be able to assume childcare responsibilities.
- Pre-arrangement for pet visitation is required; current veterinary documentation of pet health must be submitted for approval several days before the planned visitation. Pet visitations are time limited and require coordination with several hospital departments.
- Please respect the confidentiality of patients and staff. Do not disclose or discuss any patient information to which you are exposed during your visit.
- Adhere to visiting hour guidelines.
- Please promptly report any unsafe conditions to any employee or security staff.

The Menninger Clinic maintains an environment free of direct or indirect threats or acts of violent behavior that could interfere with work performance and the delivery of safe quality patient care.

To maintain a safe environment, the following visitor behaviors are prohibited:

- Threats and/or sexual innuendos, including touching of patients or staff
- Threatening language and physical contact

- Possession, sale, distribution, acquisition or use of illegal drugs, alcohol, or drugs of abuse. Individuals that appear to be intoxicated or under the influence of alcohol or drugs will be asked to leave the campus.

Note: As needed, staff may limit or cancel visitation for a period of time in order to maintain the therapeutic milieu of the unit. We thank you in advance for your support.

Off-grounds Passes

If your loved one has an LOR 2 or higher, he/she can request from the team an off-grounds pass for accompaniment by family, friends or a sponsor; these passes must be approved by the team in advance of your visit. Passes must not conflict with programming throughout the week or weekends. The team may rescind a pass if a clinical concern arises.

Therapeutic Absence (TA)

Therapeutic absences are generally reserved for the end of treatment as a part of discharge planning. Your loved one is able to be away from campus for up to 72 hours, the bed is reserved, and the daily rate will continue to apply. Therapeutic goals for a TA are essential, and it is recommended your loved one include a schedule of his/her activities and a crisis plan. The team may rescind a TA if a clinical concern arises.

Couples/Family Therapy

The treatment team may recommend that *once weekly* couple and/or family therapy be a part of your loved one's treatment. Family therapy sessions will be facilitated by the social worker and may take place over the phone or face to face. These sessions provide the opportunity to work on systemic issues in the family that, once addressed, can positively impact the patient. Patients' authorization and willingness to engage in these sessions is required, however; if your loved one refuses to engage in family work while in treatment, you are strongly encouraged to voice to the patient your desire to engage in family sessions.

Treatment Updates

The patient will identify a family member to receive weekly treatment updates from the team social worker.

For married patients, spouses are typically selected by the patient to receive these updates; if couples/family therapy has been recommended by the team, these weekly updates may be combined with the therapy sessions. Although you likely are very concerned about your family member and would like frequent updates, our experience with family systems supports maintaining agreed-upon communication boundaries as a way of eventually calming the concern and anxiety in the family.

We realize that parents, children, siblings, and financial guarantors of our patients may also be interested in receiving updates, but this is not feasible to provide. It is possible, however, to rotate which family member will receive the treatment update each week, and it is the patient's responsibility to coordinate this. As noted earlier, we encourage patients to take agency and inform their family members on important treatment matters.

Rest assured that if an emergency situation arises, the primary family contact identified by the patient will be contacted immediately.

Due to HIPAA laws, patients can limit the amount and content of information that is given by the team to others.

A Few More Important Issues

1. **“What happens if my loved one wants to leave treatment early and without the team’s recommendation?”**

The patients on Hope are adults and have the freedom to choose not to stay in treatment. The first couple of weeks in treatment can be especially uncomfortable until patients settle into the unit and form relationships with the staff and other patients.

If a patient decides to leave Hope, he/she follows a process that includes submitting a “Request for Discharge” form, giving the staff advanced notice and time to address issues of concern for the patient. The patient will be assessed for safety by his/her psychiatrist before being discharged. Family will be notified if your family member wants to leave treatment.

This is a period of time in which family members play a significant part in patients remaining in treatment. **Because we cannot keep a patient here involuntarily, it is often helpful for the family to express to the patient its support of the team’s recommendation to remain in treatment,** or to set limits and/or consequences of a decision to leave treatment prematurely. Your expectations should be set forth in a clear, concise manner.

