

***Please note that this information may change. This is meant to be a guide and the content may be amended at any time as required.**

The Strong Hope Military Program

We would like to take the opportunity to welcome you to the Strong Hope Military Program, a specialized mental health and substance abuse program for service member, veterans, and military families. We thank you for your service and look forward to assisting you by providing the best care possible to you while in our inpatient setting.

We will help you to build hope by providing an atmosphere which fosters recovery while working through your treatment care plan. We provide dual diagnosis and evidence-based treatment of PTSD, focusing on areas of military sexual trauma, childhood trauma, and combat trauma. In addition, we provide treatment in the areas of addiction, depression, anxiety, and other behavioral health needs addressing co-occurring disorders directly.

Our goal is to provide an environment in which your problems and concerns can be addressed so that you can begin to make positive changes. We believe this can be accomplished with a structured, consistent treatment program. To aid you with your recovery, our comprehensive treatment team provides personal support and guidance to help you to build confidence and skills that you need in order to successfully make healthy changes in your life.

All of our programs are provided in a safe, secure and stigma free environment. The men's and women's military programs each have dedicated milieus. Strong Hope is a 24 hour 7 day a week program and our staff is available to support you at any time you may need their assistance. All of our treatment teams include male and female staff members, some of whom have completed military service or have extensive experience working with service members.

Mission, Vision, and Values

Our mission at Salt Lake Behavioral Health (the facility that houses the Strong Hope Program) is to transform lives by providing exceptional patient care. We do this by focusing on our core values of integrity, safety, relationships, compassion, and growth. We work with integrity by being accountable, transparent, and honest in all interactions. We focus on safety by creating environments that are emotionally and physically safe. We value relationships by engendering trust, respect, professionalism, and teamwork. We encourage compassion, professionalism, and teamwork. We encourage compassion and treat everyone with empathy, dignity, and respect. We exhibit commitment to growth, boundless transformation, and progress. Our values are principles of conduct that

guide our day-to-day operations and can be defined by one word, PRIDE. We encourage our employees to be Professional, Respectful, Intuitive, Dependable and Excellent. We believe these values are the foundation that will allow us to provide exceptional patient care while assisting our patients and their loved ones in achieving their desired treatment outcomes.

The Staff

Salt lake Behavioral Health Hospital operates from and Interdisciplinary Treatment Team mode, which consists of a group of experienced health care professionals, with knowledge and vision in psychiatry, psychology, social science, and medicine. The team includes Medical Doctors, Physician Assistants, Psychiatrists, Social Workers, Mental Health Counselors, Nurses, Expressive Therapists, Mental Health Technicians, and a Dietician. Representatives from all disciplines are actively involved in comprehensive assessments, evaluations, interventions, treatment and discharge planning. The patient/client is also an important part of the Treatment Team.

HIPAA and Confidentiality

HIPAA is the acronym of the Health Insurance Portability and Accountability Act of 1996. In accordance with HIPAA, family and/or friends are allowed to visit patient/clients during regularly scheduled visitation times if they have the patient/client's identification code. This code is generally given to the patient/client's family upon admission and is located on the front of the patient/client's handbook. Patients/Clients are free to give their identification code to family, friends and other supporters. However, to obtain information about a patient/client from a staff member, a Release of Information (ROI) will need to be signed by the patient/client to ensure that the patient/client approves the sharing of information. These measures serve to protect the patient/client's confidential information.

Safety

Please be aware that service members are here for different reasons. Some service members may have additional restrictions. We ask that you do not lend or give out any of your personal possessions. For your safety and the safety of others, certain behaviors and items are not allowed. Please note the following unsafe behaviors.

- Sexual acts or inappropriate physical contact between patients is not permitted.
- Violence of any sort is not tolerated. This includes verbal threats, physical aggression or destruction of property.

- Drinking alcohol or using non-prescribed drugs, or possession of alcohol or non-prescribed drugs is not permitted.

Unsafe behavior will result in a review of the treatment plan and further recommendations including possible dismissal from the program. Behavior that threatens safety will also be reported to your command.

It is the job of the staff to prevent harm from coming to any patient. You can help and show your concern about others by immediately telling a staff member if you know of someone who planning to hurt him or herself or someone else, or if you know of someone planning to run away from the facility. Your treatment team will answer your questions about this if the situation arises.

Your safety is our number one priority and we will not be able to support any behaviors that compromise that safety. This includes harming oneself. If you are engaging in behaviors that cause harm to yourself, you will be placed on precautionary measures that will allow us to monitor you more closely. We ask that you are honest regarding your thoughts and feelings so that we can help you to acquire alternate ways to cope and gain the ability to develop awareness regarding your triggers.

There may be times where you feel unsafe and are triggered by your trauma and we will help you to identify how you can manage these responses more effectively and recognize what is being activated for you. We often find new environments or unfamiliar experiences threatening and therefore, it is not uncommon to experience feelings of not being safe when initially coming into treatment. Our objective is to provide an environment that is physically and emotionally safe for you to begin doing the difficult work that is involved in healing and recovery.

Recommended Packing List

During your stay with us we would like you to be as comfortable as possible to focus on your therapeutic treatment track. Please keep in mind that this is an actively working behavioral health hospital and certain items may not be allowed to be brought on the unit and other items will be allowed and will require the supervision of staff. We help ensure that safety and comfort of all patients and staff by identifying what items are permissible on the Military unit, and what items require staff supervision and what items are prohibited.

Storage space is also a consideration and total number of items allowed is listed on the packing list on our website, stronghope.com. Lastly, a clothes washer, dryer and laundry soap are provided free of charge and are always available. Service members will need the following items.

Clothing Requirements:

- 5-6 days of comfortable loose-fitting civilian attire is recommended while on the unit and during treatment. The milieu (living/treatment area) is air conditioned and warm articles of clothing such as a light jacket or sweatshirts and sweat/gym pants are encouraged (no drawstrings). For your clothing, it is best to ensure an adequate fit as belts and clothing articles with drawstrings are not worn on the unit.
- 3-4 days of physical training clothing (civilian or military, seasonally appropriate, nothing sleeveless or low cut).
- For women, no underwire bras are allowed. Recommended support garments are sports bras, wireless bras and tank tops with built-in support.
- Tank tops for men and women can only be worn during working out/exercise. They must be worn with appropriate undergarments. Low cut tank tops are not permitted for men or women. Spaghetti strap tank tops are not permitted. They may not be worn during mealtime or throughout the regular programming day.
- Shorts may be worn and must be mid-thigh length for both men and women. We do not allow spandex or skin-tight shorts on/off the unit.
- Pajamas, all patients must wear appropriate clothing for sleeping (briefs and tee shirt at a minimum).
- Warm jackets, hats, gloves, and sturdy/athletic shoes will be needed for experiential therapies that will occur outside or in mountainous areas. These therapies may include walks, hikes or outdoor recreation. (Keep in consideration warm clothing that is appropriate for the Utah winter climate from October – April when thermals/long johns and extra outer layers may be needed).

Clothing Restrictions: Clothing cannot have inappropriate artwork (such as alcohol, drugs, obscene material, violent phrases or pictures) and should be appropriate for the milieu and outings (please no sleeveless shirts, spaghetti strings, halter tops, midriffs, cut off shorts, miniskirts, or other revealing clothing). Tank tops can only be worn during workouts/exercise which includes gym time, FTR, yoga and NAC outings. Tank tops cannot be worn down to meals or during programming that does not involve working out/exercise.

Staff has the right to determine if clothing items are appropriate for unit.

Footwear: Slip on shoes, house slippers, loafers or athletic shoes without laces will be worn on the unit as shoe strings are not allowed by hospital policy (do not bring heeled shoes or steel toe boots). Shoes, socks or

slippers must be worn at all times. Infection control requires that your feet be covered at all times.

- Athletic shoes with laces. (Issued for use during gym and on scheduled outings and will be secured upon return)
- Sandals/flip flops are to be worn only during showers.

