



# Akeela KAR House

## Treatment Handbook

*Akeela, through its unified behavioral health programs, dedicates itself to building resiliency and wellness throughout the lifespan of all Alaskans.*

# KAR House

## *Philosophy*

I am here because there is no refuge,  
Finally, from myself,

Until I confront myself in the eyes and hearts of others.

I am running,  
Until I suffer them to share my secrets,

I have no safety from them.

Afraid to be known, I can know neither myself,  
Nor any other; I will be alone.

Where else but on this common ground  
Can I find such a mirror?

Here, together, I can at last appear  
Clearly to myself,

Not as a giant of my dreams,  
Nor the dwarf of my fears,

But as a man/woman, part of a whole,  
With my share in its purpose.

In this ground, I can take root and grow.

Not alone anymore as in death,  
But alive to myself  
And others.

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# Welcome to KAR House!

*An Akeela/Gateway Center for Human Services  
Residential Treatment Program*

KAR House is a 15 bed (11 beds currently due to COVID-19 restrictions), ASAM Level of Care 3.5 intensive, long-term program for individuals seeking treatment for substance misuse and have a desire to recover in mind, body, and spirit. The typical length of treatment is between 3-6 months. KAR House offers case management, individual and group counseling, which includes, but is not limited to: Anger Management, Moral Reconciliation Therapy, Dialectical Behavioral Therapy, Codependent No More, The Compass Series by Hazelden, The Basics by Hazelden, Encounter Chair, Relapse Prevention, Life Skills, Community Building. These are evidence-based treatments designed to provide residents with a comprehensive overview of addictive disease and recovery dynamics. KAR House provides residents supports through a staff of a Residential Program Manager, two on-site Substance Use Disorder Counselors, one Clinical Associate, and three full-time Resident Monitors. However, most of the personal change occurs thanks to the power of the community – the residents themselves.

KAR House provides a structured environment in which **accountability** and **responsibility** are emphasized, along with a daily routine of scheduled activities and program requirements. Resident participation is required in all aspects of treatment. The intensity of the treatment experience challenges residents to adjust and develop more effective coping skills to manage stress, anger, impulsivity, and other self-defeating behaviors. The purpose of KAR House is to help participants stabilize. According to Gorski and Miller, stabilization is a process in which people regain control of thoughts, emotions, and behaviors (1986). While residents are improving their coping skills, they are also redefining goals and values which will provide empowerment for living a productive lifestyle with a comfortable sobriety.

The policies and procedures outlined in this handbook assure the safety, security, and effectiveness of the KAR House treatment program. Many of our rules have been developed to comply with health and fire codes, while others have been put into effect to help keep the treatment environment safe. The rules and guidelines must be followed to ensure best outcomes of the therapeutic process.

Every resident is an active participant in their treatment team. Graduation from KAR House is determined on an individual basis, allowing people to heal at their own pace. However, from day one, residents are expected to take responsibility for themselves in terms of personal cleanliness, tidiness, and appropriateness of behavior. In addition, residents are afforded opportunities to become part of the community by acting on a work crew, working with a mentor, and completing items on the orientation phase checklist. KAR House is organized into phases. These phases must be completed to be considered a graduate. With each phase comes more responsibility. With more responsibility comes more privileges.

Finally, we want to thank you for letting us be a part of your journey. We hope you get what you need. Please read the information in these pages carefully as it will answer many of the questions you may have about your program and treatment. If you have any questions, see if they are in this book or ask your community relations leader. The recovery process can be very challenging and difficult at times; however, you will find the effort you put into it will be well worth the benefits you will receive.

*Welcome!*

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# Premise, Principles, and Goals

## *Premise*

Chemical dependency is a disease which can be arrested. Recovery is possible when the suffering person works a daily program of recovery of action, honesty, open-mindedness, and willingness. Recovery has been defined as a “return to health.” Health includes physical, mental, social, and spiritual.

## *Principles*

The Principles of Treatment are derived directly from the philosophical premises as described by DeLeon (2000). These values and principles of the treatment lifestyle are:

- Always demand the maximum from each person through challenges, which will enable him/her to test the limits of personal potential in all areas.
- Responsibility for participation in the treatment environment rests upon the individual who receives feedback, and this feedback promotes and reinforces behavior and attitude change.
- Everyone is responsible for his/her own behavior.
- Everyone is in control of his/her own destiny.
- Each resident sees him/herself best in the eyes of treatment peers.
- Trust, respect, and privileges are earned not given.
- Each person has a responsibility to others which transcends the needs of self.
- *(From KAR House, but still one of our principles) If you hear the same thing 3x, you are probably wise to pay attention. This is the 3x rule.*

## *Goals*

- Abstaining from using substances (both drugs and alcohol).
- Learning to control behavior, delay impulse gratification, and look at alternative choices for coping and situations.
- Accepting the idea of addiction as an illness indicated the need for help from others.
- Demonstration of a willingness to accept responsibility to self and others through participation in group activities and tasks.
- Learning effective and appropriate means of communication.
- Development of sufficient levels of responsibility to complete assisted tasks and methods for organizing the completion of those tasks.
- Learning to be responsible for seeing to the health and well-being of self and others.
- Contributing to the overall welfare and safety of the treatment environment.

*Akeela Inc. Clinical Policies and Procedures adapted from: DeLeon, George. The Therapeutic Community*

# What I Can Expect

## *Intake and Orientation*

Upon admission residents will meet with the Clinical Associate to fill out financial and other necessary intake paperwork and receive the phase-work packet. Residents also meet a Community Leader and an assigned Peer-Mentor.

Peer-Mentors help in accounting for the items brought into KAR House, in addition to answering questions and assisting residents in getting to know the program and ensuring residents have necessary items for community living. Residents will also meet with their assigned Primary Counselor to begin establishing a therapeutic relationship and to develop an initial treatment plan.

### COVID-19 Mitigation Update

*Akeela recommends that all staff receive COVID-19 vaccine.*

*Vaccine information can be found at this link:*

*<http://dhss.alaska.gov/dph/Epi/id/Pages/COVID19/vaccineappointments.aspx>*

*Completed vaccination records should be provided to human resources.*

*Akeela staff, clients and visitors are required to follow local, state, and federal mandates at all times when on Akeela property.*

*All staff, residents, and visitors are required to always engage in the following universal precautions:*

*In an Akeela facility:*

*All clients, staff and visitors should use hand sanitizer when entering an Akeela facility each time they enter from outside. If hand sanitizer is not available, each person entering an Akeela facility is required to wash hands each time they enter the facility.*

*Thermal temporal scanner temperature taken for all individuals entering an Akeela facility. Admittance denied if the individual has a temperature of 100.4 or higher.*

*On April 2, the CDC announced that “fully vaccinated people can visit with other fully vaccinated people indoors without wearing masks or physical distancing.” The CEO, COO and CCO will make determinations by program and by department on how best to apply this new guidance. If it is determined that your program and department will follow this guidance, this guidance will only apply to staff who are fully vaccinated and have turned in a copy of their vaccination card to human resources. If one staff member is not fully vaccinated in a 1:1 or a larger meeting, all individuals including the vaccinated individuals must wear a mask.*

*All clients and visitors must wear a mask while on Akeela property and all in person outpatient clinical activities must include masks regardless of vaccination status. Clinical directors may require masks for residential clients as needed.*

*Staff must continue to wear masks in common spaces, e.g., hallways, elevator, bathroom, etc.*

*All in state and out of state business travel must be approved by CEO or her designee.*

*Staff must follow Alaska travel mandates when traveling outside of the state or when flying.*

*Staff should go home immediately and not return to work if they have developed symptoms of a respiratory infection, e.g., cough, sore throat, shortness of breath, fever. Staff may return to work when they are symptom free.*