2. **“My family member tells me that they are unhappy with their treatment. What should I say to them?”**

If your family member calls and expresses anger, disappointment, frustration, etc. with you or the team in regards to treatment, it is important to validate those feelings. Your family member likely needs to hear that his/her feelings are heard. However, on Hope we ask family members to encourage *the patient* to take agency (initiative) when these matters come up and to recommend that *the patient* address the issues directly with the team; it’s not unusual for families—coming from a place of concern and in an attempt to be helpful-- to overfunction for their loved one, which consequently moves the patient into an underfunctioning position. It’s also not unusual for patients to attempt to deflect the focus off of themselves when something difficult is being looked at in treatment, and this deflection may take the form of getting the family upset so that the team’s focus turns to calming the family.

3. There are some patients in which change will occur only after there is change in the family system. This family-system change might be, for example, an implementation of and adherence to newly defined boundaries with the patient, a decrease in relied-upon financial support to the patient or newly found sobriety in a partner. It is our hope that the family system will be open to discussions of these issues, if applicable.
4. Weekend programming is intentionally lighter than weekday programming. In life, it is not uncommon to “just keep myself busy” as a way to avoid feeling and dealing with difficult emotions. We structure weekend programming on the fact that our lives cannot be consistently

busy and that sooner or later we must sit alone with our thoughts and feelings; the lighter weekend schedule provides opportunity to practice handling down time and learn to sit with oneself without the need for distraction or activity.

Patient Responsibilities

Each patient is responsible for:

- Providing (to the best of his/her ability) accurate and complete information regarding hospitalizations, all medications (including herbal and over-the-counter) and other matters relating to his/her health
- Following the treatment plan recommended by the treatment team
- Keeping appointed treatment schedules
- Providing information about his/her advanced directive(s)
- Treating those providing care with dignity and respect
- Informing nursing and medical staff about his/her comfort level and need for pain relief measures
- Knowing and following hospital rules and regulations affecting patient care and patient conduct, and following all laws of the State of Texas
- Not bringing weapons, alcohol, drugs or unauthorized medications into the hospital
- Never threatening or hurting another patient, family member, faculty member or staff member
- Refraining from sexual activity of any nature while in the hospital
- Being respectful of the property of others and of hospital property
- Talking with his/her primary nurse, treatment team, a staff member or the patient advocate if he/she is dissatisfied with care or service
- Meeting financial commitments
- Remaining considerate of the rights of other patients and of hospital faculty and staff
- Accepting responsibility for his/her actions should he/she refuse treatment or choose not to follow prescribed treatment planning

Group Descriptions

There are a variety of groups that make up the Hope Program. Your family member and the treatment team will develop the patient's treatment plan, and determine which groups are suited to meeting your family member's needs.

Groups are broken down into four types:

1. **Psychoeducational:** These groups are conducted in a discussion format with instructional content themes that encourage sharing and feedback, and are aimed at facilitating change in the group members' daily lives.
2. **Skill Building:** These groups are designed to facilitate the practice of a new skill or to enhance existing skills, with the focus on improving a person's ability to cope or function to their desired level.
3. **Exploratory or Process:** These groups are aimed at helping its members gain insight into life's challenges and interpersonal difficulties through the use of empathic concern for one another's feelings and perceptions, and to aid in planning constructive action.
4. **Engagement:** These groups focus on the development of the community.

12-Step Recovery explores the philosophy and principles of the 12-step program. Steps 1, 2 and 3 are discussed in depth, with participants sharing how the steps relate to their addictions; it is recommended that patients share Step 4 with the chemical dependency counselor or a trusted staff or peer prior to discharge. Recovery literature from Alcoholics Anonymous and Narcotics Anonymous is used to emphasize that the 12 steps are a way to live and can be applied to other compulsive behaviors, such as gambling, sex and self-injury. The group stresses the therapeutic value of one addict helping another.

Chemical Dependency Education focuses on co-existing addictions and psychiatric illnesses. Living with a dual diagnosis is explored; both diseases require appropriate treatment that consists of stabilization, rehabilitation of body/ mind/spirit and an ongoing program of recovery. The tendency for people with a psychiatric illness to develop or experience an addiction, and vice versa, is a crucial point.

