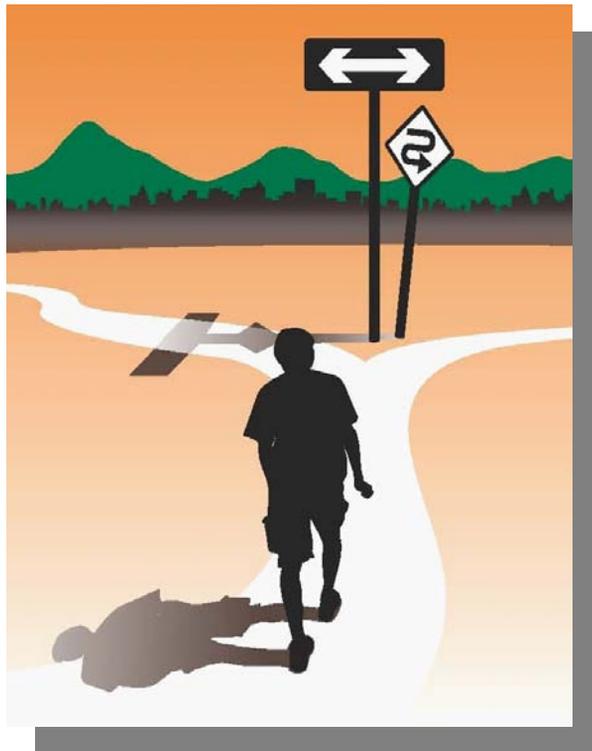




## Parent Handbook



### MISSION STATEMENT

"GENERATIONS IS COMMITTED TO THE PREVENTION OF SEXUAL ABUSE BY PROVIDING BEST PRACTICE IN ASSESSMENT AND SERVICES FOR NEGLECTED OR AT RISK YOUTH AND THEIR FAMILIES"

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# Contact Information

## Generations Group Home

Phone: 864-243-5557

Mailing Address: PO Box 80009  
Simpsonville, SC 29680-0009

## Treatment Coordinator

Assigned Care Coordinator (HSP): \_\_\_\_\_  
Phone number: 864-243-5557 ext. \_\_\_\_\_

Child Care Director: \_\_\_\_\_  
Phone number: 864-243-5557 ext. \_\_\_\_\_

## Agency Contact:

My son's state agency is: \_\_\_\_\_

My son's caseworker is: \_\_\_\_\_

My agency caseworker's phone number is: \_\_\_\_\_

Most parents have mixed feelings about having their son here at Generations. They range from; “He couldn’t have done that” to “How could he have done that?” For some children, this is the first time they have spent any substantial time away from home. For others, parents are just glad to have them out of jail. Some parents are trying to balance the safety of the home with their son having to be in placement. Other parents may be trying to deal with their own feelings of guilt and uncertainty as well as their son’s.

We put this booklet together to help give you a roadmap through the Generations program. We know that working with agencies can sometimes be confusing and frustrating. We have therefore tried to answer most of the common questions ahead of time.

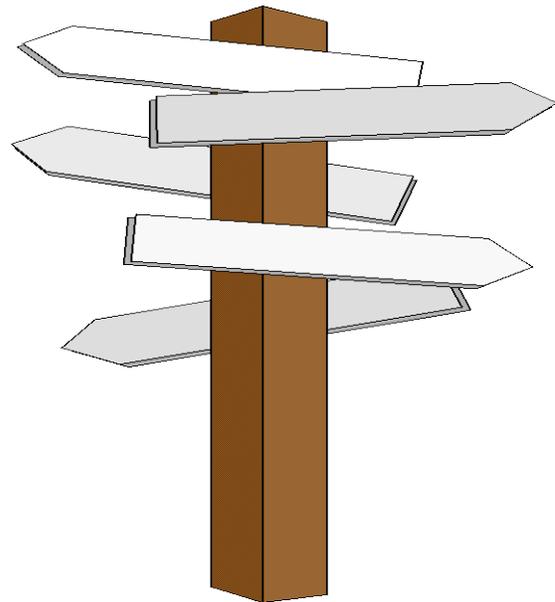
Enclosed you will find a copy of the Resident Service Agreement, Phases and Expectations, a Description of the Groups and issues concerning Family Visitation and telephone calls.

We find repeatedly, that family involvement is extremely important to our residents. Please do not underestimate what a powerful influence you have with your child. There is no intervention that can replace a loving parent. There is no behavioral technique that can make up for an absent parent.

We want to take this opportunity to thank each

parent/custodian for participating in the success of our residents. It is difficult work, we know. Nevertheless, it is invaluable as well.

We know that we have not answered every question. Please talk to your son’s Care Coordinator (HSP). The HSP’s are most closely aware of your son’s progress and issues. They can explain confusing rules. They are your link to your son’s success.



# Glossary

**Autobiography** – This assignment involves the resident writing his own life history from birth to present. Special attention is given to events that are related to his offense.

**Clarification** – This is a situation that gives the victim the opportunity to confront the resident. It gives the resident the opportunity to learn what his offense was like for his victim and to apologize for it. If it is not possible for the resident to participate with his victim, he will role play with his peers in group to help him understand victim impact.