Personal hygiene & household items: Please ensure that your self-care needs are met prior to treatment as we are not able to facilitate off-site services (nail salon, hair salon, barbers etc.) You may bring following:

- Toothbrush & toothpaste (no electric toothbrushes).
- Shampoo, conditioner, lotions & body wash in plastic containers
- Brushes, combs, and one hair product. Ethnic hair products will be accommodated.
- Females: Bring sanitary items as needed. Only pads and tampons allowed. Hair elastics – three total. No bobby pins, metal clips, headbands or anything looped.
- Q-tips, tweezers, nail clippers.
- Razors must be disposable kind, 3 total (no electric razors/clippers). The hospital will provide disposable razors if you do not bring any with you.
- Make-up/facial products are allowed but are secured by staff and checked out when requested (5 items only). No mirrors, glass, etc... You may consider transferring contents to small plastic storage container.
- Laundry detergent and Dryer Sheets ** If you have allergies or sensitive skin it may be recommended to bring your own laundry detergent. You will be responsible for doing your own laundry.

Personal hygiene items restrictions: No items made of glass, aerosols based or body sprays with alcohol.

- Hygiene runs may be provided by staff weekly to purchase necessary items for patients. The Treatment Team approves the items to be purchased and sets this up. Tobacco products may be purchased. You may either bring cash or an ATM-accessible card for staff-facilitated hygiene runs. Family or friends may bring/send you extra hygiene items but they must be new in unopened packages and subject to search by staff.

Medications: Please bring all your medications and provide a list of your current prescription and over-the-counter medications, including dosages and frequency. All medications brought into the hospital will be locked-up. Patients may only use medication prescribed to them by their Strong Hope physicians. A pharmacy located at Salt Lake Behavioral Health will provide medications based on military formulary after your evaluation with a doctor. We will provide you with education for any medication that you may be prescribed.

Additional Medical Needs: Any medical necessary items such as a braces, CPAP masks, dentures, hearing aids, etc., will be allowed with approval.

Cigarettes: Used only during designated breaks as determined by unit rules. Bring a supply for 4-6 weeks. You may smoke a maximum 10 cigarettes per day. Cigarettes must be factory sealed and not opened prior to admission. **E-cigarettes, Cigarillos and vaporizers are not permitted.**

Items Provided by Strong Hope:

- Notebooks and paper for writing assignments and letters.
- Pens, pencils and paper.
- Laundry Soap
- Chap Stick and Dental Plackers (floss not permitted).
- Towels, bar soap, and deodorant throughout your stay.

If a personal item not on the unit is needed, a personal belonging request needs to be submitted and approved. Personal belongings will be retrieved once weekly.

Important Notes & Personal Belongings

Please make a list of important phone numbers, emergency contact information, online account information and addresses prior to arrival as cell phones will be stored away during your stay. You may in addition want to bring your chain of command contact information or the numbers to your medical doctor, case manager, or therapist.

Cash and Debit/Credit Card: Excess cash beyond \$20 and a Debit/Credit Card will be locked in the unit safe and distributed when appropriate. Only one debit/credit card and ID will be stored with the program director during treatment.

Valuables: It is recommended all valuable jewelry (and other high value items) be left at home, wedding bands are permitted. Salt Lake Behavioral Health cannot be responsible for lost or missing items.

- Dogs tags and KIA/MIA bracelets will be secured in storage and will not be kept on the unit.

Books: You are allowed to bring four personal books to read during your stay.

Electronics: The only electronic item allowed is an iPod or MP3 player to be used at designated times only. **It cannot be a device with a camera or recording capabilities.**

Anything not on the list of approved items will need a program directors approval. This is done one a case-by-case basis. Questions regarding the packing list should be directed to 877-640-0220.

Prohibited Items and Contraband

We operate the Strong Hope Program in the least restrictive milieu (living/working environment) based on the overall severity of symptoms of the service members of the program while still providing effective intensity of therapy. Due to the different levels of care provided, we strive to maintain a safe and secure floor for staff and service members alike.

Upon arrival, nursing staff will do a complete inventory of personal belongings before assigning you a room on the unit. Prohibited or restricted items brought with you will be secured and you will not have access to these items until your discharge. Any illegal items brought onto hospital property are subject to confiscation and/or disposal.

Please leave the following items at home:

- Blankets, pillows and stuffed animals from home are NOT allowed due to infection control.
- No personal electronic equipment is allowed on the unit (*includes cell phones, iPod, MP3 (will be kept at RN station), computers, tablets, cameras, DVDs, earphones, watches, beepers, alarm clocks, radios or recording devices*).
 - Electronic devices will be kept in hospital safe until departure. Only electronic device allowed is an iPod/MP3 player without a camera.
- Any hairdryers, curling irons, flat irons, etc. are not permitted
- No drawstrings, laces, or cords in any clothing.
- Outside food or drink is prohibited.
- Anything in an aerosol spray can.
- Potentially offensive articles, such as pornographic literature, clothing with offensive slogans, depicting violence or contain ads for alcoholic beverages.
- Items with sharp edges, points, glass or mirrors.
- Knives of any type and other personal protection devices are prohibited on hospital property, please leave these items behind.

Arriving at Strong Hope and Expectations

For those not from the local area we will meet you at the international airport, a few minutes from our facility, and provide transport for admission. Once at the hospital you will meet with the intake nurse, be assessed by a health provider, and after admission your chain-of-command or referring clinician will be notified of your safe arrival. Personal belongings will be inventoried according to the packing list, taken to the unit and other items will be placed in storage for the remainder of your stay.

You will begin a treatment plan shortly after intake as you meet with your primary therapist, finish a psychosocial assessment and be introduced to your “care team.” Within the first few days of starting treatment, you will talk with a Physician and Registered Nurse about your history and what brought you to the program. The treatment professionals at Strong Hope recognize that patients may initially feel embarrassment, fear, anger, sadness, and confusion when they begin to address the issues that brought them into the hospital. Honesty when relaying information to staff is important to the success of your treatment.

Please tell staff of any medical history, medications that you are taking without prescriptions, as this may impact the delivery of appropriate treatment. An in-house medical doctor will review any issues you are facing and discuss current medications with you, initiate new prescriptions if needed as well as begin a process of consolidation or reduction of medication as part of the pain management/addiction program. Please report any food allergies or dietary restrictions due to any medical condition.

After being brought to the unit, nursing and mental health tech staff will show you your room, orient you to the milieu, answer any questions you may have, provide you with treatment workbooks and notetaking material.

Please read every handout and instruction we give you. We want you to feel safe while receiving your treatment. If you do not, tell us. We want to help you learn about yourself. This is the time to reach out for help.

Expectations

The most important part of the rehabilitation process is your willingness to challenge yourself. Your beliefs and desire to seek a better quality of life is what will determine the treatment outcome. A few things we expect from you on this journey are:

1. Honesty. Foremost you will need to be honest with yourself. Our team of therapists need to know about your past, current mental status and feelings during the treatment process. We understand how difficult it is to share stories of combat, abuse, or any other trauma you may have experienced.

It is necessary to work on the root of your current problems and our professional caring staff is here for you during this process. You can expect us to provide evidence-based treatment modalities that provide opportunities for you to work through this challenging time with us.

2. **Commitment.** You will only get out of treatment what you put into it during your time here. The inpatient setting removes you from the stressors of everyday life or the situation that prompted this change. Here you will be able to focus on a better understanding of the person you are and the changes you want to make, use your time here to its upmost potential. Stay concentrated on yourself.

We in turn will be committed to your progress and honest in our observation of your efforts. This may be one of the most difficult things you do for yourself and we will work alongside you for a better future. Upon completion of the program we will work with your referring providers to ensure that you have an individualized discharge plan to help with your continued success.

3. **Accountability.** Please be prepared for your meetings, sessions and therapy groups as your accountability is a crucial part of your progression. There will be required reading and homework exercises to learn new skillsets and coping mechanisms over the next four weeks. You are expected to attend all treatment groups and programming. You are here, once again, to challenge yourself both physically and mentally to break free from limiting beliefs.

Our accountability to you is to provide those in our care with a patient advocate if you have special concerns about your patient rights. The Strong Hope staff will clearly explain all rules for your stay and be consistent in enforcing guidelines.

Your Responsibilities

Please remember that you are representing the United States Military and your individual Branch of Service while in the Strong Hope program. We understand what it means to serve and honor your commitment to this great nation of ours. We are privileged to assist you in your care and treatment for the sacrifices you and your families have made.

- This is your current duty station and you are expected to treat it as such.
- Service members and staff are expected to be respectful to themselves and each other.

Safe Behaviors and Boundaries

There should be no physical contact between service members or service members and staff. The exception to this is “appropriate touch” such as knuckles, high fives and handshakes. When a service member is departing the program or after a coining, appropriate goodbye gestures such as a neutral hug may be appropriate on an individual basis. Ensure you receive consent.