Chemical Dependency Process Group allows the patients to talk about issues specifically related to addiction; examples are relapse, difficulties accepting the idea of a sponsor and the importance of recognizing cross addiction. Periodically, the group will address topics such as boundaries, healthy relationships, honesty and coping with urges. This group helps patients recognize problem areas that need to be addressed before discharge.

Chemical Dependency Relapse Prevention focuses on building a stable foundation for recovery, exploring internal and external triggers, learning the phases and warning signs of relapse, exploring

susceptibility in early recovery, designing a relapse prevention plan for use with alcohol- and drug-related activity, and discussing the part that epigenetics play in staying sober.

Cognitive Behavioral Therapy (CBT) Skills group emphasizes the basics of CBT, such as the importance of how thoughts affect our feelings and behaviors. The premise behind CBT is that our thinking impacts how we feel and what we do. CBT helps recognize distorted thinking patterns, automatic negative thoughts, the influence of those in our lives and the manner in which to reframe the thoughts and/or patterns.

Community Meeting provides an opportunity for patients and staff to come together and to discuss issues that affect the entire milieu. An open discussion of community issues is encouraged in order to problem solve as a group.

Creative Expression uses the creative arts to evoke discussions about treatment issues. These modalities include, but are not limited to, music therapy, drawing, collage making, writing and movement.

Dialectical Behavior Therapy (DBT): This twice-weekly group teaches healthy coping skills in four areas: 1) mindfulness (how to be in charge of your mind rather than your mind being in charge of you); 2) distress tolerance (how to tolerate distressing situations that can't be immediately changed, and do so without making the situation worse); 3) emotion regulation (how to decrease the intensity of your emotions if they don't match the situation or if you want a temporary break from your feelings); and 4) interpersonal effectiveness (how to interact with others in a manner that increases the likelihood you will achieve your objective and do so in a way that strengthens the relationship and leaves your self-respect intact). Participation in DBT is optional. To join, you must first attend DBT Pre-commit, which explains the group, the skills and the expectations of group members.

Goal Setting is offered twice weekly and teaches patients how to set and evaluate short-term, measurable treatment- and task-related goals in order to assist them in setting goals more easily outside the hospital.

Grief Journeys: offers an opportunity for patients to explore personal losses individually, as well as grieve together within the group setting. Provides education and support to facilitate healing and find meaning from grief. Group members are guided through a series of lessons and exercises designed to support and foster growth along their grief journey.

Group Psychotherapy: The twice-weekly group provides an unstructured, yet facilitated setting in which patients can discuss their issues. Through this process, the patients are able to receive feedback from their peers and assess the level of trust they are able to establish with others. In addition, the group allows patients to practice healthy interpersonal skills that can provide the opportunity for increased self-awareness. Patients are responsible for bringing in and presenting their own issues to the group.

Putting Wellness into Practice focuses on practical ways to incorporate health and wellness topics into daily practice. Led by nursing, patients have opportunities to learn about, practice, and discuss strategies to improve their overall health. Examples of topics include the following: physical activity, assertive communication, sleep hygiene, healthy eating, cultivating an attitude of gratitude, an introduction to mindfulness, effective versus ineffective communication, developing and maintaining healthy boundaries, anger management, coping skills/stress management, community compassion, positive self-talk, and reframing negative thinking patterns.

Self-Compassion offers education to foster an understanding of one's self-view, and coaching and practice to move toward a softer and balanced perspective. The group focuses on the elements of insight, vulnerability and experiential moments to increase the use of compassionate self-talk and decrease self-stigma. Discussion focuses on stigma rather than shame (and how self-compassion challenges this) with the goal of ending self-stigma. Members explore stigma of mental health/illness as a way of identifying what people think about themselves.

SMART Recovery provides participants the opportunity to support one another in recovery from potentially addictive substances and or behaviors following the 4-Point Program of SMART Recovery: 1) enhancing and maintaining motivation to abstain, 2) coping with cravings and urges, 3) managing problem thoughts, feelings and behaviors, and 4) living a balanced life. The various tools and techniques covered in this group stem mainly from the cognitive behavioral and motivational enhancement models of recovery.

Suicide Resilience is a psychoeducational and process group that addresses “psych ache”, the experience of intense psychological and emotional pain that contributes to suicidality. Specific strategies for addressing the drivers of suicidality and increasing resilience are reviewed.