**Close Observation Status (close-obs)** – Provides intensive staff support for residents who have been involved in a recent incident of sexualized behavior. Residents on Close Observation Status wear yellow wrist bands to aid staff in providing additional support during this time.

**Crisis Status (red level)** – Provides maximum staff support and supervision for residents who have engaged in physically aggressive behavior. Residents on Crisis Status wear a red wrist band to aid staff in providing additional support and supervision during this time.

**Daily Points System**- Points are given each hour to encourage self-management of problem behaviors including effective conflict resolution and anger management. Points are tabulated daily and are used to monitor progress and consistency in self-management of problem behaviors.

**GCIS (Group Care Intensive Services - previously High Management) and GCMS (Group Care Intermediate Services – previously Moderate Management)** - provide lodging, food, and the attentive and responsible care of children. GCIS and GCMS are highly structured residential services having intensive staff supervision and program for children who are experiencing relational or behavioral problems and are not able to function successfully in a less restrictive community environment.

**Graduation** – In cases where individual residents demonstrate internalization of concepts, appear to feel genuine remorse and victim empathy, and present as a low risk to reoffend, the child care team recommends a resident for graduation. This involves additional graduation assignments and involvement of all aspects of the program and a ceremony is held to celebrate his success.

**House Restriction** - House Restriction Status is utilized when a particular resident is exhibiting continuous and extreme noncompliance regarding safety and supervision rules, thereby interfering with the needs of the other residents and threatening the safety of himself, the other residents, and staff members.

This status is implemented when all other milieu based interventions have been unsuccessful in altering behaviors.

**Low Stimulus Environment (LSE)** – When a group of residents is particularly unsettled and aggressive, the group may be placed in a low stimulus environment to prevent the threat of group crisis situations. Generally residents are placed in the dorms during LSE. Groups are held to assist residents in identifying and managing personal behavior issues that contribute to group crisis.

**Level System** – Each house has a level system that consists of increasing responsibilities and tasks to encourage the residents to work through the program. Privileges increase as residents attain goals and learn to manage aggressive behaviors.

**GCIS Levels:** Orientation, Level 1, Level 2, Level 3, Level 4.

**GCMS Levels:** Transition Phase, Level 1, Level 2, Level 3, Level 4.

**Milieu** – The therapeutic milieu is the small community that exists in each house that provides a place for the boys to practice new skills and to get along with others. The staff help the boys learn to be responsible for their living space, care for their belongings, and assist with household chores. The milieus are called “therapeutic” because all activities are under the supervision of the staff.

**Offense Cycle** – In this assignment, the resident is able describe his feelings and behaviors and how they lead to his choice to offend. He describes the offense and his feelings and behaviors that came after the offense. For those residents who have more than one offense, they learn how this cycle keeps going around.

**Offense History Time-Line** – In this assignment the resident lists the details of his offenses and important life events that took place in relation to them. Family history often factors in with this exercise so parents should be prepared to assist the resident during family sessions.

**PMH** – Our local mental health center is Piedmont Mental Health located in Simpsonville. The Psychiatrist and staff at PMH provide psychiatric assessment and evaluation, counseling, and medication services for our residents who are in need of psychiatric services.

**Relapse Prevention** – This is how the resident learns to prevent himself from sexually hurting others in the future. This is a comprehensive plan related to all aspects of life. Each resident will leave Generations with a relapse prevention plan.

**Reunification** – These are family sessions which help the resident safely move back into the life of his family. If a victim lives in the home, clarification sessions will be scheduled prior to the resident moving back home.

**Safety Plan** – The resident writes a plan to protect himself and others in a specific situation. Residents identify those situations where he is most likely to reoffend and create a plan to keep that from happening.

**Target Points-** Daily target points are assigned to each resident based on individual skills and abilities. Consistency in meeting target points is required to progress in the level system.

**Victim Empathy** – The resident imagines how his victim must feel in relation to his offense. In some cases, during role plays, he may learn exactly what his offense was like for his victim. These exercises can be very intense for the resident and the family.

## Groups

Group work has been shown to be the most credible and efficient intervention for children with sexual behavior problems. It has been established for a number of years that clients, such as ours, have much better outcomes when their cognitive distortions (thinking errors) can be confronted by others with similar problems. The groups that deal most directly with sexual behavior problems are the Process Groups. Parents and family members can be most helpful by encouraging their child's participation in all of his groups, particularly Process Group.

**AM Group/Check-In Group:** Based on an accountability/responsibility model, emphasis is placed on introspection and the encouragement of internal monitoring. Residents focus on building self-esteem and utilizing personal strengths to develop personal responsibility. In this morning group, the resident will set a goal for the day that will be assessed in the evening Check-Out Group. They also record daily fantasies, focusing on triggers to fantasies, thinking errors and corrective thinking.