Service members are to respect appropriate physical and emotional boundaries. Understand that some patients may be vulnerable while in treatment and gestures that cross personal boundaries may be misinterpreted. Remember: some people have a hard time saying “no.” Please stay focused on yourself during your time in the program, your needs should come before those of others.

Gifts are not to be purchased to or from staff. Service members may not purchase gifts for each other. This includes lending money or purchasing items for each other while on outings. Also, do not exchange clothing with others in the unit or use their personal belongings.

Behaviors that are NOT allowed:

- Gambling
- Sexual relations
- Entering other patients rooms even with permission of the patient
- Touching another patient or staff
- Harassing or fighting / verbal abuse / physical threats
- Use of illicit drugs and alcohol

Participation

You are required to be on time, attend, and actively participate in all group sessions in order to get the most out of your treatment. Programming is held seven days a week. Each day offers a variety of therapy and activity groups. Group schedule is posted on the units. Participation in therapeutic programming is not optional in order to ensure that avoidance symptoms are minimized.

Outings

Service members who are safe to leave the unit “under supervision” may do so as part of planned group therapeutic outings. Permission to participate in outings can be revoked at any time if safety concerns arise. Service members are not required to pay for outings unless there are optional and voluntary purchases at which point these are

the service member's responsibility.

Service members not attending the outing must work on therapeutic homework, read or journal while on the unit. They may not watch TV or play video games. Attending scheduled activities such as gym, yoga or Expressive Therapy are appropriate.

Service members will be assessed for readiness and appropriateness for each outing. Anyone from the treatment team may restrict someone from going on an outing if safety, behavior or lack of program participation is a concern.

- Service members must not be on AWOL precautions within the last 48 hours to be able to attend an outing. Service members will be evaluated by the unit provider before precautions are removed.
- New admissions may attend therapeutic outings after 24 hours in the hospital if the treatment team deems appropriate.
- There must be no behavioral issues in the 48 hours prior to outings.
- Service members who have been on unit restrictions or who have not fully participated in their treatment during the preceding 48 hours of an outing are ineligible.
- Service members are only allowed to purchase items that they will consume at the destination. No food or drink will be allowed back in the hospital.

Group Guidelines and Behavior

Attendance at group meetings is mandatory. Successful treatment depends upon becoming more aware of and increasing your understanding of your problems, learning new coping mechanisms and ways to deal with stressful situations, and developing a plan for balance and well-being. It is impossible to acquire those skill sets when you are not attending groups.

All service members are expected to actively and appropriately participate in ALL groups unless there is a medical reason with a doctor's order not to go. Service members will be excused from group for the following reason: physical illness, complications with detoxification and thought disorder symptoms/psychosis. A staff member must approve your absence from group. If the absence is a physical illness or issue, a nurse must excuse you. Again, we require attendance to minimize avoidance symptoms.

- Lack of appropriate participation will result in consequences including not going on weekly outings and report to your clinical team or command.

Group Etiquette

Groups are vital for you and your peers to learn and practice coping skills, interpersonal effectiveness, distress tolerance and receive psycho-education regarding PTSD, substance abuse and other concerns you may bring into treatment. Trauma work is also done within the group format. For all groups you'll want to follow basic guidelines to help show respect to all in attendance and help create a healthy treatment environment.

Below are the rules for all groups in which you'll attend:

- No side talking or disruptive behavior.
- No getting up to leave during group.
- No eating during group. You may drink coffee, water, tea etc.
- No rescuing group members that are struggling with difficult emotions.
- Be attentive and participate in the group process.
- No hoods or hats during group-to minimize avoidance.
- Be open to feedback-even if you disagree you can still respect and listen to what someone else is trying to tell you.
- Do not discuss what was talked about in group outside of the group room.

Privacy

Our goal is to create a safe, judgement free milieu to allow the sharing of trauma and begin the process of healing. Everyone is an equal on the unit. Service members will address each other by first name only, rank and last name are not needed during the program. Information about individuals should not be shared with anyone outside the Strong Hope unit and your information will not be shared without written permission except in the case of a medical emergency.

- It is important to keep information that is shared in group confidential. Violation of this guideline could result in discharge from the facility.
- Please do not share names and other personal information about other patients to your family or friends. Respect everyone's right to privacy.

Strong Hope Standards

While in your military program some liberties will be restricted to provide a safe living environment for all of those in treatment. Our inpatient setting is a locked facility and service members find this environment provides the safety necessary to deal successfully with their trauma in spite of perceived limitations. It can also initially be

difficult to adjust to and many service members report that they feel better after a couple days of being in the new environment. A locked facility can also prompt feelings of loss of control and powerlessness that can be reminiscent of trauma. Please be aware that some of these feelings may arise and we will help you to work through them. Despite being in a locked facility, we leave the building 4-5 days of the week for outings and workouts. Upholding the house standards is all staff and service member's responsibility. These are not guidelines, but rather rules. They are not to be amended or changed for any reason without consult of administration. Please direct any questions regarding the standards to the Treatment Team or Unit Manager.

Personal Hygiene

Please note that we are not able to facilitate trips to the nail salon, hair salon, waxing studio, barbershop during your stay. Please take care of these needs prior to admission. Service members are expected to shower and exercise a basic level of personal hygiene every day and dress appropriately in clean clothes. Specific "Hygiene Times" are an established component of the Unit Schedule. It is your responsibility to complete your daily hygiene routine during these times. For your safety and those around you, daily hygiene items are and made available by treatment staff during hygiene times. All hygiene items are to be returned by the end of hygiene times.

- For your convenience, we can provide toothbrush, toothpaste, soap, deodorant, shampoo, conditioner, lotion, and a comb. Female personal hygiene items and shaving equipment can also be provided.
- We are unable to allow the use of personal blow dryers, curling irons or flat irons. Personal items are to be placed in the storage areas provided.
- Each room has a private bathroom and adjoining shower for patient/client use. It is possible that during your stay you may share a room with a roommate, as rooms can house two (2) individuals. Staff attempt to take therapeutic factors into consideration when making room assignments.

The safety of everyone is the top priority for us here at Strong Hope. We hope that any inconvenience caused by some of our safety protocols will be minimal. Please let a member of the treatment team know if you require assistance with any of these tasks.

Daily Hours

Developing a daily routine is an essential component to making progress in treatment. This includes a regular morning and nighttime routine. Wake-up time for all patients is 0630 Monday-Friday. On sleep in day (**Saturday**) you are able to "sleep-in" until 0830. "Lights Out" for all patients Saturday - Thursday is 2200 and Fridays is 2300. We have

designated wake-up times and lights out times to promote proper sleep hygiene.

- If you are having difficulty sleeping and feel you need to talk to someone, you may leave your room to talk to a staff member.
- Service members who wake up at night are allowed to relax, read, draw or write, according to their sleep hygiene plan, until they can return to bed. Service members will not turn on TV or video games at night.
- Television may be watched after programming hours end for the day. Phone calls can be made throughout the day outside of mandatory group time. We ask that you end the call 5 minutes before the start of group.
- Daytime Naps: Service members will not be allowed to sleep through the day. This helps to prevent avoidance and ensures that proper sleep hygiene is maintained. The exception is when this has been authorized by the service member's nurse or physician.

Rooms

Service members are required to keep their rooms clean and orderly. We have two beds per room and depending on current operating capacity you may have a roommate during your stay. Shared living quarters are essential socialization and may be part of an individual's treatment track, please be considerate of your roommate and housekeeping staff. If you have any special needs or are unhappy about your roommate assignment you may discuss this with your therapist or treatment team.

Room and personal search policies are in place to ensure the safety of all involved.

Service members are ONLY allowed in their rooms during designated room times. Rooms will be locked when service members are not in them, and during all programming times. Rooms are locked to ensure that patients are not isolating, withdrawing or sleeping excessively (all symptoms of depression/trauma). This also ensures that avoidance is minimized and that patients are being encouraged to use support if they're struggling with something.

- Patients are at times allowed some personal breaks during the day for decompressing, overstimulation, etc.
- Rooms are restricted to prevent withdrawal/isolating and to encourage interaction exposure. Discouraging isolating behavior is also a safety concern.
- Service members MUST have their doors open with at least 4 inches/a fist's-space opening at all times when in rooms.
- Room furnishings will be changed only at the direction of the Unit Manager.