*If staff require a covid-19 test due to travel, symptoms, known direct exposure or public health/medical referral, staff may return to work with a copy of their negative result.*

*If staff test positive for Covid-19, staff must immediately notify supervisor. Supervisors will work with Directors to initiate contact tracing activities. Staff may return to work 10 days following the date of their positive test with a copy of their negative test result. In some instances, the Clinical Director may allow a staff member to return with a medical clearance.*

*Clean and sanitize the surfaces in your offices and clinical spaces after using.*

*Large staff meetings will be held via zoom video platform when possible.*

*Staff are to avoid all human contact with other staff, clients and visitors and should remain 6 feet from each other when at all possible, except when noted by CEO, COO, or CCO.*

*Clinical Directors will make program level decisions around which staff are on site, which services are virtual/ on site, and decisions related to residential admission, isolation protocols, visitation, and community appointments/ activities, aligned with the Governor's public health emergency declaration.*

*All Akeela staff, visitors and outpatient clients must sign in and out of all facilities providing the following information: name, time in, time out, temperature to assist with contact tracing.*

# What Items Should I Bring?

Residents are allowed two large pieces of luggage and two “carry-on” bags; all of which will be debriefed by staff upon arrival to the facility. Due to COVID-19 restrictions, residents are escorted to their assigned Isolation Room upon entry to KAR House. Following the 14-days of quarantine, residents are assigned to a room which is a shared space with a maximum of two others. You should consider wisely what you will need daily. This includes clothing, hygiene items, toiletries, and items from home which will help feel comfortable in this new environment (i.e., a blanket, pictures, etc.) ***Do not bring any items which lists alcohol in the first three ingredients.*** We recommend the following items; however, the list is not all-inclusive, and items are not a requirement for admission. Staff reserves the right to confiscate items deemed to be dangerous or inappropriate for treatment at intake or during other debriefing processes.

- Clothing- pants, dress outfit, underwear, bras, socks, shoes, short sleeved shirts, long sleeved shirts, fitness/comfortable clothes, work clothes, shorts, pajamas, slippers, sneakers, dress shoes, jackets/hoodies, sweaters
- Hygiene- ***(no alcohol listed in the first three ingredients)*** makeup, hair accessories, brush/comb, toothbrush, toothpaste, shampoo, conditioner, body soap, lotion, towels, washcloths.
- Miscellaneous- journal, non-internet music device, headphones, coloring pages, fitted sheet, flat sheet, comforter, pillows, etc., benefits card, insurance card, birth certificate, social security card, ID, driver’s license, pictures, stuffed animal, day planner.

KAR House staff are not responsible for your property should an item become lost or broken. We recommend leaving expensive jewelry or precious items with a safe support member outside of treatment.

## *Visitation*

KAR House Visiting Hours for Approved Visitors:

Saturdays: 1:00 pm - 4:00 pm Regular visiting  
Sundays: 9:00 am - 12:00 pm Regular visiting

KAR House residents can connect with family via Zoom when they are eligible for privileges.

Personal items may be delivered during these times even if no face-to-face visit is attached to the delivery.

Residents are responsible for submitting proposals for visiting considerations on their weekly calendar, which is due to the community relations lead every Monday by 9:15 pm. If turned in late, the request will be denied, but may be submitted again the following week.

Approval is granted on a case-by-case basis and is at the discretion of the KAR House treatment team.

*Visitors are subject to ALL Akeela policies and procedures.*



# Policies

## Packages and Mail Policy

### *Debriefing*

Everything entering the program for residents and/or by residents is to be debriefed by the resident and a staff member. Items will be logged onto the Incoming Valuables Form.

*COVID update: Residents in quarantine will not be allowed to be present for the debriefing. Their mentor and a staff member will debrief the items.*

### *Drop Offs*

Residents may have friends and family members bring items to KAR House during visitation hours, approved on a case-by-case basis and at the discretion of the treatment team. Items are dropped off at the front door and are debriefed by both the resident and a staff member.

### *Mail Delivery*

Mail delivery (including packages) to KAR House residents is available after 3:00 pm. You are expected to submit your outgoing mail to a staff member during non-scheduled activity times.

### *Outgoing Mail*

Residents are responsible for their own postage costs. All letters and mail are subject to inspection.

### *Upon Discharge*

When treatment is completed, residents are responsible for notifying anyone who may have been sending you mail of your change of address. The post office will not accept an individual change of address form from an agency.

*If a resident decides to leave treatment against clinical advice, they have 48 hours to contact the program to arrange the pickup of your mail and other belongings. After one week, the items will be donated.*

## *Confidentiality*

Confidentiality means “entrusted with confidence of another.” A confidentiality violation is cause for discharge.

Residents must have completed an ROI for each person or business they give this number to for us to take a message. If there is no ROI, staff will not be able to confirm or deny your presence.

Using residents’ names on the telephone or in other forms of communication is prohibited. Information shared in the KAR House community, stays in the KAR House community.

# Dress Code Policy

Akeela Inc. has a semi-formal dress code for its residential facilities. Residents are expected to always look appropriate; expected to maintain a neat, clean personal appearance and good hygiene. Residents are expected to wear clothing appropriate for the weather and adequately covers the body. Underwear is not to be showing.

Residents are not allowed to be barefoot or go without appropriate footwear at any time in the facility.

Residents are expected to always wear shoes. Pajamas are not to be worn during business hours. No hats, headgear, sunglasses, and hoodies pulled up are to be worn inside the house. Pants are to be pulled up to waist level. Spaghetti-strap tank tops: sleeveless shirts are to be covered. Clothing which displays or promotes alcohol or drug-use is not allowed in the treatment facility.

*COVID update: Masks are to be always worn upon leaving the building and are to be always worn appropriately.*

# General Supports Policies

## *Computer Use*

Computer use is permitted with a signed permission form which states the purpose of the computer use (research, business, homework assignment, etc.), how long you wish to use the computer, and any other pertinent information. Residents are to submit the permission form to the Clinical Associate/Resident Monitor and can expect to be attended to at the discretion/timeliness of the staff.

## *KAR House Safe*

Residents' wallets, cell phones, monies over \$20.00, important papers, and anything of value will need to be signed in and out of the KAR House safe with a staff member. Please plan accordingly.

## *Medications*

All medication (including over the counter medications) will be kept in the medication cabinet behind two locked compartments (except for inhalers). Residents who are prescribed medications through an outside prescriber are expected to responsibly comply with their regime. All prescribed medications are to be taken as directed by the prescriber. Failure to do so will result in an increase of therapeutic interventions. Over the counter medications are to be taken as directed on the bottle. Narcotic drugs are avoided while in this program. If deemed necessary by a medical professional, the resident will be required to participate in a safety-plan with their Primary Counselor. If the resident is unable to follow safety-plan, they could be staffed for discharge.

Akeela Inc. policy mandates a 2mg maximum for Melatonin. If a resident feels they need more, they must contact their medical provider and request it be prescribed.

Akeela Inc. policy also mandates nicotine products may not be donated from one resident to another. If you require nicotine products, call the QUIT line, or talk to your medical provider.

Medications are stored behind two locked compartments in the main office. All medication is to be taken as prescribed and during designated medication times, unless otherwise directed by a medical provider. Residents are responsible for contacting a KAR House staff member before they are prescribed any narcotic medication and are also responsible for delivering medication changes in writing to staff.

Following are the medication times. Medication times are subject to change dependent on the needs of the program.

<b>Monday through Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
6:00-7:15 am	6:00-7:15 am	6:00-8:00 am	6:00-8:00 am

12:25-12:55 pm  
5:20-6:00 pm  
9:00-9:30 pm

12:25-12:55 pm  
5:20-6:00 pm  
10:00-10:30 pm

12:25-12:55 pm  
5:20-6:00 pm  
10:00-10:30 pm

12:25-12:55 pm  
5:20-6:00 pm  
9:00-9:30 pm

Before taking medication, residents approach the window with water and inform staff what medications they need so staff can document appropriately in the Medications Binder. Residents are expected to take their medications either at the window or inside the office, depending on the route of administration and are also expected to place their initials inside the logbook.