**PM Group/Check-Out Group:** With continued focus on introspection, recognizing the personal controls, strengths and responsibility that we each possess, emphasis is placed on assessing how well the resident was able to self-regulate to achieve the goal set at the top of the day, celebrating achievements and making adjustments to better achieve and cope with daily issues, stressors or concerns as needed in the future

### **Psycho-educational Curriculum:**

Residents learn the facts behind sexual abuse and explore the progression of

behaviors that commonly lead to sexual offending. Residents begin to identify their personal progressions and begin to understand the cyclical nature of offending. Residents also explore the impact of sexual abuse directly on victims and on society in general, focusing on empathy development. Through a variety of mediums -- poetry, creative writing, art, and video -- residents gain insight into the pain they have suffered from their own victimization and the pain they have caused others. Residents move on to explore puberty, normative physical and social sexual development, and reproduction (complimenting the work in ISF group)

**Relapse Prevention:** Residents learn and practice specific relapse prevention techniques including: negative imagery, avoidance, escape, and safety planning. Residents explore the pitfalls of maintaining an offense-free recovery and make specific, personalized plans to deal with their individual high risk factors.

**Process:** Process Group is the foundation for work with individuals with sexual behavior problems. Residents apply the insights gained in other groups and in individual/family meetings as they explore their abuse history, progression, offense cycle, family dynamics, history of victimization, victim impact, and relapse prevention issues. Process Groups allow the residents to integrate all program components into a coherent whole in a powerful group experience that encourages honesty and expression. Confidentiality is strictly enforced within the Process Group and a sense of unity and concern for others is fostered.

**Independent Living Skills:** Residents learn how to develop coping skills to enable them

to live independently and increase personal responsibility. They also explore their beliefs, attitudes, and values about males and females. They learn how to distinguish abusive from healthy relationships and to personally redefine masculinity and femininity in a healthy, prosocial way. Each resident is encouraged to redefine his own personal view of what it means to be an adult male.

**Character Education:** Residents explore the attributes of the six pillars of character development (Fairness, Caring, Citizenship, Trustworthiness, Respect, and Responsibility).

**Alcohol and Drug Education:** Those residents who have a substance abuse problem may attend an additional drug education group. Residents learn the realistic effects of alcohol and drugs along with effects of substance abuse

**Journaling:** Emphasizes introspection and encourages internal monitoring and awareness of growth in specific aspect of self-esteem along with personal responsibility for inappropriate thoughts and behaviors. Residents also record feelings and concerns in narrative form to encourage self-expression and development of writing as a positive coping skill.

## **Resident Agreement**

### **Generations Sex Offender Program**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am signing this agreement with the Generations Sex Offender Program (GSOP) to allow their staff to provide me with a specialized program for my sexually aggressive behavior. I have read, understand, and agree that I must follow all of the rules and assignments listed below regarding my behavior. These rules and the words used in this agreement have been explained to me in a way that I can understand them and I have been allowed to ask questions about any part of this agreement. I also understand that the goal of my being in **GSOP** is to learn to control my sexually aggressive behavior so that I will never commit another sex offense. I have been told that **Generations** feels strongly that sex offenses have very serious effects on victims, offenders, and the community.

**Signed:** \_\_\_\_\_

(Resident)

**Date:**

**Witness:** \_\_\_\_\_

(GSOP Staff Member)

**Date:**

## **GGH Resident Rights**

### **Rights of Children in Residential Care:**

- 1. Children shall have a right to dignity, privacy, and humane care.**
- 2. Children will be informed of their rights and provided with fair and equitable treatment and will receive services without discrimination. Program rules and expectations are consistently enforced.**
- 3. Children participate in all service decisions and have the right to request in-house review of their care, treatment and care plan.**
- 4. Nothing shall restrict or infringe on a person's right to religious preference and practice. The provider shall make all reasonable efforts to ensure that every child is afforded the opportunity to participate freely in religious activities and/or services in accordance with his or her own faith, however, the provider shall not coerce or require children to participate in religious activities, and the provider shall offer comparable alternative secular programming for those children who do not chose to participate in religious activities.**
- 5. Children shall receive services, within available sources, which protect the personal liberty of the individual and which are provided in the least restrictive conditions necessary.**
- 6. Children shall have a right to participate in an appropriate program of quality education and training services, within available resources, regardless of chronological age or degree of disability.**
- 7. Children shall have a right to social interaction and to participate in community activities.**
- 8. Except to the extent that it is required by the medical needs, safety, or goals of the child to impose restriction, a child shall be allowed to communicate by sealed mail, telephone, or otherwise persons, including official agencies inside or outside the institution. Reasonable access to writing materials, stamps, envelopes, and telephone, must be provided.**
- 9. Children shall have right to visitation subject to reasonable rules of the facility. Family visitation will not be withheld as a consequence for the child's problematic behavior. However, nothing in this provision shall be construed to permit infringement upon other children's privacy.**
- 10. Children have the right to the possession and the use of their own clothing and personal effects, except in those specific instances where the use of some of these items as reinforcers is essential for training the child as part of an appropriately**

approved behavioral program. The chief administrator of the facility may take temporary custody of such effects when it is essential to do so for medical or safety reasons. Custody of such personal effects shall be promptly recorded in the child's record and a receipt for such effects shall be immediately given to the child, if competent, or his parent or legal guardian.