- Service members' rooms will be searched daily. Service members WILL be given the opportunity to be present for an in-depth room search. Staff may walk through rooms at any time and take items in plain sight that appear to be contraband.
- No foods of any kind (including gum) or drinks (other than water) are allowed in Service members' rooms. This is a health-code regulation.
- Service members are only allowed to enter their own rooms and are not allowed to enter any other Service members' rooms.

NOTE: For safety purposes, staff must do rounds throughout the night. This includes using a flash light to check on breathing status of patients in their rooms. This may cause an increase in anxiety for some patients, however we hope you understand that safety is our number one priority at SLBH.

Milieu/Common Area Considerations

Service members will be considerate of others in their use of chairs and couches. Couches are for sitting on, not laying down and sleeping on. There is no sleeping in the day room. Service members are not allowed to linger at the nurse's desk or reach over the desk at any time.

Televisions

Televisions need to remain off during scheduled program activities.

- Cable music on the TV is allowed during the day.
- Staff may change channels if they deem the subject matter i.e., violence, sex, and/or drugs/alcohol as inappropriate for recovery.
- There are approved videos that are provided by the facility and available for viewing. Videos and/or DVDs cannot be brought from home.
- The television should only be on after 1600 or when programming is over. The TV is to be turned off at 2200. TV volume should be kept at a respectful level.
- TV and game systems are not allowed during the day. TV and gaming hours are from 1600-2200 or after programming ends for the day. **Friday's TV and gaming hours are 1600-2300.**

Electronics/Computer

Computer use is once per week, only to be used to pay bills, check bank accounts, or for official, required, military business. Computer use must be managed by the nurse/MHT. Computer times are designated assuming staff are available to closely supervise. Ordering anything online is prohibited.

- Please ensure that bills are arranged prior to arrival or that you have arranged for telephone payments to be made.
- Other than iPods or MP3s, no other personal electronics (including flat irons and blow dryers) are allowed on the unit.
- Movies and DVDs that are unit property may be watched from 1730 until 2200 and 2300 on Friday. Nothing may be watched with an R-rating (facility policy).
- Staff has the ability to turn off or switch any program/ movie being watched if triggering for service members or milieu.
- You may use your cellphone to pay bills with your individual therapist. Your phone will only be accessible during those sessions

Telephones

You will have access to the facility phone located in the common area during your time here. Your chain-of-command, family and friends can reach you at the following number 801-264-6091 (Men's) / 801-264-6087 (Women's). Remember, they must call with your ID code number that is given at admission. If they do not have your ID code number we will neither confirm nor deny you are at the facility for privacy reasons. Request callers be transferred to the Strong Hope program to speak with you during scheduled phone times.

Phone calls are allowed when group is NOT in session and must end 5 minutes prior to group beginning. Telephone times are posted by the phone. Please monitor yourself as calls should be limited to 15 minutes and are not allowed between 2200-0600. Exceptions will be made for overseas and command calls as well as those to your legal representatives or religious leaders. Adjustments to length of time on phone varies on number of Service members on the unit.

Telephones

- Dialing instructions for local calls. Dial 1-then the number.
- Dialing instructions for long distance calls: Dial 1- the area code-number.
- If a Service member needs to make a private call, accommodations will be made.
- Your calls may be ended by staff if you engage in abusive or threatening language and privileges may be suspended.

If the Treatment Team determines that making or receiving phone calls is non-therapeutic during a particular time in the individual's treatment, the service member may not be allowed to make personal phone calls without special permission given by

the therapist. Please note that we want you to focus on yourself and your treatment while in the program.

Food & Drink

Breakfast, lunch and dinner are provided as part of your stay at a Strong Hope. Strong Hope patients are served their meals independently from the rest of the hospital. Meal times are at 700, 1130, and 1650; all meals are eaten in the hospital cafeteria.

No outside food or drink is allowed on unit, this includes food purchased on outings or sent to patients from family and friends. This is an infection control issue, thank you for your understanding on this topic. There are snacks provided for you at no cost on the unit throughout the day.

- All service members must go to all meals in the cafeteria unless there is a medical reason with a doctor's order not to go.
- Food will only be brought up from the cafeteria when the nurse directs it.
- Service members must eat meals in the cafeteria prior to taking a smoke break, and not use the entire time to smoke. Staff will determine when the smoke break may begin and when it will end during meal periods.
- Our Dietician and Dietary Department choose snacks, beverages, and a selection of choices at every meal to meet the needs of all patients/clients at the facility. Individuals who require a special diet by their physician will receive meals specifically prepared to meet those needs.
- Snacks and beverages are provided on the unit in the common area.
- No food or beverages are to be brought back to the unit from the cafeteria.
- Infection control also requires that NO food or beverages be taken into patient/client rooms.
- Food left in the unit refrigerators is discarded after 24 hours.

Coffee is provided on the unit from 0630 through 1800. To promote proper sleep hygiene, consumption of caffeinated beverages is limited to this time only.

Visitation

Visits may NOT take place on the unit. Family meetings with a therapist may be held on the Unit's group room when arranged by the therapist, and, may only happen during regular therapist hours.

- Visitors will be required to provide the patient's security code. The receptionist

will call the patient's unit and let them know that their visitors have arrived.

- Visitors must not bring cameras, tape recorders, video cameras, food, beverages, weapons, drugs, alcohol and other contraband into the hospital.
- Service members must inform visitors of the rules for visitation and visiting hours. Visitation times are listed on the patient's group schedule.
- Visitation is only allowed during the scheduled times listed on the patient group schedule unless a special arrangement has been made with the patient's Treatment Team.
- Service members and visitors must stay in the designated visitation area.
- There is a no tolerance policy regarding threats or violence toward staff members, patients and visitors.
- Visitors may be asked by staff to leave the hospital if there is any inappropriate behavior.
- Service members are not permitted to escort visitors to the lobby when a visitation ends.
- Only two (2) visitors are allowed to visit at a time. Children are counted in the ratio of two (2) visitors unless a special arrangement has been made with the patient's Treatment Team for additional visitors to be permitted.
- Children ages 12 and up are allowed during visitation.
- Visitors are not to bring personal items to the cafeteria or into the hospital including purses, food, bags, money, etc. If visitors are dropping items off for patients, guidelines regarding permitted and non-permitted items need to be followed.
- Items that are left for patients by visitors must be dropped off at the reception desk in a bag with the patient's name clearly marked.
- Valuables are strongly discouraged and the hospital is not responsible for the lost and/or stolen property.
- Service members who are on unit restriction are not allowed visitation. In addition, if the Treatment Team determines that visitation is non-therapeutic, visitation may be revoked.
- A Service member's command may visit at any time.

Mail

Patients may have mail sent to them at the hospital. Mail will be brought to the unit by staff and distributed to patients. Patients may receive letters and cards only. Packages will not be brought up to the unit. If one is received, it will be placed in your belongings for you to take home at discharge. Staff will not open/read your mail.

- Patients can also send mail to family and friends as well. It is encouraged that you bring stamps with you.

- In order to receive mail, please ask that it be addressed as follows.

Your name
SLBH Strong Hope
3802 South 700 East
Salt Lake City, Utah 84106

Tobacco Policy

This a Tobacco-free facility. That means that tobacco (including chewing tobacco and cigarettes) may only be used outside during smoke-breaks. It is NEVER allowed in the facility for patients OR staff. Tobacco products (for use only during designated breaks as determined by unit rules). It is recommended that you bring a 4-6 week supply. Smokeless tobacco in pouches only; no cans allowed on the unit. E-cigarettes, cigars, cigarillos and vaporizers are not allowed.

- Service members will be allowed a 15-minute outdoor break following breakfast, lunch, and dinner. Service members will also have 2 additional outdoor breaks provided during the day. Smokers may have up to 2 cigarettes per break but must be done within time limits. Chew pouches must be spit-out prior to leaving the designated smoking area. 15-minute breaks include travel time.
- Service members must supply their own unopened pack/packs of cigarettes.
- Only staff members will be allowed to light cigarettes and must be in possession of the lighter at all times.
- Staff members must be in possession of the cigarettes at all times.
- Staff members must be outside with the Service members any time that they are outside.
- Service members will only be allowed to smoke during the scheduled times. If you are meeting with your physician or another staff member during a scheduled smoke break you will not be allowed to make-up the smoke break. Remember, your treatment is the priority.
- Smoking is a privilege, not a right. Please be respectful of the guidelines to ensure you maintain your smoking privileges. The Treatment Team requires that you attend all of your groups in order to be allowed to smoke. If you are ill and cannot attend groups, you are too ill to smoke. Note that smoking feeds that addictive cycle and negatively affects your physical health.
- If a service member threatens violence or is verbally violent regarding issues

surrounding smoking, smoking privileges will be suspended.

