# Table of Contents

Definitions .................................................................................................................. 3-5

Introduction .................................................................................................................. 6-7

## Section 1: Identifying Substance-Related Problems:

1. What differences are there between those who grow out of substance use and those who don’t? .................................................................................................................. 8
2. How do we know if we need professional help for a substance use problem? ............... 8

## Section 2: Getting Help:

1. What if my son does not want to stop using alcohol and other drugs? ....................... 9
2. How is it decided if my son needs treatment and what level of treatment he needs? .......... 10
3. Why do families & service providers refer adolescents for treatment to The Bridge? .......... 10
4. What are the different levels of treatment? .................................................................... 11
5. What is the average length of stay of the different treatment levels? ............................. 11
6. If there is a waiting list and we need to get our son in treatment ASAP-what can we do? ............... 12
7. What will treatment cost? What do these costs include? .............................................. 12

## Section 3: Does Treatment Work:

1. What can we realistically expect for the emotional energy, time, and money that we will invest in treatment? ............................................................. 13
2. What factors influence treatment outcomes? ................................................................ 14
3. Are residential programs more successful than outpatient programs? .......................... 14
4. Are there predictable stages of family recovery? .......................................................... 14

## Section 4: Treatment Components:

1. What is The Bridge’s philosophy of addiction and recovery? ....................................... 15
2. What are the program goals for Northwood? ................................................................. 15
3. How does real and lasting change occur? ..................................................................... 15 & 16
4. How is progress measured and can you explain the level system? .............................. 17 -20
5. How is the program staffed? ......................................................................................... 21
6. Will my son be safe while in treatment? ..................................................................... 21
7. What services will my son receive while in the program? ............................................ 21
8. What medical services will my son have access to while in Northwood? .................... 24
9. Will my son be allowed to take medications? Can someone help determine if he has a need for medications and or if his medications need to be changed? ....................... 24
Section 5: General Program Rules: ................................................................. 25-28

(5.1) Are clients allowed to send and receive mail? ........................................... 25
(5.2) Is incoming mail inspected? ........................................................................ 26
(5.3) Are clients allowed to use the phone and who can they call and how often? .......................... 26
(5.4) Are clients allowed any passes and if so with whom and how often? ................. 26
(5.5) Are clients allowed to have visitors and if so with whom and how often? ............... 27
(5.6) What are the rules of visitation? ................................................................. 27 & 28
(5.7) Can restrictions be imposed on visiting privileges? ....................................... 28
(5.8) Is there a grievance process? ....................................................................... 28

Section 6: After Treatment Components: ......................................................... 29-29

(6.1) Will I ever be able to trust my son again? .................................................... 29
(6.2) What signs of continued progress should we expect following treatment? .......... 29
(6.3) What relapse warning signs should we watch for and how should we respond if a relapse occurs? ........................................................................................................ 29 & 30
(6.4) What can we do to help prevent our son from relapsing? ................................. 30

Appendix: Post ................................................................................................. 31

(A.1) Directions to the Gadsden Campus ........................................................... 31
(A.2) Campus map showing designated areas for visitors to park and designated visitation areas. .... 31
Definitions:

(1) 
Addiction – Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Addiction is characterized by inability to consistently abstain, impairment in behavioral control and craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

(2) 
Adolescent – An individual aged 12-18.

(3) 
Aftercare – The component of a treatment program which assures the provision of continued contact with the client following the termination of services from a primary care modality, designed to support and to increase the gains made to date in the treatment process. Aftercare plan development should start prior to discharge, but is not implemented until discharge.

(4) 
Alcoholism – A general but diagnostic term, usually used to describe alcohol dependence, but sometimes used more broadly to describe a variety of problems related to the use of alcohol.

(5) 
ASAM Placement Criteria – The American Society of Addiction Medicine (ASAM) Patient Placement Criteria is an indispensable resource that addiction medicine professionals rely upon for describing the continuum of addiction services. The ASAM Patient Placement Criteria is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-orientated and results based care in the treatment of addiction. Today the criteria has become the most widely used and comprehensive set of guidelines for placement, continued stay and discharge of patients with addictive disorders and the ASAM PPC-2R is required in over 30 states.

(6) 
Assessment – An interview with the person served to collect information related to his/her history and needs, preferences, strengths and abilities in order to determine the diagnostic impression, appropriate service and/or referral performed by a qualified assessment specialist.

(7) 
Certification – Any organization or agency that seeks to provide substance abuse treatment services is expected to be able to demonstrate the ability to meet the standards adopted in the State in which it intends to provide services. Complying with State treatment standards may take the form of licensure, accreditation, or certification. Certification typically indicates that a substance abuse treatment program has received formal recognition for demonstrating compliance with standards that must be met before a program legally is permitted to provide substance abuse treatment services. The terms “accreditation” and “licensure” frequently are used interchangeably and refer to programs that are recognized formally by the State for meeting the essential requirements in the State’s treatment standards.

The Bridge Northwood residential addiction treatment center has been a certified provider of substance abuse treatment services since 1984.
(8) Chemical Dependency – A generic term relating to psychological and or physical dependency to one or more psychoactive substances.

(1) Client – An individual who receives treatment for alcohol or other drug problems. The terms “client” and “patient” are used interchangeably.

(2) Clinical Supervision – Intermittent face-to-face contact, provided on or off the site of a service, between a Doctor, Psychiatrist, Psychologist, or Licensed Clinical Supervisor and treatment staff to ensure that each client has an individualized counseling plan and is receiving quality care.