11. Children have the right to daily physical exercise. Operators of a facility shall provide indoor and outdoor areas and equipment for this purpose. Children determined able to be outdoors on a daily basis must be allowed this privilege in the absence of contrary medical considerations or during periods of inclement weather.
12. Children shall receive humane discipline, and shall not be subjected to aversive (i.e., noxious or painful stimuli) interventions without the following: a physician's approval; informed consent of the client or his/her representative; documentation of less restrictive methods that have failed which are in the client's records and approved by the interdisciplinary team.
13. Children have the right, to the extent permitted by law, to refuse any service, treatment, or medication, unless mandated by law or court order and must be informed of the consequences of such refusal, which can include discharge. All medications prescribed will be done so only to meet the child's current assessment and treatment plan needs. All children prescribed medication have the right to be informed of any possible risk or side effects from that medication.
14. A child or his representative may have reasonable access to the child's medical and rehabilitative records. The request must be made in writing and the following conditions must not be present:
  - a. That the information is provided by a third party under assurance that the information in the records remains confidential.
  - b. The child's physician determines that the information would be detrimental to the child's rehabilitation regimen. This determination must be placed in the records.
15. Unless a child has been adjudicated incompetent, he must not be denied the right to vote. The county board of voter registration in the counties with department facilities and program staff shall reasonably assist children who express a desire to vote (i.e., assist client in obtaining registration forms, application for absentee ballots, and absentee ballots, comply with other requirements which are prerequisite for voting, vote by absentee ballot if necessary, and excursive rights of citizenship in the same manner as a person not receiving rehabilitative services.
16. Children have the right to access provider staff on a regular and emergency basis and may request to meet alone with any staff member, state agency representatives, and others deemed appropriate.

**17. Children are provided with the business address (es) and telephone numbers at which they may contact the provider’s treatment team members.**

**18. Children have the right not to be unnecessarily or excessively removed from the therapeutic milieu.**

**19. Children have the right not to be subjected to unnecessary physical or mechanical restraints.**

**These rights are for your welfare and general guidelines for Generation’s residents. If any right is temporarily restricted, the reason will be documented in your record. The record will also note how long this right will be restricted. Should you have any questions concerning these rights, speak with your counselor.**

**I UNDERSTAND THE ABOVE RIGHTS GUARANTEED TO ME BY GENERATIONS GROUP HOMES, INC.**

\_\_\_\_\_  
**Resident**

\_\_\_\_\_  
**Admitting Staff**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Legal Guardian or Agency Personnel**

## **Behavior Management System**

Generations uses a Behavior Management system as a positive approach to ensure that least restrictive methods are tried prior to implementing more restrictive measures. Generations staff provide behavior management interventions in accordance with Therapeutic Crisis Intervention (TCI) guidelines, which are in compliance with all federal, state, and local legal regulatory requirements. **Prevention of sexual and physical aggression is the goal of residential counselors at Generations.**

GGH staff utilize techniques and skills developed by Cornell University's Therapeutic Crisis Intervention (TCI) guidelines to manage crisis situations and safely keep acting out residents from harming themselves or others.

The staff focus on utilizing verbal de-escalation skills to prevent physical acting out. Support is given to anxious residents, rational questions are answered, choices are given when they are reluctant to follow staff requests, and safe venting of feelings is allowed when possible. Examples of intervention approaches include structuring, listening, teaching, relating, and directing. Verbal and non-verbal communication includes the use of silence, facial expression, tone of voice, eye contact, encouraging techniques, door openers, questions, reflecting, summarization, and active listening.

Behavioral interventions include managing the environment, prompting, caring gestures, hurdle help, redirection, proximity, planned ignoring, positive attention, directive statements, and time away. In addition to these verbal and non-verbal techniques, our staff might use physical restraints to hold youth in order to insure safety. Only approved techniques will be used to hold youth, and these will be used only when the youth's Individual Crisis Management Plan indicates the use of these techniques, and when the youth is demonstrating behavior that suggests imminent risk of harm to themselves or others. Techniques are designed to be safe and non-painful while also containing high-risk behavior

## GOALS OF VISITATION

The most important purpose of visiting is to preserve and enhance family bonds. In the scheme of things, Generations is just a small bump in the road. The family is forever.

### Initial Phase:

- The family, staff, and child build a relationship.
- Family members are often uncomfortable with each other.
- Child is sometimes pressured (internally or by parents) to recant.
- Visits typically need to be closely supervised and controlled for length.

### Middle Phase:

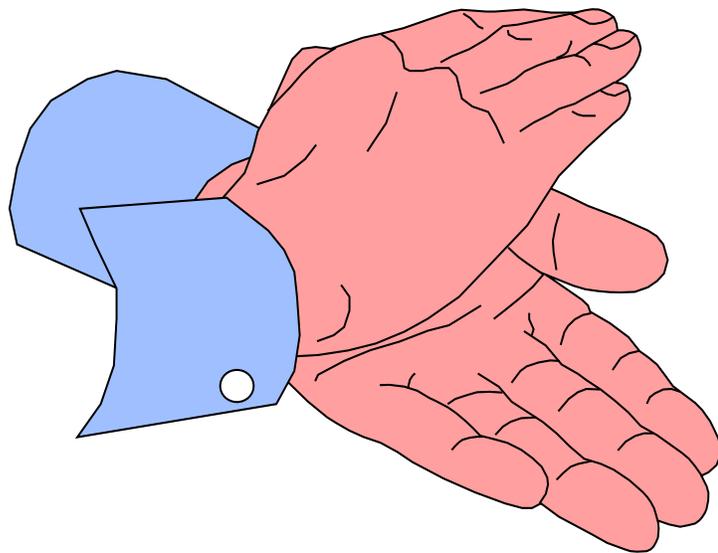
- Visit activities provide ways to learn and practice new patterns of behavior.
- The feasibility, level, and timing of reconnection is further assessed.
- Assess whether changes in arrangements or supports need to be made.
- Visits typically occur more often, for longer periods, with gradually less supervision as the child progresses.
- Responsibility for the child begins to shift to the parents.
- This phase usually extends several months.