- Service members on Elopement Precautions, or 1:1 may not be allowed to smoke and it may be necessary to move you to a different unit in the hospital to stabilize.
- In order to be allowed to smoke, the cigarette package must be opened on the unit. This is a precaution to ensure that no contraband is in the pack or on the cigarettes.

Grievances or Concerns

If you have a concern regarding your treatment and/or services provided, please seek out a staff member so the issue can be resolved. If you are unable to resolve the issue through staff, you can request to speak with the patient advocate. If the patient advocate is not available to speak with you immediately, they will follow-up with your issue.

Or...

The goal of the Strong Hope program is to provide a positive and valuable treatment experience for all patients. If you have a concern or problem with your stay, the facility has a procedure for allowing Service members or others to register complaints. Service members with complaints should notify their Treatment Team and/or the appropriate staff will attempt to resolve your issue. If complaints are not resolved, please request and fill out a patient advocate form. The Patient Advocate will be contacted to assist you further. Please give us an opportunity to resolve any concerns you or your family may have with our services.

Staff Contact & Treatment Team

You will also have a team of mental health professionals that will include Psychiatric Providers (Psychiatrists, APRNs, DNPs), Nurses, Therapists, Recreational Therapists, and others as your care may dictate. Along with you, these are the members of your treatment team.

Your therapist/nurse will work with you to create a treatment plan. They will also be your representative to the treatment team during weekly reviews. During the week you will meet with your therapist two times per week outside of group settings and if appropriate/scheduled, they will conduct your family sessions in person or over the phone. They will work alongside the care coordinator to ensure continuing care is established once you have completed the program.

A Registered Nurse is staffed on the unit to check on overall health and distribute prescribed medication in accordance with your psychiatrist and doctor's orders. Each unit has a Mental Health Technician (MHT) who coordinates the daily schedule and maintains a therapeutic environment on the milieu.

The treatment team is comprised of each of these disciplines and decisions are based on feedback from each of these team members. We do not make decisions regarding your care unilaterally as this allows for multiple perspectives when working on your behalf. Due to ethics required in the work that we do, we cannot practice outside of the scope in which we have been trained. Therefore, therapists will conduct therapy and the RN and the provider will manage your physical health and medication concerns.

Orientation

You will receive an orientation upon arrival to the unit by one of the Mental Health Techs (MHT's). Please feel free to ask any questions during this process. This next section has the material you will need to get started in our program.

You will also receive from your therapist/staff:

- A Daily Journal
- Group workbooks
- Additional reading material for the unit based on treatment goals

COMMITMENT TO TREATMENT FORM UNDERSTANDINGS

1. I understand that I am in an inpatient psychiatric unit and that there are restrictions that will be placed on me for my safety or for the safety of the unit.
2. I understand that there may be rules or policies that I disagree with, but it is my responsibility to adhere to these rules during my stay.
3. I understand that STRONG HOPE is not designed to treat or manage every chronic medical problem. I am not here to address issues outside of my mental health and well-being.
4. I understand that this is a challenging program and that I will be asked to talk about and or reflect on difficult topics.
5. I understand that I will be a member of a therapeutic community. My behaviors and actions effect others, and I am responsible for my actions and the choices I make.
6. I understand that if my statements or actions are creating an unsafe physical or emotional environment that I may be asked to leave the program.

7. I understand that I will only get as much out of this program as I put into it. If I am not completely honest or do not fully participate, I may not benefit from the program.
8. I understand that I am a voluntary patient. Unless I am an imminent danger to myself or others, I may choose to leave this program at any time.

MY COMMITMENTS:

1. I commit to my recovery and mental health by voluntarily enrolling in the STRONG HOPE program.
2. I commit to attending (on-time) all STRONG HOPE scheduled groups and activities.
3. I commit to **actively** participating in all group and individual therapy meetings and activities.
4. I commit to openly communicating with my treatment team and peers.
5. I commit to challenging my beliefs and assumptions and accepting feedback from the staff and my peers. **** (does not refer to religious beliefs)**
6. I commit to practicing the skills I will be learning and completing group assignments.
7. I commit to focusing on my mental health treatment. This is my primary purpose. I acknowledge that this is not a time to focus on other issues like compensation and pension claims, chronic medical issues, program rules, a peer's treatment etc.
8. I commit to maintaining the physical and emotional safety of my peers, staff and the unit by following all unit rules and policies.

This includes not engaging in the following:

- a. Violent behavior or threats of violence.
- b. Self-harm behaviors.
- c. Use of drugs or alcohol (*including misuse of prescription medications*).
- d. Sexual or romantic relationships with patients/staff in the hospital.
- e. Bringing contraband onto the unit.
- f. Treatment interfering behaviors identified with the help of your team and community.

THE STRONG HOPE MILITARY PROGRAM

TREATMENT TEAM COMMITMENTS:

1. We commit to engaging in open communication within the team and with you regarding your care.
2. We commit to supporting a safe environment through:
 - a. Not using or endorsing the use of drugs, alcohol or violence on the unit.

- b. Adhering to unit rules and policies.
- c. Addressing all safety concerns which are raised to the best of staff ability.
- d. Maintaining your confidentiality.
- e. We commit to providing information regarding the opportunity to use new skills, ways of thinking, behaving, and emotionally regulating. By providing this information, we will aid service members and veterans in their recovery.

Group Rules Revisited

For all groups, you'll want to follow basic guidelines to help show respect to all in attendance and help create a healthy treatment environment. You will be provided with materials for journaling and workbooks that correspond with treatment modalities. Homework assignments will be reviewed and explored in groups and are a part of your therapy programming. They address specific issues you may be working through. Below are the rules for all groups that you will attend:

Group attendance is mandatory unless you have a doctor's order. If you do not attend group, you will not be eligible for outings and will be considered non-compliant with programming. If you need to take time or are needing something, please talk to your therapist or the therapist running the group. Being asked to leave group due to disruptive behavior is the same as non-attendance.

- Be respectful to everyone in group at all times, this includes:
 - No side talking.
 - No getting up to leave during sharing.
 - Be open to feedback-even if you disagree you can still respect and listen to what someone else is trying to tell you.
 - No blaming, in group we need to be open to look at ourselves and take responsibility for what we are going through. It is not helpful to blame or put off responsibility. Use "I" statements when providing feedback.
 - No name calling or cursing at one another.
 - If you are triggered and need to leave group, please do so quietly and check-in with the therapist after group.
 - No eating in groups. You may bring water or coffee into groups.

When coming into the Strong Hope program, things can feel very overwhelming and confusing. Therefore, we have created this guide as an orientation to the program. We will start by explaining the objectives of our program and will then provide you with an understanding regarding the modalities of treatment that we utilize. Each modality

will have a description of what you can expect and why we have chosen it to assist you in your recovery process. We utilize group based therapy as the primary means of programming so, although you will be assigned an individual therapist, most of the therapeutic work that you do will be in groups. You will have two individual sessions a week and your initial intake assessment and treatment goal planning will count towards that. You have access to all of the therapeutic staff and do not have to restrict your questions or concerns to your individual therapist.

Program Objectives

- Understand PTSD.
- Understand how PTSD is affecting your life, especially your relationships and your emotions.
- Develop a sense of how PTSD has altered or created your beliefs and caused you to develop maladaptive beliefs.
- Learn how to recognize and challenge those maladaptive beliefs.
- Improve your ability to manage distress and emotionally regulate.
- Learn how to cope with emotions with less reliance on medication.
- Connect with your body by identifying physiological responses to emotions.
- Increase feelings of control over physical symptoms of PTSD (anxiety, sleep, gastrointestinal, etc.)
- Understand mindfulness and learn how it can be a tool to cope.
- Gain additional skills to cope versus resorting to maladaptive strategies and behaviors.

What is PTSD

PTSD is a normal response to traumatic events. The diagnostic criteria for PTSD is listed below. This is provided for the purposes of psycho-education and not as a means of self-diagnosis. If you have any questions regarding these criteria or how you are being affected, please talk to your therapist or provider.