*Medications are counted twice in the evening shifts to ensure compliance.*

## ***Mental Health***

Akeela KAR House staff work closely with the Akeela Gateway Center for Human Services to provide the best quality of care for those with mental health issues. Services can include psychiatric medications and/or mental health counseling. If a resident is interested in mental health support through Akeela/Gateway Center for Human Services (or another agency), please inform your Primary Counselor and a referral will be made.

## ***Passes***

Passes are a privilege to be earned while in treatment. They are granted in accordance with phase privileges, as well as individual needs and treatment planning. ***Phase placement does not guarantee permission will be granted.***

Residents submit weekly passes within the schedule to the Community Relations Lead by 9:15 pm on Monday of each week. Pass requests should cover the span from Tuesday of the current week through Monday of the following week. Requests for passes need to be completed to leave the property for all reasons. It is important to plan for your needs.

The following is a list of examples to keep in mind to help with planning in advance:

- Medication prescriptions: Residents are expected to request a pass at least 1 week before running out of medication. An “emergency” pass request will not be granted for medication refills because of a lack of planning.
- Supplies: Residents are expected to plan and purchase supplies if you have the financial resources to be self-supporting. Otherwise, needed supplies may be placed on the shopping list for the weekly shopping excursion. If you do not have financial resources to purchase your own supplies, do not submit a pass request to go shopping. An “emergency” pass request will not be granted for running out of supplies because you did not plan.
- Privileges: This includes church, AA/NA, and other group activities.

Staff fully understands life happens and, in those circumstances, we will assist, as necessary.

Residents are expected to sign-out and sign-in and adhere to the times/places on your calendar. If residents do not sign-in by the designated return time, they are considered as “leaving treatment without permission”, which warrants natural consequences. If a resident sees they are going to be late, they are expected to call KAR House staff at 225-3510. Calling staff does not automatically exempt you from receiving natural consequences.

It is essential you receive plenty of rest while in treatment. Therefore, passes extending beyond 9:15pm will not be approved during Phases 1, 2 and 3.

*COVID 19 update: A maximum of three peers may go on an outing together. Residents are not to go anywhere people are in groups larger than 5.*

## *Peer-Support on Pass*

Residents on Phase One, Two, and Three are required to take a Peer-Support with them on all passes, both personal and business. Effective communication is needed when discussing future planning. Exceptions will be approved by treatment team in advance. The purpose of peer-support is to provide an accountability partner. All residents are subject to search and UA (*Follow KAR House structure to get passes approved*).

### *Rules while out on pass:*

*Sign-in and sign-out in the logbook.*

*All house rules apply while out on pass.*

*Check the passbook to ensure your pass is in there and signed by staff.  
If you run into family/friends while on an outing, follow the "Hi/Bye" rule.*

*Phone calls to KAR House only unless otherwise approved by treatment team.*

*All conversations must be supported by your peer support and should not occur with unauthorized individuals or individuals without an ROI on file at KAR House.*

*Must turn in medical documentation if attending a medical/dental/mental health appointment.*

*Always stay with your support.*

*No purchases are allowed unless pre-planned (Phase Four).*

*Check-in calls every two hours. Calls need to be made to KAR House if you are going to be late and request an extension to your pass.*

*If mistakes were made while out on pass drop these negative contracts immediately.*

It is important to remember, while out on pass you are representing Akeela KAR House and people in recovery. You are here to make positive behavior and attitude change; therefore, what you do and say off property should reflect this integrity.

## *Room Searches*

Room searches are conducted regularly at KAR House. Two staff members or one staff and the Communications Lead will conduct the search and document both the purpose and the outcome. Additionally, personal shopping bags or items delivered to residents will be debriefed.

## *Telephone Use*

Residents are permitted daily phone calls to approved contacts after the Orientation Phase. Approved contacts are discussed with your Primary Counselor. A release of information (ROI) must be in place prior to making or accepting telephone calls. The Clinical Associate will assist you in learning how to complete an ROI form. Once a person has become an approved contact and the resident has phone privileges, there are designated phone-call times each day to allow for communication with supportive parties. Using the names of your peers breaks confidentiality.

Opportunities to make phone calls will be from either the landline or the House Phone. Phone times are in 15-minute increments. However, when appropriate, allowances can be made to facilitate special needs. If this occurs, the next resident will get their full 15 minutes. Signing up for phone-time is to be prior to 5:45pm each day. The sign-up sheet is in the hallway at the top of stairs. Telephone calls are made during 6:00pm and 8:00pm. Residents on Phase 4 and Transition may use their personal cellphone during telephone time. If you experience any difficulties regarding telephone use, speak with your Primary Counselor. Radios may not be played during phone time, but headphones are allowed. Talking loudly during telephone time is considered disrespectful.

The cellphones should be placed in the safe before and after being signed out. When residents are signing out their cellphones, the staff person is to log the phone out and back in upon return. Residents are still responsible for documenting who they called on the telephone list and for charging the cell battery during this two-hour period.

***For residents on Phase Four, cellphones may be checked out from 8:00am to 8:00pm.***

Cellphone/House Phone Times  
Mon-Friday 8am - 9am (Appointments)  
Mon-Friday 3pm - 5pm  
Sat-Sunday 6pm - 8pm

## UA Policy

At admission, every KAR House resident signs a Consent for Treatment form agreeing to remain abstinent from the use of mood-altering chemicals (including alcohol) not prescribed by a physician during treatment. The resident also agrees to participate in random urinalysis and/or oral swab testing and upon request by program staff to provide a sample for testing.

It is the policy of KAR House to administer urinalysis/saliva screen tests as necessary and on a random basis. A staff member administers the UA/oral swab screen to ensure the integrity and effectiveness of the program. A staff member will observe the collection of a urine sample to ensure a proper chain of custody of the specimen.

The UA/oral swab may be administered if:

- You are suspected of using alcohol, drugs, or appear to be under the influence.
- You request a UA to satisfy an agency such as Office of Children’s Services, Department of Corrections, Alaska Safety Alcohol Program, or one of the Therapeutic Courts.
- On a random basis
- If you have missed an assigned group, session, or other intervention.
- All residents are tested for a baseline upon admission.

Although UA/oral swab testing may be required at any time during treatment, residents are required to adhere to the urinalysis testing requirements as ordered by any outside agency they may be involved with. If required by the referral agency and a valid release of information is completed, all test results are reported to the referral source.

If a resident provides too little of a specimen for testing (less than an inch of urine) they will have to wait in the staff office and provide another sample as soon as possible. They cannot leave the staff office before they provide the next sample, or it will be considered a positive.

Residents who “drop,” “pour out,” or otherwise tamper with their UA sample will need to wait in the staff office and provide a new sample as soon as possible. They will also be assigned additional interventions to address the behavior by their primary counselor, which can include discharge.

Residents who report they cannot provide a UA sample need to wait in the staff office until they can provide the sample. If they leave the area or facility then it is considered a refusal to provide the specimen, and a positive, which can result in

increased treatment interventions. Additionally, residents are allowed no more than 8 oz. of water when called to provide a UA specimen.

A Urine Analysis result is not considered positive by the program until it is verified by the laboratory. The UA test results, if preliminarily positive, will be confirmed by the laboratory and results with levels will be sent to the program.

Any amount of substance which shows positive above the laboratory's cut off level is considered positive; this is consistent with the National Drug Court Institute and the cut off levels of the Department of Health and Human Services.