### Transitioning Phase:

- Visits may include a range of people who are significant to the family.
- Emphasis is placed on identifying and securing the services that the

family will need to maintain the reunification.

- Visits provide maximum opportunity for parent-child contact.
- Remaining stress points are evaluated.



## **Family Visitation Procedures**

Family involvement is the most important aspect of a child's treatment. We encourage all approved family members to visit as often as possible. We do have a fairly regimented set of rules when it comes to visitation. Some of these are to ensure the continued success of our residents. Some of them are to keep the houses orderly and safe. Please accept these rules. We know that sometimes they seem arbitrary; however they have been implemented for good reasons. When trying to maintain 58 residents, a certain amount of regimentation is necessary.

We suspect that most families with many fewer children find family rules to be essential to maintaining peace and harmony.

We do want to thank you for your patience with these procedures.

We want to take just a moment to explain a few of the guidelines. We do not allow children under 12 without approval from the child care team. This may seem onerous, particularly when there are childcare issues. The important thing to remember is that we are trying to protect everyone involved. Some of our residents have inappropriate thoughts and fantasies regarding younger children. We do not want to place the young child in harm's way or adversely affect the success of the residents.

We require that visits take place in specified places. As I'm sure you're aware, keeping track of where our residents are is extremely important. This is to keep the residents and the community safe. If the staff think the resident is in one place and then they find

out that he isn't there, they assume the resident has run away. This isn't good for anyone.

We do not allow residents to be in or near visitor's cars, or in the parking area. This makes it almost impossible for us to know what comes onto the campus.

While most parents and visitors are extremely conscientious and wouldn't do anything to sabotage their child's treatment, we have found through experience that this is not always the case. Additionally, having the resident in the parking lot increases the possibility of his running away.

We have had visitors show up in suggestive and revealing clothing. The houses become more difficult to manage when this occurs. While we would hope that our visitors would be mindful of the issues our residents have, this has not always been the case.

All items brought on to the campus for the residents are to be checked in with staff. This is to prevent theft. The staff gives items to the Care Coordinator to be inventoried and dispersed to the child.

Residents are not allowed to smoke or be in the smoking area. In addition, Generations is a smoke-free campus. Any visitors over 21 who must smoke during their visit must smoke in their personal vehicle. Please let staff know you are going to smoke so that they can watch your child while you're away from him.

If you have any questions about the following rules, please discuss them with your child's Care Coordinator for further explanation. And again we appreciate your cooperation.

- Family visits must be scheduled through the resident's assigned Care Coordinator by 4:00 PM on Thursdays. Unscheduled visits may not take place due to safety and confidentiality reasons. The hours of visitation are as follows:

#### Horizons Campus

Saturday 11:00 AM-2:00 PM

Sunday 2:00 PM-5:00 PM

#### Bridges Campus

Saturday 2:00 PM-5:00 PM

Sunday 11:00 AM-2:00 PM

- Care Coordinators are to fill out the family visitation form detailing the procedures for each visit, and place the form in the communication book prior to the visit.
- Staff are to follow the guidelines as given on the family visitation form and record on the back of the form any information concerning the visit that the individual counselor should be made aware. The form should be placed in the Care Coordinator's box in the conference room immediately after the visit.
- Food items not eaten during a visit cannot be left for the resident to eat at a later time.
- The purpose of visitation is to give the residents an opportunity to connect with family members and to begin building open lines of communication. Therefore, no electronics are allowed during visitation hours. This includes but is

not limited to televisions, headsets, handheld electronic games, etc.

- Residents are not permitted to use cell phones during visits.

## ON-CAMPUS VISITATION

Resident's Name \_\_\_\_\_ Program \_\_\_\_\_

Care Coordinator \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Approved Visitor(s)

\_\_\_\_\_  
\_\_\_\_\_

Supervision      \_\_\_\_\_ Visitor or Parent      \_\_\_\_\_ Assigned Staff  
                         \_\_\_\_\_ Shift Supervisor      \_\_\_\_\_ Care Coordinator

Time of Visit      \_\_\_\_\_ to \_\_\_\_\_

Designated Visitation Area

\_\_\_\_\_ Dining Hall                      \_\_\_\_\_ Picnic Table  
\_\_\_\_\_ Front Porch  
\_\_\_\_\_ Foyer                                  \_\_\_\_\_ Gym

Goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
*Resident's Signature      Date                      Care Coordinator's Signature      Date*

## VISITATION GUIDELINES

- *No children under the age of 12 without prior approval by the Child Care Team.*
- *Visits must take place in designated areas as listed above.*
- *Resident may not be in or near visitor's cars or the parking area.*
- *Visitors must be dressed in appropriate attire and avoid offensive or revealing clothing.*
- *All clothing, gifts, and money are to be left in the care of the Shift Supervisor or assigned staff.*
- *Due to confidentiality issues, cameras of any type are not permitted on campus.*