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In case of actual or threatened death of family member or friend, the event(s) must have been violent or accidental.

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
2. Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event(s).
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked psychological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following.

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that cause distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following.

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
3. Persistent, distorted cognitions about the cause or consequence of the traumatic event(s) that lead the individual to blame himself/herself or others.

4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), begging or worsening after the traumatic event(s) occurred, as evidence by two (or more) of the following:

1. Irritable behavior and angry outburst (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

PTSD Changes Your Brain

The Amygdala

The fear induced by trauma hypersensitizes it to danger.

Everything becomes a threat. The amygdala may increase in size.

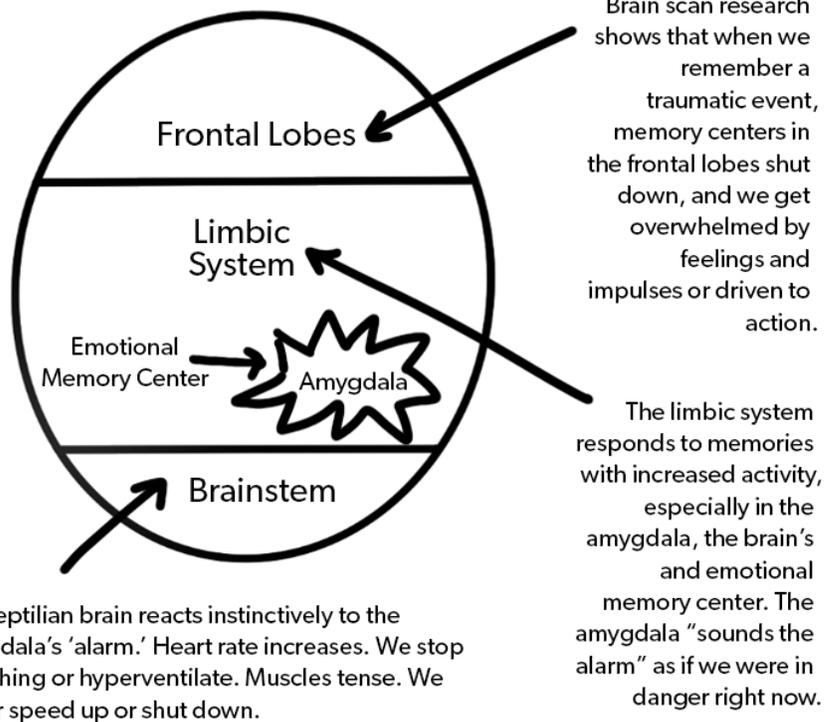
The Hippocampus

Converts short-term memory to long term. The hippocampus may shrink.

The Prefrontal Cortex

We remember trauma less in words and more with our feelings and our bodies

(van der Kolk & Fisler, 1995)



These diagrams indicate significant brain changes that occur when an individual

develops PTSD. The objectives of these diagrams is to help you understand that PTSD is a legitimate response to intense trauma and it is not due to a weakness or fault in you. We can have control over our trauma responses. Understanding how your brain/CNS has been hijacked by trauma, can put things into perspective in order to help you understand that it is not your “fault” you have PTSD or that you incurred a traumatic event. In a nutshell, the emotional centers of your brain become over-active and the rational centers diminish in their ability to keep things in perspective. This creates an imbalance and affects the way in which we see ourselves and the world. You will spend more time learning about this in group. For now, just know that what you are feeling is real and that your recovery process will require intense work that will entail a rewiring of the brain in order to quiet down your Amygdala (emotional center) and strengthen your Neocortex/Pre-Frontal Cortex (rational center) so that you are experiencing more emotional balance. You may ask how we intend to do that and the answer to that lies in the group programming that you will participate in. Recovery requires a holistic process that accounts for mind, body and spirit and the objectives of our programming support just that.

PCL-5 and Quality of Life Scale

These two assessments are to gauge the severity of symptoms upon admission and will be reassessed on discharge to demonstrate progress made while in treatment. The first assessment is the PCL-5 followed by the Quality of Life Scale. You will be asked to complete these assessments and turn them back in for the treatment team to reference. They are here for your reference and for you to re-evaluate your symptoms as you choose.

Modalities of Treatment: AKA the groups that you will do

Below you will find descriptions of some of the programming that you will do while at the Strong Hope Program. Please know that our program is constantly evolving and we are working to improve the care we provide while keeping up with the most current research and evidence based modalities of treatment. There may be a group that you participate in that is not listed below or there may a group that we currently are not utilizing in programming. This is intended to give you an understanding of what you will be doing and why we ask you to engage in some of these processes. Please do not hesitate to ask us questions as they arise for you.

Cognitive Processing Therapy (CPT)

CPT helps you by giving you a new way to handle distressing thoughts and to gain

understanding of traumatic events. By using the skills learned in this process, you can learn why recovery from a traumatic events has been hard for you. CPT helps you learn how going through a trauma changed the way you look at the world, yourself, and others. The way we think and look at things directly affects how we feel and act. The CPT therapist will direct you through the assignments and will determine the pace at which you move through the program. CPT is designed to be a 4 week group program and therefore, if you do not stay on target with your assignments, you may not complete the program within a 4 week period. The progression through CPT involves the following.

Week 1: Writing an impact statement to identify stuck points and beginning ABC Worksheets.

Week 2: Writing a trauma statement.

Week 3: Challenging Question Worksheets.

Week 4: Challenging Belief Worksheets/Final Statements

CPT has four primary objectives:

PTSD 101: CPT begins with education about your specific PTSD symptoms and how treatment can help. You will be able to ask questions and to know exactly what you are going to be doing in this therapy. You will also learn why these skills may help. In the first few days at Strong Hope, you will write an impact statement. Your impact statement will allow you to identify the ways in which your trauma has affected your feeling of safety, trust, power & control, self-esteem and intimacy. This will help you identify your maladaptive beliefs and will also assist you in becoming aware of how you are impacted by your traumatic events.

Becoming Aware of Thoughts and Feelings: CPT focuses on helping you become more aware of your thoughts and feelings. When bad things happen, we want to make sense of why they happened. An example would be someone who thinks to himself or herself, "I should have known that this would happen." Sometimes we get stuck on these thoughts. In CPT you will learn how to pay attention to your thoughts about the trauma and how they make you feel. You'll then be asked to step back and think about how your trauma is affecting you now. This will help you think about your trauma in a different way than you did before. This process will also involve beginning to challenge your maladaptive beliefs via ABC worksheet and writing a trauma statement.

Learning Skills: After you become more aware of your thoughts and feelings, you will learn skills to help you question or challenge your thoughts. You will do this with the help of worksheets. You will be able to use these skills to decide the way YOU want to think and feel about your trauma. These skills can also help you deal with

other problems in your day-to-day life. At this stage, which is usually around week three, you will begin Challenging Question worksheets.

Understanding Changes in Beliefs: Finally, you will learn about the common changes in beliefs that occur after going through trauma. Many people have problems understanding how to live in the world after trauma. Your beliefs about safety, trust, control, self-esteem, other people, and relationship can change after trauma. In CPT you get to talk about your beliefs in these different areas. You will learn to find a better balance between the beliefs you had before and after your trauma. In your last week here, you be moved on to Challenging Beliefs Worksheets and will end CPT with a Final Statement.

Peer-led CPT

Peer-led CPT allows you an opportunity to practice what you have learned in group. This group is peer-facilitated and helps you to begin challenging your beliefs without the prompting of a therapist. You are also able to utilize what you have learned to “teach” your peers which increases your ability to do this for yourself. If you can teach a concept that usually means you have mastered the concept. Being able to recognize and challenge maladaptive beliefs is a critical part of what you will need to be able to do in order to move to the next phase of your treatment.

Dialectical Behavior Therapy (DBT)

DBT is a mindfulness based therapy that utilizes Cognitive Behavior Therapy principles along with Acceptance and Dialectics. DBT helps individuals with PTSD because it helps bring us back to our present moment experience verses getting caught up in our traumatic past, we are taught how to start feeling safe in relationships again, we learn that our emotions do not have to control us and we learn how to manage difficult experiences without engaging in harmful behaviors. The core skills that are taught in DBT are mindfulness, interpersonal effectiveness, and distress tolerance and emotion regulation.