It is each resident's responsibility to ensure a negative UA test. This can include the following:

- Abstaining from drugs and alcohol
- Informing Primary Counselor of all prescriptions before they are taken and providing doctor's notes and prescription copies promptly to KAR House staff.
- Abstaining from any substances may alter your UA test results. False positives are statistically unlikely and extremely uncommon. Use of the below substances will not be considered valid excuses for a positive UA as we cannot prove your positive UA results are due to the below items. These include but are not limited to:
  - Any poppy seed products
  - Ingesting Hemp products
  - Nyquil or other medications with alcohol
  - Non-Alcoholic Beer
  - Alcohol based hand sanitizer (ingesting it or pouring it into the UA cup etc.)
  - Alcohol based sauces or foods
  - Some energy drinks.

You are responsible before use of any substances for asking if they have any side effects which may include the remote possibility of false positives on UA testing and choosing not to take those substances.

A dilute specimen is considered a positive. The program uses the National Therapeutic Drug Court standards for a dilute which is under 20 ng of creatinine, meaning there is more water in your urine than urine and cannot be confirmed positive or negative. A tampered with UA is considered a positive.

A positive UA does not mean an automatic discharge from the program; however, the program will reassess for increased structured intervention with your Primary Counselor and the treatment team and modify the treatment plan accordingly.



# Treatment and Discharge Planning

## *Initial Treatment Plan*

Each resident develops an Initial Treatment Plan (ITP) within 24 hours of admission with a clinical staff member. The goals and objectives of this initial treatment plan are very simple and focus on learning the program. Residents cannot begin formal treatment until this first treatment plan is signed.

## *Behavioral Health Treatment Plan*

Within 14 days of admission to the KAR House, additional risk assessments will also need to be completed. Then, a Behavioral Health Treatment Plan (BHTP) can be created. This plan includes personal goals of the resident as well as goals the Primary Counselor suggests for a better therapeutic outcome.

## *Special Plans*

Sometimes in treatment there arises a need for a specialized plan, a time specific set of interventions added to a treatment plan to address a specific high-risk behavior or an unexpected change of events. These special plans are brief, measurable, and objective; often outlining the minimum tasks needed to complete to remain in compliance with treatment, maintain safety or increased intervention to address an identified high-risk behavior or event.

Examples of special plans can include:

- Medical Plan
- Travel Plan
- Incarceration Plan
- Funeral Services
- Safety Plan

## *Treatment Plan and Discharge Plan Reviews*

The treatment team meets weekly to discuss resident progress through treatment. During these meetings, the team reviews the progress residents have made and additional recommendations. Treatment plans are scheduled for review every 90 days; however, resident progress is monitored daily.

# Types of Discharges

Discharge planning begins at admission. The treatment team determines an expected discharge date and plan. The discharge plan tells a resident's general story about the treatment experience and clinical recommendations for aftercare.

## *Graduation*

This means the program has been successfully completed as evidenced by program phase completion work. With the privilege of being a graduate of the KAR House program, residents are welcome to come back at *any time*. Residents have come back for groups, someone to talk to, celebrations, or just to remember where they came from.

## *Administrative Discharge*

This means the resident did not successfully complete the treatment goals identified on the treatment plan. Discharge types include:

- Akeela KAR House staff asks a resident to leave the program due to refusal to comply with treatment recommendations.
- A resident leaves treatment Against Medical Advice (AMA) or Against Treatment Advice (ATA).
- Akeela KAR House staff asks a resident to leave the program due to their reaching "maximum benefit" from the program - This resident cannot benefit from further KAR House treatment at this point. This is not equivalent to a graduation.
- Resident leaves on own, either with or without satisfactory progress
- Resident is referred to another facility for health reasons.

# What Will My Schedule Look Like?

KAR House uses a daily program schedule to guide residents through their treatment day. Attendance and accountability (Suit Up and Show Up) are critical components to treatment and ongoing noncompliance will result in natural consequences.

All residents are required to attend 20 weekly hour's minimum of group services, and one individual counseling session per week to follow the program. Attempt to schedule medical, dental, case management, or mental health appointments outside of group time.

In addition, every resident is expected to submit a weekly calendar which specifically lists day's activities plus any requests for the week. Calendars are to be submitted to the community relations lead every Monday by 9:15 pm so they can be reviewed by the leads and the treatment team Tuesday morning.

All residents are required to have a "clinical contact" every day. If a resident is sick or excused for an approved reason, it is the resident's responsibility to put in a request to receive a clinical contact for the day, they are excused.

*COVID update: Residents in quarantine will receive one 15-minute telephone call from a member of the treatment team. Residents in quarantine are encouraged to communicate regularly with their mentor. The mentor may have the privilege of accessing their cell phone in between the hours of 3-5 to be able to communicate with their mentee.*

# Groups, Sessions, and Extra Activities

## *Case Management Sessions*

There are many resources which can assist in sobriety and KAR House's Clinical Associate is prepared to help you explore options which can make your stabilization process easier. Appointments are available up to three times per week.

## *Community Building*

Community Building group provides residents the opportunity to apply learned recovery skills as they participate in scheduled community outings, peer-run games, and therapeutic community bonding activities, as well as making sober connections to people outside of treatment.

## *Public Health*

Public Health takes one Tuesday a month from 1:00pm to 3:00pm to provide additional education and support the KAR House community.

## *Exercise*

Participation in exercise of some kind is recommended as part of treatment. To be excused from exercising requires a medical excuse from a doctor. An exercise program is essential in the recovery process, reducing stress, increasing self-confidence.

## *Individual Sessions*

Each resident will have a 30-60-minute individual session per week with their Primary Counselor.

## *Inspiration Meeting*

A peer led group to assist the community in starting their day off on a positive note. Residents share after recovery readings, report goals for the day, discuss gratitude, awareness of what was discussed in council meeting with staff and among community, and conflict resolution, and close with a meditation.

Every Monday during Inspiration Meeting, the Community Relations Lead will ask for volunteers who wish to build upon their individual goals of accountability and responsibility for the following activities.

1. **Room Checks:** Completes daily room checks to ensure the bedrooms are at standard. There is a check list available in the front office. For room checks, all residents, except for the resident responsible for breakfast are expected to stand outside their doorway for inspection. Beds need to be made, trash emptied, room clutter free. There is a form to be utilized for room checks.
2. **Temps:** Completes daily fridge and freezer temp documentation in the morning and at night. Akeela cannot stress how important this chore is; it helps keep KAR House open and in compliance with federal code.
3. **Microwave:** Ensures the microwaves are clean and ensure the coffee pots are emptied by 10:00 am.
4. **Progress Notes:** Responsible for collecting progress notes after every group, unless the Primary Counselor specifies otherwise. Progress notes are each resident's opportunity to disclose what you learned from the group, and how the information relates to your recovery or treatment plan goal.
5. **Cross Talk:** Speaks "Cross Talk" if community members are talking over one another.
6. **Meditation:** Plans on leading daily meditation directly after inspiration meeting and can plan on having the space for about 10 to 15 minutes.
7. **Sanitation:** Responsible for keeping KAR House sanitized. They will wipe down all common area surfaces, such as door handles, cabinet doors, all door handles, light switches. They will wash all rags which are in the crate by the kitchen trash and ensure there is hot, soapy water, rinse water, and the bleach water in sinks between the hours of 7:15 am and 7:30 pm.

## *Mandatory Clinical Groups*

These are clinical staff facilitated groups required for all participants in the program to attend and participate in.