## SMOKING POLICY

- *Smoking is allowed only in your personal vehicle*
- *Residents are not allowed in the smoking area; visitors are to notify a staff member to supervise the resident while on smoke breaks.*

## VISITOR SIGN IN

*I have read the information on the front of this form and agree to follow Generation's guidelines for on-campus visitation including length and place of visit, therapeutic goals, and visitation guidelines.*

Visitor / Parent Sign-In: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## VISITOR SIGN OUT

*Visitor's comments and/or concerns about the visit:*

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*Items left for resident (describe):*

*Clothing:* \_\_\_\_\_

*Gifts:* \_\_\_\_\_

*Money \$* \_\_\_\_\_ *Received by (staff signature):* \_\_\_\_\_

*Visitor / Parent Sign-Out:*

\_\_\_\_\_ *Date:* \_\_\_\_\_ *Time:* \_\_\_\_\_

## STAFF COMMENTS

*Staff's comments and/or concerns about the visit:*

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*Staff Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## GGH Off Campus Pass Procedures

- **Eligibility:** Residents who are on an eligible level and are actively participating in the program and consistently demonstrating appropriate behaviors are eligible to request off campus passes with their family members and/or other approved adults. Both the family members and the approved adults must be involved in the child's sex offender specific services.
- **Requests:** To increase the resident's responsibility in reuniting his family, all requests for passes must be submitted, in writing, by the resident requesting the pass, to the Child Care Team no less than 1 week prior to the date of the pass requested.
- **Approval:** The Child Care Team will consider the resident's current level, their current progress in the program, risk factors and any other significant information when determining whether or not to approve the pass. A Director will make final decision.
- **Safety:** For community safety reasons, prior to participating in off grounds passes; the approved family member or adult **MUST** participate in a session with a member of the clinical staff. This session **MUST** occur face to face and **NOT** through a telephone conference. We ask that the family member/approved adult who requests an off campus pass schedule this session with the resident's Care Coordinator. It is a good idea to schedule this session when the resident reaches green level for the first time.
- **Responsibility of Parent:** With your safety and community safety in mind, please be advised and aware of the responsibilities involved in taking a resident off of the campus, both for you as the family member/approved adult and for the agency. You will be asked for a detailed report upon your return to Generations from the pass, not only of the events of the pass but also of any high-risk situations that were encountered and how you were able to assist your child in dealing with the situations.
- **Removal from Program:** While off campus passes are an important of the resident's participation in the program, passes are an earned privilege. Given the nature and primary focus of our program, there can be serious issues involved with removing a resident from the grounds before he has successfully completed the program.
- **Denial of passes:** We ask for you cooperation, patience and understanding if a pass is denied for any reason. Passes are generally denied for safety issues or serious behavior incidents, and the Care Coordinator assigned to your resident should be able to explain any details to you. You are encouraged to speak with the Child Care Director if you need additional explanation or if you cannot reach the Care Coordinator.
- **Scheduling:** When scheduling weekend visits, it is very important that you call your resident's Care Coordinator **BY 4PM ON THURSDAY** prior to the weekend that you would like to schedule the visit. If you are unable to reach the Care Coordinator, please dial ext. 210 and ask for the Child Care Director or the On-Call staff or leave a message on the answering service.
- **Unscheduled Passes:** Generations is committed to keeping our residents, their families, and the community safe. Showing up to take a resident for a pass without prior arrangements and approval will not be permitted.

Listed below you will find the Off Campus Pass Level Guidelines (Remember that residents that are eligible under these guidelines may be denied passes for safety reasons.)

Before leaving campus, an approved safety plan must be completed and the supervising adult on the pass is made aware of and is responsible for enforcing the plan.

**Level 2:** Eligible for one (1) off campus pass each month, not to exceed four (4) hours in length. Residents must be on enrolled in the program for at least 60 days before participating in an off campus pass, in addition to first completing several outings.

**Level 3:** Eligible for two (2) off campus passes per month with each pass not exceeding four (4) hours in length. Extensions may be given for special circumstances (holidays, funerals, etc.) on a case-by-case basis and at the discretion of the Child Care Director.

**Level 4:** Eligible for one (1) pass per week beginning with eight (8) hours and working up to an overnight pass. Residents will not be allowed to participate in overnight passes in homes where victims reside unless they have successfully completed the victim reunification process.

SAMPLE OFF CAMPUS PASS RELEASE

I, \_\_\_\_\_, UNDERSTAND THAT THE SAFETY, SUPERVISION, AND PROGRAM INTERVENTIONS NEEDED FOR THE CARE AND WELFARE OF \_\_\_\_\_ AND THE COMMUNITY IS MY RESPONSIBILITY DURING THIS PASS.