- **Mindfulness:** The ability to take control of your mind instead of having your mind control you. Mindfulness helps direct your attention through the process of observing, describing and participating from a nonjudgmental perspective. This allows for more objective, effective, and meaningful experiences in the here and now.
- **Interpersonal Effectiveness:** The ability to communicate and express yourself effectively while maintaining and understanding and a commitment to your objectives, your relationships between thoughts, feelings, body sensations and

behaviors. As well as, being aware of vulnerability factors related to emotional states such as; adequate sleep, balanced eating, appropriate medication usage, self-care, exercise and incorporating positive experiences in your daily life.

- Distress Tolerance: The ability to get through an already difficult time without making it worse. Self-destructive behaviors are often a result of ineffective ways of dealing with painful emotions. Distress tolerance teaches the use of distraction, radical acceptance and pros/cons as alternatives.

Seeking Safety / Skills

Seeking Safety is an evidenced-based model that can be used in group or individual counseling. It was specifically developed to help survivors with co-occurring trauma and substance use disorders/maladaptive coping behaviors and, crucially, in a way that does not ask you to delve into emotionally distressing trauma narratives. It is a modality that works and focuses on present day distress. Thus, “safety” is a deep concept with varied layers of meaning – safety as you do the work; helping you envision what safety would look and feel like in your life; and helping you learn specific new ways of coping. Seeking Safety stays in the present, teaching a broad array of safe coping skills that you may have never learned if you grew up in a dysfunctional family or that you may have a lost along the way as your addiction and trauma caused you to spiral downward. All of the Seeking Safety coping skills apply to both trauma and addiction at the same time – providing integrated treatment that can help boost motivation and guide you to see the connections between trauma and addiction issues.

There are 25 topics, each a safe coping skill. Each topic is independent of the others so they can be used in any order and for as long or short as one’s time in treatment. The topics address cognitive, behavioral, and interpersonal skills, plus there is a focus on engaging in community resources. Examples of Seeking Safety topics include Honesty, Creating Meaning, Setting Boundaries in Relationships, Taking Good Care of Yourself, Compassion, Coping with Triggers, Healing from Anger, and Recovery Thinking.

Shame

SHAME, we all have it and none of us are exempt. In fact, chances are just by hearing the word, a familiar warm wash or telltale tingle went up your spine. Of all the self-conscious affects, shame is the most toxic and impervious. It is believed to be at the root of all emotionally driven issues and problems including trauma, addiction, anxiety and depression. Shame is what keeps us small and is the thief of happiness and wholehearted living. The objective of this group is to create a dialogue surrounding

shame as a means to disempower it by utilizing the work of Dr. Brene Brown and others.

Recreational Therapy

Recreational therapy is utilized to help strengthen the therapeutic work that you are engaging in. The objective of recreational therapy is to build self-efficacy, self-esteem and feelings of empowerment and connection. New experiences help create neural circuitry that is critical in the healing process. Through a variety of activities including, FTR (or gym), NAC, skills groups and trust building exercises we will apply the therapeutic group work into practice and assist you in recognizing their progress in practical application. These activities and outings will also serve as exposure therapy for patients who isolate or are agoraphobic. This element of treatment also allows the patient to witness their strength and resilience in an environment that is more natural than the hospital setting. This helps to increase positive beliefs about themselves and creates an opportunity to engage in activities that they can continue upon discharge. Engaging in new and different activities also helps to challenge self-doubt, concrete thinking and encourages vulnerability and acceptance.

Expressive Therapy

Expressive therapy groups involve a variety of activities. You will participate in rotating programming including art therapy, music therapy and games. The groups are an opportunity to introduce you to a new way of dealing with and processing your emotions. The objective is to give you a variety of ways to cope. If you have skills that already work for you that is great! Our objective is to hopefully enhance what you may already be doing and to afford you additional ways to increase your distress tolerance.

Fit To Recover & Yoga

These groups are designed to enhance the biological/physiological components of successful long-term healing by petrochemical regulation, neurogenesis (production of new neurons/nerve cells), and increase the number of dendrite connections between neurons, which decreases one's overall level of stress. Exercise has been proven to increase production of the neurotransmitters dopamine, norepinephrine, serotonin and endorphins, which people with mental health issues can often lack.

FTR

Fit to Recover is a functional fitness workout that is offered at an off-site gym. All workouts can be scaled for your ability and fitness level.

Yoga

So how exactly do yoga asanas (poses) and pranayama (breath) quell agitation or energize a collapsed spirit? Before we talk more specifics, a little neurophysiology lesson is in order. Under normal conditions, the body is hardwired to protect us from danger or stressful situation; trouble ensues when its process is interrupted.

The best way to understand the human response is to look at animals in the wild. Sounds a bit far-fetched, perhaps, but Levine contends that our nervous system has a lot more in common with our four-hoofed brethren than we might think. A group of deer grazing in a meadow, for example, may appear happy-go-lucky, but they are continually on the lookout for predators lurking in the forest nearby. The very first thing the deer do when they perceive danger is to stop, stay very still, and listen. This hyper-vigilant stage of arrest activates the sympathetic nervous system (in charge of the fight-or-flight response to danger) and serves two purposes. One, it allows them to figure out what the threat might be and where it's coming from (a smell in the air or rustle in the bushes), and two, it helps them be more invisible to a predator.

The moment the deer feel a predator's presence, they take flight, running to safety as fast as they can. If one falters and the coyote catches up to them, the first instinct is to rise up and fight back. If that fails, and she gets caught, she freezes, their muscles stiffen against the assault, and then folds, going limp and numb – helpless to protect themselves. The fold or collapse state of hypo-arousal activates the parasympathetic nervous system, shutting down the body's defenses, allowing them to dissociate from the event, and preventing them from feeling too much pain. If they are able to fool the predator and race to safety, they tremble, literally shaking off the event, and return to the meadow in time for the next meal. While the brain registers the event and files away a “do not go near those bushes on the right” message, the ordeal is over and done with.

The human nervous system works much the same way. When we perceive danger, the sympathetic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis mobilize the body's fight-or-flight resources. Stress hormones pour into the bloodstream so we can react appropriately. They increase our heart rate, divert blood into our large muscle groups (arms and legs), and speed up reaction time. An increase in cortisol releases sugar as fuel into the bloodstream so we can think and move faster. In the meantime, the HPA axis communicates with the rest of the body, instructing the digestive, reproductive, and immune system to slow down and wait out the danger.

All this activity creates a state of hyper-arousal and fuels the emotions and actions we need to first gain sensory information and then either fight and aggressor (anger) or, if need be, flee the scene to safety (anxiety and fear). Just like our animal friends, humans

can also experience complete collapse, or hypo-arousal – when the parasympathetic nervous system activates to help us survive horrific acts of violence. Both the alert and the fold states are designed to be short-lived, functioning to keep us alive and safe from harm.

Yoga mitigates the fight-or-flight response through a combination of active asanas, pranayama, and deep relaxation.

As we can see, our autonomic nervous system was designed to be on the lookout for danger and keep us safe. Problems arise when the pain and traumatic residue, or samskara, remains in the body long after the event is over and the brain cannot discriminate between what is in the past and what is a real, present threat. The body's posture (rigid or collapsed) continues to signal danger, so the nervous system goes in search of the perpetrator, assigning blame wherever it can. Levine says, "If frightening sensations are not given the time and attention they need to move through the body and resolve or dissolve, the individual will continue to be gripped by fear."

According to David Emerson, co-author of *Overcoming Trauma through Yoga* and director of the Trauma Center's yoga program, people who have experienced chronic or repeated trauma "find themselves alternating between being highly sensitized and easily triggered, and feeling numb or disconnected from themselves and other people."

These groups will be paramount in your therapeutic recovery as no successful treatment plan can be without exercise/physical engagement as a vital component. Some component of physical activity and/or exercise is established in each day's schedule. There are those that have physical limitations due to previous injuries and medical conditions. These issues are taken into account by the treatment team and exercise routines are modified, with your assistance, so you can receive maximum benefit from your treatment plan.

Check-In and Wrap-up Group

These MHT-led groups are here to help you in developing daily goals and helps you work with your peers in a supportive community. Check-in groups are offered daily. The purpose of this group is to help you develop goals and plans related to your Master Treatment Plan, evaluate progress and teach you to effectively set goals. Check-in groups are held in the morning and Wrap-up groups are at the end of the day.