### *Meals*

Residents are responsible for preparing their own lunch. The upstairs lead is responsible for planning and facilitating all other meal preparation. Meals are planned weekly and food items will be purchased Friday morning. No other food may be purchased during the week. Residents with special dietary needs should communicate these needs to leadership so special accommodations may be made. If a resident does not appreciate the meal being served, they may eat a piece of fruit, peanut butter, or crackers kept in the dining hall. Meal Call begins when the last person sits at a table. All residents must be present for the 18 minutes unless an approved pass is in place and are responsible for their own clean up after meal preparation, including washing, rinsing, and sanitizing their plate, bowl, cup, and silverware. Snacking between meals is discouraged.

***COVID update: The paper and plastic ware is only for residents in quarantine. Mentors are responsible for serving them. Residents in quarantine will place their paper and plastic ware in their trash can. Once the trash bag is full, they will place it outside their room and the mentor will dispose of it appropriately.***

### *Movies*

Fridays and Saturday evenings are reserved for movie nights in between the hours of 8:00pm-10:00pm. Due to the complex background of many residents, watching movies with realistic portrayals of graphic violence and/or

situations involving drug use can be triggering. As such, only movies with a PG13 rating or below will be approved for viewing. Treatment related videos and Ted Talks can be viewed during the week, with permission.

## *Weekly Wrap Up Group*

This resident led group is facilitated by the Sergeant of Arms. Lovingly known as TGIF (Thank God I am Free), this group is designed to end the week on a positive note by reviewing the week's successes and "PUSHING UP" those who were dedicated in their treatment and demonstrated a good understanding of healthy living. To be eligible for a TGIF, residents must give a minimum of three Push-Ups during the week. If you draw a TGIF, then you get to choose a prize from the peep basket.

## *12-Step Recovery Meetings*

Ketchikan is home to meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, and Overeaters Anonymous. KAR House hosts AA meetings on Monday's at 6:30 pm and Narcotics Anonymous meetings on Wednesday's and Thursday's at 8:00 pm. Attendance and participation in these meetings are part of treatment structure. Outside visitors will need to request clearance to attend these meetings.

Since the AA meeting occurs during phone time, residents may respectively leave and return to the AA meeting according to the time requested on the phone sign-up sheet.

All residents who attend outside meetings must plan on their weekly calendars and return with a signed attendance sheet.

Residents are encouraged to obtain and actively engage in a healthy recovery relationship with an AA/NA sponsor by transition phase.

# KAR House Schedule

## *Monday through Friday*

Med-Call - Ends at 7:15am  
Room Checks 7:15am  
Breakfast 7:30am  
Community Council 7:50am  
Cell phone/House phone time for scheduling appointments 8:00am - 9:00am  
Council meets with clinical staff to discuss community business 8:15am  
Calendars, including passes and visitors are due to staff by the president every Tuesday morning 8:15 am  
Inspiration Meeting 8:45am  
Meditation 9:30am  
Group Comprehensive Support Service 10:00am -12:00pm  
Lunch 12:00pm - 1:00pm  
Med-Call 12:25pm - 12:50pm  
Group Comprehensive Support Service 1:00pm - 3:00pm  
Cell phone/House phone time - 3:00pm - 5:00pm  
Individual Comprehensive Support Services 3:00pm - 5:00pm (but may vary)  
Fight Club (Tuesday) 3:30pm-5:00pm (**Currently suspended due to COVID**)  
Dinner 5:00pm  
Chores 5:30pm  
Residents must sign-up for phone-time by 5:45pm each day  
Med-Call 5:20pm - 6:00pm  
TGIF 7:00pm  
AA meeting (Monday) 6:30pm - 7:30pm  
NA meetings (Wednesday, Thursday) 8:00pm - 9:00pm  
Med Call 9:00pm - 9:30pm  
Movies (Friday and Saturday) 8:00pm - 10:00pm  
Lights Out by 10:00pm Mondays thru Thursdays

## *Saturday*

Med-Call - Ends at 8:00am  
Room Checks 8:15am  
Breakfast 9:00am  
Breakfast Clean-Up afterwards  
Group Comprehensive Support Service 10:00am - 12:00pm  
Lunch Hour 12:00pm  
Med-Call 12:25pm - 12:50pm  
Saturday Visitors or Passes 1:00pm - 4:00pm  
Dinner 5:00pm  
Landline phone time 6:00pm - 8:00pm  
Lights Out Fridays and Saturdays by 10:30pm

## *Sunday*

Med-Call - - Ends at 8:00am  
Room Checks 8:15am  
Breakfast 8:20am  
Breakfast Clean-Up afterwards  
Group Comprehensive Support Service 10:00am - 12:00pm  
Lunch Hour 12:00pm  
Med-Call 12:25pm - 12:50pm  
Sunday Visiting or Passes 1:00pm - 4:00pm  
Dinner 5:00pm  
Chores after dinner      Landline phone time 6:00pm - 8:00pm      Lights Out by 9:30pm

# House Tools

Every aspect of what transpires at KAR House is considered “treatment”. Every activity, lesson, conversation with another, looking in a mirror, following the structure and rules is considered “treatment”. A person cannot serve their addition and their recovery (a return to health) in the same breath. Through daily participation in the community, residents learn by their actions to use all the elements of the community for healing.

## *Behavior Contract*

A Behavior Contract is the final step in addressing a repeated behavior, a behavior which may be blocking them from change. The Behavior Contract outlines the self-destructive behavior and a SMART plan, signed by the Primary Counselor and the resident. If the resident chooses to disrespect the contract, other treatment options can be explored. Residents on a Behavior Contract can expect a complete loss of privileges.

## *Commitments (Assigned by Pull-Up committees)*

Commitments are consequences received from a pull up committee for behaviors or attitudes which need to be changed. Most often commitments include skill building, cognitive re-structuring, use of coping imagery, and role-playing.

## *Encounter*

Encounter Chair can be one of KAR House’s most powerful groups. Residents can share their stories to increase connectedness among the community by giving and receiving feedback. These groups can also randomly occur to assist the program in running a clean process and to solve community problems. Encountered residents can increase awareness of relapse tendencies, personal strengths, and perhaps see into their “blind window”, seeing something they may not have seen before.

### *Rules of Encounter Group*

No sleeping or dozing  
No getting up and walking out of group without permission  
No mints  
No red crossing/rescuing  
Keep your feet on the floor and hands in your lap.



## *House Closure (Assigned by staff)*

House Closure is a period which the house is expected to take root and every individual is to plant themselves. House Closures tend to happen when there the disease is prevalent in the community. Privileges are denied to all residents until resolution.

## *Mediated Sit Downs*

When there is a conflict between community members, it is suggested a mediated sit-down take place. The Leads facilitate these mediations. However, if a solution is not reached, staff will need to mediate the sit down. Other acceptable times would be during community building or process group.

## *Peer Bans*

Prohibited to talk or have anything to do with another person(s).

## *Positive Reality Checks*

When a resident is succeeding in accomplishing their treatment plan goals consistently, while also carrying themselves as a role model of the community, then a positive reality check can be done to reinforce the positive behavior.

## *Privileges (Assigned by Staff)*

A privilege is an earned reward based upon personal progress in treatment. Most privileges are associated with phase changes.

## *Pull-Ups*

Pull-Ups are used in the community to address a peer's negative behavior. This tool is important in addressing one's negative behaviors with assertive communication. They serve the resident and the community to keep both safe and healthy. Commitments are assigned by the Pull-Up Committee on a case-by-case basis.

## *Push-Ups*

Push-Ups are designed to balance Pull-Ups. Empowering one another by "pushing each other up" on positive behaviors which have been witnessed assists one another in building self-esteem and confidence. Use the Pull-Up form, but circle Push-Up instead of Pull-Up.

## *Reality Checks*

When a resident is having severe relapse warning signs and appears to be regressing in treatment, a reality check can be performed. Staff can either facilitate or co-facilitate these reality checks with residents. This house tool is to increase the resident's awareness on those targeted behaviors.