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

NUMBER TO CONTACT: \_\_\_\_\_

CUSTODIAL AGENT HAS BEEN NOTIFIED AND AGREED TO THIS PASS:

\_\_\_\_\_

*Guidelines and Conditions of the off campus pass.*

- I UNDERSTAND THAT \_\_\_\_\_ MUST STAY IN EYESIGHT AT ALL TIMES.
- I UNDERSTAND THAT \_\_\_\_\_ MUST RETURN TO GENERATIONS BY \_\_\_\_\_
- I UNDERSTAND THAT THE SAFETY OF \_\_\_\_\_ AND THE COMMUNITY ARE MY RESPONSIBILITY.
- I UNDERSTAND THAT I NEED TO HELP \_\_\_\_\_ PROCESS ANY HIGH RISK SITUATION THAT MAY COME UP AND LET STAFF KNOW UPON RETURNING FROM THE PASS.
- I UNDERSTAND THAT \_\_\_\_\_ IS NOT ALLOWED TO ROAM ABOUT THE COMMUNITY, STORES, OR RESTAURANT UNSUPERVISED.
- I UNDERSTAND THAT \_\_\_\_\_ IS TO HAVE NO CONTACT WITH ANY VICTIMS.
- I UNDERSTAND THAT I WILL NEED TO GIVE GGH STAFF A DETAILED REPORT OF HOW THE VISIT WENT.
- IF \_\_\_\_\_ DEPARTS (RUNS) WHILE IN THE COMMUNITY, NOTIFY GGH AT 864-243-5557.

I HAVE READ AND AGREE TO GENERATIONS GROUP HOMES, INC. SUPERVISION GUIDELINES AS PRESENTED TO ME THROUGH THIS WRITTEN DOCUMENT.

SIGNED: \_\_\_\_\_

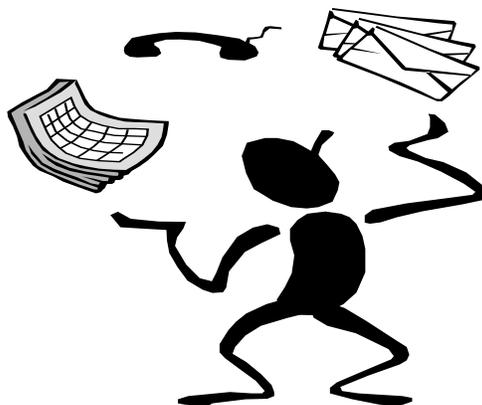
WITNESS: \_\_\_\_\_

## EDUCATION PROGRAM

The Greenville County School System provides teachers and materials so that Generations can offer a homebound education program for all residents. Residents of Generations are enrolled in Greenville County Schools (Woodmont Middle School and Woodmont High School). The teachers individualize lessons to meet the needs of all students. Teachers identify goals for each student and assign tasks to help the student meet his goals. These goals are reviewed frequently and changed as students' progress through the program. This education plan addresses behavior that directly impacts academic success. A team approach is used to evaluate each student weekly. A structured environment, a high level of supervision, and a strict behavior modification system helps each student achieve his goals. Students receive 30 hours of instruction weekly including all required academic subjects and other skill-building classes such as chorus, personal living, careers, arts and crafts, and physical education. A six-week summer school session offers opportunities for high school students to complete additional credits toward graduation and opportunities for enrichment classes for middle school students.

The goals for the education program are as follows:

- To help students increase their knowledge in a variety of academic areas
- To help students gain a broader understanding of community and world events by relating social studies classes to current events.
- To remediate skills in a small group setting and as a part of content areas classes.
- To help students earn credits toward completion of high school.
- To help students develop a more positive attitude about learning and school.
- To help each student develop better self-esteem by giving him the opportunity to be successful in a variety of school experiences.
- To teach students social skills by working cooperatively in small groups.
- To reduce recidivism.
- To increase vocational skills.
- To address behavioral disorders, emotional problems, or acting out behaviors.
- To help students prepare for the test of General Educational Development (GED) when appropriate.
- To provide volunteer services with mutual benefits and concern for the county and community in general (restitution projects).
- To provide family counseling regarding educational/vocational issues and concerns.



## Phone Calls

Please talk to your child's Care Coordinator concerning telephone calls. Circumstances sometimes change depending on a variety of situations.

However, generally speaking, the rules for phone calls is as follows:

The custodial parent or guardian will provide a list of approved persons whom the resident may talk to on the phone.

Residents are allowed to make one phone call per week until they reach Level 3, at which time they are allowed two per week. The days and approximate times are arranged by the Care Coordinator in conjunction with the family and the milieu. We want to make the phone calls as convenient for the family as possible. There is no reason to make phone calls when no one is home.

When a resident reaches Level 4, he is permitted to receive unlimited incoming calls. However, it should be noted that the resident will not be allowed to miss a structured activity due to a phone call. In addition, the staff member working with his group may limit that time of the phone call depending upon what he is going on in the group.

We appreciate your patience with this process. We know it can be a hassle, however when trying to schedule calls for 58 residents we all have to be somewhat more flexible than we might like.

## **Cameras (still and video) and Photographs**

All of our residents have rights while in this program and paramount among them is the right to their privacy, which we are committed to maintaining. However, we need your assistance and cooperation in enforcing this necessary standard, policy, procedure, and law. Please support our efforts by refraining from taking still or live pictures of any resident in our program, especially on the Generations premises. Please be sensitive to your child's rights to privacy and exercise the same for all of the residents here.

GGH staff will occasionally document holidays or special events with individual photos which will be provided to the resident. Residents are not allowed to have photos of other residents or staff.