Agenda items include a review of treatment activities, progress in meeting your overall and daily goals, the actual solutions that you used in meeting your goals and other potential solutions. Both of these sessions last 15-30 minutes.

Family Therapy

Strong Hope therapists conduct many family therapy sessions via telephone in order to accommodate the needs of our client's families. We would like you to consider having a stable adult to reach out as support during your time with us. You will explore during therapy how your mental health affects those around you, exploring triggers and will work on communication skills before you return home. Working with your therapist, you will determine how much involvement your family or loved ones have in your treatment.

Individual Therapy

Individual therapy will be provided twice weekly during your stay. Your first session will require completing an assessment and treatment plan. This will be done within the first 72 hours of your stay. If you need additional support do not hesitate to ask for it. Family sessions are considered an individual session. We use a variety of treatment modalities when we do individual therapy. If it is appropriate for you, our preferred modality individually is Eye Movement Desensitization and Reprocessing (EMDR). Also please note that if you are struggling with something, you will always be encouraged to bring it into group. If you are in crisis, please let someone know as we have staff available 24 hours a day.

Medication Management

In these sessions you will work with a provider to address medical interventions that can potentially assist your recovery. We follow DOD guidelines for medication management and use medications that are not contra-indicated for PTSD. The therapeutic process will be the primary focus while you are in treatment, however, if you need support via medication that will be provided in an appropriate way. There are certain classes of medication that shut down the part of your brain required to process trauma. If you are on these medications, your work here will not benefit you. Therefore, we are very cautious about what you are being prescribed since therapy is your primary objective while in treatment. Your provider sessions will be with either APRN or a MD. You will meet with a provider nearly daily.

Strong Hope Initial Assignments

During your first week here, we ask you to complete a series of assignments in order to prepare yourself for treatment and to allow you to reflect on why you have sought or been recommended for treatment. Please complete the assignments in your journal or on separate paper. PLEASE also completely read the program handbook. You are responsible for being familiar with the information in the handbook. Answer the following questions:

1. Please indicate how you have been affected by your trauma. What symptoms are you experiencing that are problematic?
2. Describe what symptoms you have that include the four symptoms categories of PTSD:
 - a. Re-experiencing: Times when you have thoughts of your trauma, or situations that invoke similar feelings that you experienced during your trauma. You may want to think of feelings such as shame, self-blame, feeling uncared for, feeling like your needs will not be met, hopelessness etc.
 - b. Hyper-arousal: Heightened physiological reactions that include increased heart rate, sweating, shaking, feelings of anxiety/panic, hypervigilance (being on guard and believing you will be hurt), insomnia, constantly feeling keyed up and not being able to relax.
 - c. Avoidance: The things that you do to avoid your trauma and feelings associated with your trauma. This can include things like isolating, drinking/drug use, excessive sex, video games, worrying too much about others, ignoring your own needs/feelings, avoiding places or situations associated with your trauma.
 - d. Negative changes in feelings or thoughts: How has your mood been affected? Do you have negative beliefs about yourself, others and the world? Do you experience the positive things in your life? Do you want to live? What do you believe about your future?
3. Create a “map” of what has led you into treatment as you see it. It will be helpful if you create a picture of this. Put yourself in the center and identify the major things that have contributed to why you are here. On the backside, create a picture of where you want to be and how your life would be depicted if you could create change for yourself. Essentially, you are creating a map of where you have been, where you are and where you want to go.
4. Identify how your symptoms affect you socially and in relationships. Do you engage in any behaviors that create difficulty for you in relationships? Do you find that certain patterns continuously repeat in your relationships (ex. Verbal abuse, physical abuse, poor treatment)?

5. What behaviors do you engage in that are harmful to you (for example cutting, drinking, eating too much or not enough, over-exercising, gambling etc.)? Do you want to change any of these behaviors?
6. How are you currently coping with the stress in your life? Do you have any coping skills that work for you?
7. What are your identifiable triggers (internal-in you/external-outside of you)? How are you currently managing them?
8. What commitments are you willing to make to yourself both while in treatment and when you leave treatment? Do you want to change? Are you scared to change?
9. What do you believe makes you strong? If you do not believe you are strong, how have you survived despite the trauma you have experienced?
10. What would someone that loves and/or respects you say about you? This can be a person (alive/passed) or a pet.
11. Create a timeline of your traumatic events. Begin at childhood and work towards the present. For each event, identify what you believe about yourself and the feeling(s) you experienced. You do not have to provide a long description of each trauma.

*Please note that you can be as creative as you like for these assignments. The objective is to complete the assignments and not to get too caught up in the execution.

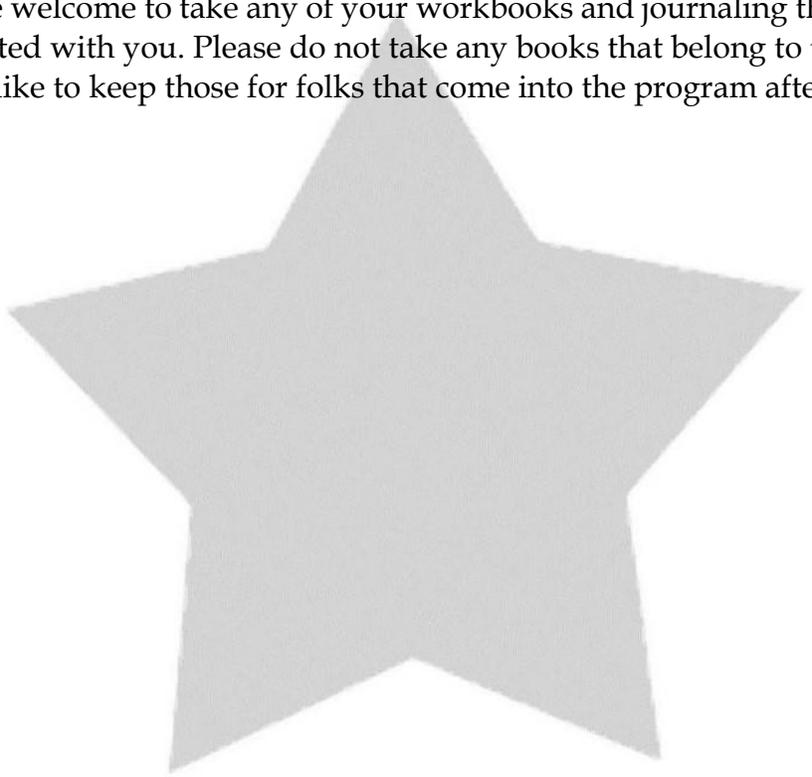
Discharge

Congratulations on having completed the Strong Hope Program. We understand the amount of work you have had to put in to reach this level in treatment. It's important to remember that this is not the end of your journey, but the beginning. We want to make sure we've provided you with enough tools to go confidently onto that next step. Your flight will either be arranged by your command or staff here at the program. You will receive your itinerary or flight information prior to departure. It is not uncommon to receive it the day before you are scheduled to discharge. Prior to discharge, you will receive notification regarding follow-up appointments that have been arranged for you to transition back to outpatient treatment. This plan will vary based on what is available in your local area and your individual needs. Your clinical team at your duty station will receive discharge paperwork including your diagnosis, discharge summary, psychological evaluation and any other pertinent information for continuity of care. We will arrange your transportation to the airport and you will pack your belongings the night before you leave. Your cell phone will also be charged so that you are able to use it upon discharge. Prior to leaving the facility, you will be asked to complete a variety of paperwork and participate in your coining ceremony. This will be an opportunity for you to symbolically close out your journey here at Strong Hope.

We at Strong Hope all want to congratulate you on getting this far in treatment!

Here are some additional considerations:

- Please ensure you receive any credit cards, cash or military ID that you brought with you to the program.
- Upon discharge if you would like to request any part of your medical record, you will have to fill out the Release of Information Form before you discharge.
 - Unfortunately, you will not be able to leave with your medical record in hand at discharge. This will be processed after your discharge and can be faxed, mailed, or emailed to you.
- You are welcome to take any of your workbooks and journaling that you have completed with you. Please do not take any books that belong to the unit. We would like to keep those for folks that come into the program after you.



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Trauma and Recovery, Judith Herman
Once a Warrior Always a Warrior, Charles Hoge
On Combat, Lt.Col. Dave Grossman & Loren W. Christensen
Untethered Soul, Michael Singer
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I Thought It Was Just Me (but it isn't), Brene Brown
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