## Program Rules and Expectations

“KAR House is a drug, alcohol, tobacco, weapons, violence, and punishment free environment.”

These rules and guidelines ensure the safety and health of the community and provide a structure to ensure residents understand the behaviors which are approved and/or disapproved by the community.

## Cardinal Rules

The purpose of Cardinal Rules in the Therapeutic Community is to protect the community itself. Cardinal Rules guard the integrity of the community, protect against dangers to the community, and ensure physical and psychological safety for community members (De Leon 2000).

### *Alcohol, Marijuana, and Illegal Drugs*

Alcohol, illegal drugs, non-accountable drugs (medications used without a valid prescription), or any other mood-altering substances (i.e., marijuana, kratom, kava, Dust-Off) are not allowed on KAR House property or in KAR House vehicles. There will be no use of alcohol or non-accountable drugs by residents while in treatment. A mandatory urine analysis, mouth swab, and/or breathalyzer may be required at any time.

### *Smoking and other Tobacco Products*

Akeela is a Tobacco-Free environment. There is NO smoking or use of tobacco products including E-cigarettes while enrolled in treatment at KAR House. Nicotine products are available during only med-call times. However, if you choose a patch for the day, no other nicotine products can be dispensed. Residents are expected to taper off nicotine in their phase work.

### *Firearms, Weapons and Ammunition*

Under no circumstances may any firearms, weapons and/or ammunition be brought on Akeela property or in Akeela vehicles.

### *Violence, Threats of Violence, or Intimidation*

Fighting, violence, threats of violence or acts of intimidation against staff, residents or others is not allowed.

## *Awareness without Action*

Residents with awareness of rule violations who take no action regarding the safety of their peers or their community are held to the same standard as the one who directly violated the guidelines.

# Major Rules

Rules have a purpose: to ensure the safety and the bio-psycho-social health of the community. They provide a structure to ensure community members understand approved and disapproved behaviors. Major Rules target behaviors the Therapeutic Community is dedicated to change, creating opportunities for residents to learn are a goal of the Major Rules.

Violation of Major Rules will result in Pull-Up processing and increased interventions. If a Major Rule is broken to the extreme, a resident may be automatically discharged. Major Rule violations are not only expected, but they are a necessary vehicle for Corrective Actions to take place. If rules are not being broken and residents are not being confronted, then change is most likely not taking place among community members. This list is not intended to be all inclusive and is revised by staff as needed for the maximum therapeutic benefit.

- Theft
- Escalating beyond the point of control
- Racial, ethnic, sexual slurs
- Gambling
- Disrespect
- Negative contracts
- Forming cliques
- Destruction of property
- Glorifying, war stories, jail talk, gossiping, or campaigning.
- Intentional manipulation of the rules.
- Isolation
- Cell phones or internet capable technology
- Being late for groups and treatment activities
- Sexually acting out with peer
- Missing medication time
- Not taking medication as prescribed
- Not participating in assigned treatment
- Leaving the program property without accountability
- Walking out on groups or job functions
- Lying or withholding the complete truth
- Breaking structure
- Care taking
- Presuming privileges (entitlement)

- Unhealthy / intimate relationships between residents
- Poor attitude (complaining, blaming, nagging)
- Arguing with staff
- Possession or use of tobacco products in Therapeutic Community
- Negative contracts
- Not bringing back an accountability slip from outside appointments, including 12-step meetings

# House Rules

House Rules are norms for a specific Therapeutic Community.

Violation of House Rules will result in Pull-Up processing and increased interventions. If a Major Rule is broken to the extreme, a resident may be automatically discharged. Major Rule violations are not only expected, but they are a necessary vehicle for Corrective Actions to take place. If rules are not being broken and residents are not being confronted, change is most likely not taking place among community members. This list is not intended to be all inclusive and is revised by staff as needed for the maximum therapeutic benefit. Keep your room to standard.

- Be a team player on your work crew.
- Inform counseling staff if you need to leave group or job. All job functions must be turned over to a debriefed peer before leaving the facility.
- Maintain a neat, clean personal appearance and good hygiene. Shoes are required. Dress like you would for a job: treatment is work.
- Eat only during mealtimes. If you need something sooner, there is fruit, peanut butter, nuts, and crackers in the dining hall.
- All food preparation standards are to be always followed in the kitchen.
- No leaving kitchen until excused after meal cleanup.
- All confrontation and response to confrontation is to be respectful and appropriate.
- No horseplay
- 2:1 Rule: For every two residents in one room, a third person must be present.
- Ask before using the copy machine.
- All food in the refrigerator must be properly labeled with a name and date.
- Food is not to be left in the refrigerator for more than 72 hours.
- Stay together during all community outings, buddy up.
- No shoes or lounging on the couches.
- Residents may not listen to music which promotes violence or criminal activity or glorifies addiction in the residence at any time.
- Honor verbal directions.
- No more than \$3.50 is to be borrowed, lent, or donated without running it up structure. This includes money as well as items.
- Personal spending money up to \$20.00 may be kept on your person. Any amounts larger than \$20.00 remains in the safe.
- Cell phones, Credit cards, ATM cards, or other items of value will be kept in the safe. Anything else may be kept in the luggage closet.
- Residents may not enter another peer's room. Visiting is to be done in common areas.
- Only water is allowed outside of the dining hall.
- Notify staff before leaving the building or property.
- Honor the Quiet Zone.
- Clean up after yourself. Do your own dishes.
- Residents who are 15 minutes late or more for attending group (not due to a pass or approved excusal by staff) forfeits the opportunity participate in the group activities or earn the two hours of group credit counted toward earning privileges. Missed groups due to tardiness may not be made up during study hall.

- Residents who are 10-minutes or later to an individual counseling session forfeit the privilege of participating in the session for the week. Primary Counselor discretion can be used to re-schedule a missed individual session due to tardiness.
- (a) Residents who miss one scheduled individual counseling session (not due to pass or staff excusal) earn two-hours work experience and must complete a 1,000-word essay on a topic assigned by the Primary Counselor due at the next individual counseling session. (b) Residents who miss two individual counseling sessions (not due to pass or staff excusal), per Primary Counselor discretion, will engage in a Learning Experience. (c) Residents who miss three individual counseling sessions (not due to pass or staff excusal), per Primary Counselor discretion, will engage in a Behavior Contract. (d) Residents who miss four individual counseling sessions (not due to pass or staff excusal) are subject to immediate discharge for being treatment resistant.

## Major Affirmations

Like Push-Ups balance Pull-Ups, Major Affirmations balance Major Rules and reinforce and affirm positive behavior progress in residents. Major Affirmations recognize when previously targeted behaviors have changed.

1. Compassion and empathy for others
2. Respecting another's property
3. Practicing abstinent/sober lifestyle
4. Abiding by legal stipulations
5. Being sexually appropriate
6. Absence of criminal association
7. Pride for the Therapeutic Community environment
8. Readiness to change demonstrated through group and activity participation
9. Ability to follow status and structure
10. Ability to take feedback and start making positive behavior changes
11. Demonstrating honesty with community and staff
12. Respect for gender, race, and culture
13. Practicing self-sufficiency
14. Timeliness to meetings, sessions, groups, job functions
15. Positive contribution to all members of the Therapeutic Community
16. Practicing assertive communication skills
17. Ability to control impulses and immediate gratification
18. Respecting others' confidentiality
19. Taking medications as prescribed, following prescriber's written orders
20. Practicing self-discipline/ability to be in control of the mind and emotions
21. Respecting the peers in the community and staff
22. Ability to practice self and mutual self-help
23. Ability to work towards and earn privileges AND keep them
24. Running a clean process

# Community Council

## *Structure of the House*

*Regional Clinical Director*  
*Program Manager*  
*Primary Counselor*  
*Clinical Associate*  
*Resident Monitor*  
*Community Council*  
*Mentor*  
*Primary Resident (who do not hold positions)*  
*Mentee*

Job functions within the Therapeutic Community are a privilege. All members of the community council are voted in by their peers by receiving a majority vote. If a member of Community Council decides to step down from their role, it is their responsibility to verbalize this decision with reasons to the group to ensure a new vote may be held. The members of the Community Council are responsible for creating the weekly shopping list to be provided to the Program Manager for ordering.