Be advised that our staff are responsible for ensuring that this practice is enforced and any violation of this request will be initially addressed with a request for you to not take pictures. We are confident that your understanding and cooperation at this level will guarantee all our residents right to privacy. Any violation will result in further action including denial of on-site visitation.

## **Prison Rape Elimination Act (PREA)**

Generations holds a zero tolerance policy regarding sexual assaults on residents as well as staff. All visitors and volunteers who will have contact with our residents will read and sign a statement notifying them of our zero tolerance policy regarding sexual misconduct. Any staff member who engages in sexual conduct and/or sexual misconduct with any resident will be terminated and will be subjected to criminal prosecution, if appropriate. All residents will be notified that sexual misconduct is strictly prohibited and will be made aware that consequences for such behavior can include criminal prosecution. All residents will receive written notice and training on how to avoid becoming a target of sexual misconduct. Residents will be informed of what to do if they should become a victim of sexual misconduct, including reporting methods and how to preserve evidence. In an effort to reduce the likelihood of risk to residents, Generations will work to rid the facility of blind spots and places where residents can isolate unsupervised.

# GENERATIONS GROUP HOMES, INC.

*We Specialize in Second Chances*

Post Office Box 80009 • Simpsonville, South Carolina 29681 • Phone 864/243-5557 Fax 864/243-3339

## Acknowledgement of Physical Intervention Procedures

Residents Name: \_\_\_\_\_

### ***Therapeutic Restraint:***

After behavior management interventions have been exhausted, Generations staff that is certified in Therapeutic Crisis Intervention (TCI) may apply a therapeutic Team Restraint as a last resort to safely assist the acting out resident regain control of his behavior. Physical restraint may only be initiated to protect the resident from harming himself or others or from seriously damaging property that results in an unsafe environment. Physical interventions are classified either as an “assisted walk” in which the resident moves on his own forward motion and staff assist only to steer the resident to the desired location or as a “Therapeutic Restraint” in which staff, as a team, control or impede the resident’s forward motion to prevent harm to the resident or others or damage to property that results in an unsafe environment. During a restraint, staff constantly monitor for resident for comfort and safety, including providing access to food and water. In order to approve the use of restraint, staff members must first be certified in TCI. Only TCI approved techniques are to be used, and only TCI certified staff is permitted to participate in actively restraining residents. **Physical restraints are used as an absolute last resort and end within 30 minutes of initiation. Generations prohibits the use of chemical or mechanical restraints or isolation.**

### ***Training:***

All staff members are introduced to TCI crisis management techniques during orientation. All direct care staff must attend a 24-hour TCI course within the first 3 months of employment taught by TCI certified instructors. Prior to participating in physical restraints, staff must complete the 24 hour TCI course, pass a written post-test, demonstrate proper physical restraint techniques and demonstrate LSI (Life-Space-Interview) interview skills before becoming certified to physically intervene with acting out residents.

### ***Documentation and Reporting:***

A report will be made immediately following all incidents of physical restraint to the designated On-Call staff. The on call staff will report the incident to the Executive Director and other members of the Director/Management team on the first weekday following the incident. Details of the physical restraint will be documented by all staff who are either directly involved or who witness the incident utilizing a *Resident Incident Report*, and the Team Leader (or designee) will document the restraint on an *Emergency Safety Intervention (ESI)* report. The ESI must be completed prior to the end of the shift in which the incident took place and be made available to the Care Coordinator for follow up. The Care Coordinator must then report the restraint as a Critical Incident, to include

the notification of both lead agency and parent/guardian within 24 hours, and send a copy of the report to the lead agency by the end of the first business day following the incident. The incident will also be recorded in the resident's weekly progress note in his clinical file.

***Evaluation:***

A post-crisis multi-level response is held following all therapeutic restraints to re-establish rapport and to evaluate and revise the resident's individual crisis management plan (ICMP) to prevent further aggressive acts and reduce the likelihood of reoccurrence. All staff involved in the restraint, the resident, and family members (when possible) attend the post-crisis session. The CQI Program Resident/Safety Review Team (Facility Director, QI Manager, and Child Care Director) will conduct quarterly reviews of all behavior management interventions to identify patterns and trends and to evaluate staff training needs, assess program effectiveness, and appraise staff performance.

**By signing this form, I acknowledge that the policies and procedures concerning the use of approved Therapeutic Crisis Intervention (TCI) techniques have been fully explained to me in terms that I can understand. The grievance procedure to report an inappropriate restraint has also been explained. I have been given the opportunity to view the 1:1 Support Room and allowed to ask questions concerning these techniques.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Resident**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

## **Still Have Questions or Concerns?**

1. Contact your child's Care Coordinator (see front of this booklet for their name).
2. The Care Coordinator will return your call within 24 business hours.
3. The Care Coordinator will either help you then or give you an estimate of how long it will take to get you the information or resolution you need.
4. If your question or concern is still not addressed within the stated timeframe, call and ask to speak with the Child Care Director or any available Director.

**All grievances should be sent in writing to the attention of the Child Care Director at:**

**Generations  
Attn: Child Care Director  
P.O. Box 80009  
Simpsonville, SC 29680**

**A written response of resolution will be forwarded by letter.**