Topics in Treatment Group serves as the venue for numerous topics, including readiness for treatment, anger management, self-esteem, social skills, grief, suicide resilience, relationships, ACT (Acceptance and Commitment Therapy) skills, elements of The Daring Way© curriculum, etc.

Trauma Psychoeducation: This group is designed specifically for patients who have been exposed to experiences of abuse that have resulted in lasting adverse psychological effects. The group looks at specific effects on emotions, memory, sense of self, relationships and physical health. Trauma-related psychiatric disorders including depression, PTSD, dissociative disorders and self-destructiveness are discussed. Self-regulation, the various treatment approaches that can be used and the importance of hope for getting on the trajectory toward healing are topics that round out the content of the group. Patients are encouraged to use their own experiences as examples, but only if they feel secure to do so.

Trauma-sensitive Yoga: This group is specifically for patients with a trauma history (e.g., trauma from surgery, sexual or physical assault, chronic neglect, or chronically unsafe or abusive relationships in childhood or adulthood) or for patients who have difficulty putting bodily experiences into words. This yoga's “forms” (i.e., poses) engage certain pathways in the brain that help patients observe and tolerate physical sensations, helping to disconnect physical feelings from

the emotional reactions to assaults in the past. This allows patients to “feel” themselves and identify the “material me.” Trauma-sensitive yoga increases a patient’s sense of empowerment by providing choices, and has been shown to be helpful in the rebuilding and strengthening of relationships with self and others.

Wellness Planning: This twice-weekly group helps patients develop a structured process for monitoring uncomfortable and distressing signs and interfering behaviors. Patients are encouraged to start work on their Wellness Plan immediately, focusing on the interfering behaviors that interrupted their life and prompted hospitalization.

Values Group is open to all patients from any religious (or non-religious) background. Spirituality is defined very broadly as “a relationship with God/Higher Power/Force for Good, relationship with self, relationship with others and relationship with earth.” All questions from the group and any doubts are acceptable. Themes such as faith, trust, anger at God, power, grief, forgiveness, repentance and reconciliation are addressed. Exploration of the story of the person’s life and faith in relationships is the predominate focus of the group.

Fitness and Wellness Groups emphasize the importance of physical activity as a means of making a positive influence on psychological and physical health. These groups include relaxation groups, walking groups and physical exercises.

Additional groups are periodically added based on community needs. Patients may also be referred to other units for further programming that is suited to their needs.

Discharge and Aftercare

Many families are anxious about what the next step will be after their loved one leaves Hope. To help patients maintain the gains they have achieved in treatment, discharge planning is an integral component of the Hope Program. The treatment team collaborates with the patient, family and outpatient providers to help set up a discharge plan that promotes stability and continued progress. From the beginning of treatment, the patient is encouraged to serve as an active member of the treatment team and help set treatment goals, define desired outcomes and establish an effective discharge plan that meets his/her needs.

Throughout the course of treatment, the team will identify needs for post-discharge and will make recommendations based on the treatment needs and capabilities of the patient. There are many continuing treatment options or combinations of treatment that a patient's team may recommend: a residential step-down program, an intensive outpatient program, individual therapy, family therapy, group therapy, etc. Some patients go to a transitional step-down program after completing our program, which helps ease the transition from residential inpatient care to varying degrees of independence. There are many step-down programs across the country, many which integrate the opportunity for continued work towards a college degree or other education, as well as the opportunity to enter the workforce in a gradual manner. If a step-down program is the treatment recommendation for your family member, the team will help guide the patient towards programs that fit the patient's specific needs and preferences.

The discharge plan that is ultimately implemented by the patient, however, may be different than what is recommended by the team due to insufficient financial resources or reluctance to follow treatment recommendations. Implementation of discharge plans takes time—time to research, to make appointments and to reflect. It is not uncommon for patients to experience an up swell of emotions as they contemplate their next step. A patient's treatment team is there to support the patient throughout the way. Leaving enough time to ensure a smooth transition plan and taking time to say goodbye to peers and staff is a critical part of the treatment.

This *Welcome to Hope Guide* was updated May 22, 2017.