## *President*

This role is typically assigned to one resident who consistently demonstrates role model behavior, has a strong commitment to recovery, and practices daily integrity each day. This position is responsible for overseeing all the community job functions, as well as assisting the other members of the community council in managing the day-to-day operations of the program, ultimately ensuring community wellness. This position is responsible for the following:

- Meets with Akeela's CEO and speaks about KAR House community monthly.
- Facilitates the Pull-Up process.
- Provides support by accompanying others to their outside appointments.
- Facilitates the morning inspiration meeting Monday through Friday.
- Provides all passes, weekly schedules, and requests at the Tuesday morning staff meeting.
- Provides a rotation of job functions to peers, including meditation, temps, progress notes, crosstalk, room checks, coffee detail, and microwave.

- Provides tours of KAR House to visiting guests.
- Responsible for outside and van tidiness
- Effectively communicates concerns, ideas, and suggestions assertively to benefit the community.
- Collaborates with job function departments to assure tasks are being completed appropriately.
- Facilitates Encounter Groups when appropriate.
- Role models healthy confrontation, humility, and acceptance
- Friday shopping excursion with pre-prepared list, if available
- Welcomes new peers into the community

## *Vice-President*

The Vice-President holds the second highest responsibility among treatment leadership. The Vice-President is elected by all members of the Therapeutic Community by receiving a majority vote. This role demands balance between care for self and care for community. The kitchen has been known as the healing place of KAR House because food brings people together. But, on the other hand, the kitchen is stressful and designed to help residents own their power. The position is responsible for the following:

- Ensuring the upstairs is always tidy.
- Ensuring the health and safety in the kitchen.
- Meal planning and preparation (Encourage your crew to pre-plan the meals, take food out to thaw, etc.)
- Ensuring Dining Room health and safety.
- Ensuring upstairs living areas are kept health and safe.
- Ensuring food in refrigerators is dated. Food cannot be kept past the expiration date and must be discarded.
- Distributes equal shares of the workload among the upstairs crew (a schedule is helpful).
- Ensuring daily temps are recorded twice a day and ensure the knife drawer is locked after the last meal of the day and gets the key from staff to unlock the drawer in the morning.
- Ensuring shopping list for shopping excursion is prepared (If shopping is available).
- Ensuring the health and safety of the fish and tank.

**Daily Kitchen Responsibilities:** Ensure safe thawing of foods before meals. Washes dishes after meals, disinfects counters and stove, sweeps, and mops, empties mop bucket and the trash.

**Dining Room Responsibilities:** Cleans windows, windowsills, sanitizes all tables and countertops after meals, wipes down fronts of cupboards and drawers, dusts shelving, sweeps and mops floor. Put food away in proper storage containers with name and date. During the evening, they put chairs on top of tables. In the morning, they take chairs off tables.

**Other upstairs responsibilities include:** Vacuuming all carpeted areas, cleaning all windows and mirrors, dusting, and wiping tables, windowsills, bookshelves, etc. Organizing common areas, cares for plants, spot cleans as needed.

## *Secretary/Treasurer*

The Secretary/Treasurer holds a vital place in resident leadership and is responsible for the weekly KAR House food and household supplies budget and working directly with the Clinical Associate and Program Manager to

create a budget and ensures the budget is followed and documented accordingly. As well, he/she ensures the downstairs of KAR House is a place of health, of rest, and reprieve. The “Quiet Zone” is such because hard work demands a place and a time of rest. The Secretary/Treasurer is responsible for ensuring the physical and emotional health of the downstairs and documenting the minutes of the community council agenda.

Responsibilities of the Secretary/Treasurer include:

- Friday shopping excursion with pre-prepared list, if available
- Keep accurate records of financial matters.
- Work directly with Clinical Associate and Program Manager for budget details.
- Ensures the downstairs is always clean enough for unexpected guests.
- Ensures room-checks are completed in the morning and spot-checks for health daily.
- Ensures the safety of exercise equipment.
- Ensures proper cleanliness of the restrooms.
- Ensures proper cleanliness of the laundry room.
- Ensures distribution of the workload between the common areas, restrooms, and laundry areas.
- Ensures the Friday shopping list is provided to staff if shopping is needed.

Daily downstairs responsibilities include vacuuming all carpeting, cleaning mirrors, sanitizing door handles, rails, and workout equipment, and organizing common areas.

Restroom Responsibilities include stocking toilet paper/soap, paper towels, cleaning mirrors, sanitizing toilets, sinks, light switches, countertops, and door handles. Sweeping and mopping floors, emptying waste containers, and washing the mats.

## *Mentor*

*The most important people in our community are the mentors.* This job function is responsible for helping our new residents feel comfortable and answer any questions they may have. The Orientation Phase is a minimum of one week, dependent upon the Mentee’s participation in the daily schedule and completion of the phase requirements. The Mentor is responsible for being full support for the first week of admission or arranging a schedule of full support. It is the Mentor’s job to ensure their Mentees know the rules and routines of KAR House, as well as prepare for phasing up. Responsibilities of the Mentor include:

- Provide a tour of the facility.
- Account for their belongings with them on the log sheet at intake.
- Share the information in this handbook, perhaps over a cup of tea. Teach about resident privileges, phone and med times, structure, visiting hours, drop offs, searches, bedtimes, Pull-Up and Push-Up, community terms, etc.
- Help them prepare for group, keep the schedule, and know what is expected.
- Strongly suggest they shadow you for the first few days or the week.
- Be a listening ear.
- Ensure new resident’s needs are met (i.e., bedding, toiletries, school supplies, etc.).
- Above all, provide a welcoming environment and build relationships with each new peer.
- Accompany to any appointment.



*COVID update: The Mentor is responsible for debriefing items, delivering, and dishing meals, taking their trash and laundry, teaching the Mentor how to sanitize the isolation bathroom, ensuring they have reading materials (books etc.) and bedding prior to arrival.*

# KAR House Phase System

The KAR House program is broken into six individual phases: Orientation through Transition. Advancement is determined on residents' progress in treatment by the community and the treatment team. Phases are completed dependent on individual needs and progress. Ideally, phasing up would be completed on Tuesdays, Wednesdays, or Thursdays.

## *Phasing Up Process Overview*

1. At Intake, each resident is provided the Phase Packet, which should be reviewed with Mentors. Upon completion of all the check-marked items, residents are responsible for obtaining the appropriate signatures.
2. Residents will meet with the Clinical Associate during a scheduled appointment time during the first week and work to collect the Clinical Associate's signature.
3. Residents will process phase work and individual assignments with their Primary Counselor one week after Intake. At this point, residents may update their treatment plan with their Primary Counselor, if needed. If the Primary Counselor deems the resident is ready to move forward, and has successfully honored the orientation phase requirements, then a signature will be provided.
4. During the regularly scheduled Inspiration Groups, the resident will have the opportunity to present phase work and receive feedback from peers regarding progress in treatment. For phase promotion, residents above the Orientation Phase will express whether they support the phase promotion.
5. Next, the resident and their Mentor may meet with the treatment team to discuss the phase promotion. Either additional phase work may be given, or the treatment team will agree the resident is ready for phase promotion.
6. The treatment team will give the Community Lead the signed clearance an announcement may be made over the intercom clarifying the resident has successfully phased on to the next level.

\*Concerns regarding not being promoted in a timely manner should be addressed with your Primary Counselor during your individual session. \*

# The Orientation Phase

The Orientation Phase focuses on new residents becoming familiar with the program by reviewing this handbook with the Mentor and adjusting to the community. Residents are required to attend and participate in all treatment groups, individual sessions with your Primary Counselor and Clinical Associate, and all other treatment activities for seven full days. Sometimes need extra time to tend to their physical health needs.

Additionally, residents will learn about valuable community resources (i.e., ATAP, food stamps, WIC, etc.) possibly available to them in assisting with daily living necessities. This activity is supported through the Clinical Associate.

Privileges are denied during Orientation Phase, including phone, visits, community outings, and coffee. The only exception to this rule is daily contact with children. Again, **the orientation phase is the only phase in which a verbal warning may be given before a Pull-Up is delivered.**

Orientation is often an overwhelming phase to most residents in the program. It is a time of adjustment, learning, following new rules and routines, identifying individual expectations, living with new people, and being accountable to staff and peers for your behaviors, and whereabouts, always. Maximum time spent on the Orientation Phase is three weeks. Developing respectful and trusting relationships with staff and other members of the community will make it easier to get to where peace, acceptance, and serenity take over.

## *Orientation Phase Responsibilities Include*

- Becoming familiar with KAR House program by working with your Mentor to understand this handbook.
- Signing any releases for medical, legal, and family participants.
- Working with your treatment team (Primary Counselor and Clinical Associate) when scheduled.
- Surrendering prohibited items.
- Starting work in an assigned work department.
- Demonstrating respect to yourself, peers, and Akeela staff.
- Consistently demonstrating the completion of daily and major chores
- Asking for help!
- Attending all scheduled groups, individuals, and treatment activities. Attendance equals being present. Sleeping during groups is unacceptable at KAR House.

- Completing Orientation Phase checklist and receive the appropriate signatures.

## *Privileges for Orientation Phase*

- Staff supported phone calls- one personal phone call with Primary Counselor for the week. Up to three business phone calls with the Clinical Associate for the week.
- Your Mentor will announce your moving to Phase 1 on the speaker system.

# Phase One

Phase One focuses on learning how drugs and alcohol affect people's lives, physically, psychologically, socially, and spiritually. If you have not received education about addictive disease before this moment in time, you will begin to learn how using substances has affected your life and the lives of others around you. You will be focusing on the development of honesty, trust, and acceptance. Your stabilization process is going to be enhanced by your structured daily schedule. You will identify personal strengths you bring into the community and begin your relapse prevention plan.

## *Responsibilities for Phase One*

- Active engagement in therapy.
- Memorizing and Reciting the Philosophy.
- Completing your weekly calendars.
- Being an active role-model within the environment by using honesty, trust, and acceptance.
- Following the Group Rules -Actively engaging in groups (e.g., talking without prompting, listening, completing, and submitting assignments, providing feedback and progress notes, etc.).
- Asking for help!
- Confronting challenging situations appropriately through giving and receiving Pull-Ups and serving on committees.
- Denying yourself the purchasing of outside food/drink and attend to your KAR House responsibilities.
- Fulfilling the responsibilities of the Phase One checklist.

## *Privileges for Phase One*

- Ability to make evening personal phone calls for fifteen minutes with staff support.
- Ability to go on therapeutic walks with community but determined on a case-by-case basis. Needs to be on the schedule, of course.
- May have coffee.
- May ride the bus or walk with your Mentor or a community lead for appointments.
- Computer access with support with an approved request.
- In-person visiting and Zoom access can be requested with approved contacts.

- Ability to have a non-internet capable music device.
- Your Mentor will announce your moving to Phase One on the speaker system.

## Phase Two

Phase Two focuses on further development of your Relapse Prevention Plan and emergence of you as a leader in the community and in your sobriety process. You will be building on honesty, trust, and acceptance to achieve a greater awareness of you and what is important to you. You will also choose a topic for your class presentation and begin the planning process.

### *Responsibilities for Phase Two*

- Maintaining the responsibilities in Phase One.
- Fulfilling the responsibilities of Phase Two checklist.

### *Privileges for Phase Two*

*Same privileges from Phase One, plus...*

- Eligible for 2-hour group pass in groups of 3 on Saturday afternoon
- May attend a max of 2 outside AA/NA meetings in groups of no less than 3
- May go running or jogging in groups of 2 before breakfast or another appropriate time
- Your community leader will announce your moving to Phase Two on the speaker system.

# Phase Three

Phase Three focuses on further development of life and rehabilitative skills in preparation for a successful discharge. During this phase, you will be asking yourself, “What skills do I need to enhance in order to improve my quality of life?” You can also expect for symptoms of post-acute withdrawal around the 90-day mark.

During this phase, you are expected to mentor new residents or act in a community leadership role. You are expected to provide them with assistance within the community as well as provide support when they are struggling with their recovery. Helping others through recovery means sharing your life experiences, lessons you have learned during treatment, and positive coping strategies you have learned, and are using, to make your treatment experience successful. This type of support, and sharing with others, will enhance your recovery as well.

## *Responsibilities for Phase Three*

- Maintain all responsibilities of Phase One and Two.
- Fulfill the responsibilities of Phase Three checklist.

## *Privileges for Phase Three*

*Same privileges for Phase Two, plus...*

- 3-hour pass duration with groups of 2-3, dependent on their phase and on a case-by-case basis
- May attend 4 outside 12-step meetings with supporting documentation
- Begin exploring community programs which will promote self-sufficiency and increase community activity.
- May attend church or religious services with groups of 2-3, if outside group activities
- Begin housing applications (If applicable).
- Career/Employment/Higher Education counseling.

# Phase Four

Phase Four is the final stage of treatment before full Transition.

By this point, residents are expected to complete the 12 steps of MRT, teach a class of choice, provide consistent negative UA's, and have completed 30 hours of community service. During this phase, residents may volunteer in the community to add skills to their resume. But residents are expected to continue in scheduled activities, so job searches and volunteer work will be conducted during non-clinical hours.

## *Responsibilities of Phase Four*

- Continue to demonstrate consistent accountable, appropriate, and respectful behavior.
- Continue successfully fulfilling responsibilities of Phase One, Two, Three, and beyond.
- Fulfill the responsibilities of Phase Four checklist.
- Provide proof of a driver's license and insurance for your personal vehicle access.
- Attend and participate in assigned groups and maintain required treatment group 20 hours weekly, plus up to one hour of a one-on-one.
- Establish safe and sober housing plan for after treatment.
- Identify an aftercare program which meets your needs and treatment team recommendations.
- Complete 4 hours of job search, schooling, volunteer work, or job training a week. Turn necessary documentation in to Clinical Associate and Primary Counselor.
- Attend and participate in KAR House groups and recovery meetings every evening.
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## *Privileges for Phase Four*

*Same privileges for Phase Three, plus...*

- Ability to drive your own vehicle with proper license, registration, and insurance.
- Receive certificate for Moral Reconciliation Therapy.
- Receive certificate for Anger Management.
- May have makeup.
- Additional passes for coordinating resources and discharge planning.
- Ability to obtain and use cell phone with your own sign-in sheet for phone time.

- Unsupported passes- personal and business.
- Computer access.
- Ability to drink coffee and buy food while out on pass.
- Being a role model to the community.
- Graduation date provided! This will be the last thing provided to you.

## Transition Phase

The Transition Phase is the graduation phase! Since the Transition phase is unique for every resident and each has a different set of presenting recovery environment circumstances, the Primary Counselor and the resident will determine what is needed moving forward.

### *Responsibilities and Privileges*

- Coin Out from KAR House with approved guests for the occasion.
- Buy or make a cake.
- Review discharge summary with Primary Counselor.
- Create a daily schedule for the first two weeks outside of KAR House.