(3) Clinically Managed Services – Services directed by non-physician addiction specialist rather than medical personnel. They are appropriate for individuals whose primary problems involve emotional, behavioral or cognitive concerns, readiness to change, relapse, or recovery environment and whose problems with intoxication/withdrawal or biomedical are minimal or can be managed through separate arrangements for medical services.

(4) Continuous Assessment – The term includes but is not limited to review of the individual service plan, client progress reports, etc. The information gained from continuous assessment is used to match an individuals’ need with the appropriate setting, care level and intensity. It is also used to determine an individual’s need for continued stay, discharge, or transfer to another level of care.

(5) Co-Occurring Disorders (COD) – Concurrent substance use and mental health disorders found in a single individual. Both conditions are such that they may also exist alone but there is no implication as to one disorder being primary. Other terms used to describe COD include: dual diagnosis, dual disorders, mentally ill chemically addicted (MICA), chemically addicted mentally ill (CAMI), coexisting disorders, and co-morbid disorders.

(6) Counselor – A member of the clinical staff working in a program who is licensed or certified and whose primary duties consist of conducting and documenting services such as counseling, psycho-educational groups, psychosocial assessment, treatment planning and case management.

(7) Dependence – Used in three different ways: (a) physical dependence is a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist; (b) psychological dependence is a subjective sense of need for a specific psychoactive substance, either for its positive effects or to avoid negative effects associated with its abstinence; and (c) one category of psychoactive substance use disorder.

(8) Diagnostic Criteria – Prevailing standards which are used to determine a client’s mental and physical condition relative to their need for substance abuse services, such as those which are described in the current Diagnostic and Statistical Manual of Mental Disorders.
9) Dual Diagnosis Enhanced Programs - Have a higher level of integration of substance abuse and mental health treatment services. These programs are able to provide primary substance abuse treatment to clients who, as a result of their co-occurring mental disorder, are more symptomatic and/or functionally impaired than clients who are treatable in DDC programs. In adolescent populations that face more risks, we know that co-occurring disorders are the norm. Up to 80% of the adolescents meeting criteria for a substance disorder also met criteria for another mental health or behavioral disorder (Dennis 2002, in presentation from CYT, ATM, PETS-A). The co-occurring disorders that are most typical include (in order of most prevalent): oppositional defiant disorder, conduct disorder, ADHD, generalized anxiety disorder, and major depressive disorder.

10) Family Counseling – A treatment plan focused on interventions involving a client and his/her family unit and a mental health/substance professional.

11) Group Counseling – The application of counseling techniques which involve interaction among members of a group consisting of at least three (3) clients but not more than twelve (12) with a minimum of one (1) licensed or certified counselor for every twelve (12) clients.

12) Individual Counseling – Counseling provided by a licensed or certified counselor designed to meet a particular client’s needs, guided by a treatment plan that is directly related to a specific unique client assessment.

13) Licensure – The process by which Alabama Department of Youth Services Division determines that a provider is qualified to provide treatment services under applicable State and Federal standards.

14) Qualified Substance Abuse Professional I (QSAP I) – An individual licensed in the State of Alabama as a Professional Counselor, Certified Social Worker, Psychiatric Clinical Nurse Specialist, Psychiatric Nurse Practitioner, Marriage and Family Therapist, Clinical Psychologist, Physician’s Assistant, and Physician.

15) Qualified Substance Abuse Professional II (QSAP II) – An individual who holds a master’s or bachelor’s degree from an accredited college or university in Psychology, Social Work, Community Rehabilitation, Pastoral Counseling, Family Therapy, or other behavioral health area that requires equivalent clinical course work and; who has a minimum of two (2) years full-time paid employment experience providing direct treatment or care for individuals who have substance-related disorders, under the supervision of QSAP I, and holds a substance abuse counselor certification.

16) Telepsychiatry - Is defined as the use of remote telecommunications (i.e. Skype) to overcome geographic distances between psychiatrists and other healthcare practitioners or between psychiatrists and their patients. It is live, interactive audio and visual communication that is attained through videoconferencing to represent a reasonable alternative to the traditional face-to-face psychiatrist-patient encounter. Telepsychiatry is now recognized as a legitimate form of medical treatment by medical societies including the American Medical Association and the American Psychiatric Association, and has been used in various forms for over a decade.
The mission of The Bridge, is to provide substance abuse treatment opportunities producing positive, lasting change by partnering with each adolescent, family and community through honor, excellence and integrity. We know drugs and young people don't mix. The progression of the disease of addiction occurs more rapidly in young people than it does in adults. The normal boundary-testing behaviors associated with adolescence are magnified by the use of alcohol and other drugs. A loving, well-behaved son can seem to change into a self-destructive and withdrawn stranger, within a matter of months. The use of drugs often leads young people to poor school performance, involvement with the criminal justice system, strained relationships with family, and health problems. Tragically, too many young people do not get the help they need.

Parents who are concerned that their teen is experimenting with drugs will need to take a moment to gather their thoughts and then forge ahead with a solid plan to address the issue head on. It’s important to avoid reacting with emotion and to instead choose how to proceed based on solid research into the nature of addiction as well as the options available to you and your son.  

**Do Not React Emotionally**

It’s reasonable that you, as a parent, would feel fear, anger, sadness, despair, desperation and panic upon realizing that your child is living with an active drug and alcohol addiction. Take a deep breath. Nothing will be gained with an emotional reaction. Feel free to vent with a therapist or family members but make sure that when you are dealing with your child, you remain as calm as possible.

**Do Some Research**

This handbook is intended to provide information that can help with this process. The majority of the information in the following sections comes from a pamphlet titled “Questions and Answers About Adolescent Substance Use Problems and their Treatment” written by Richard A. Risberg & William L. White. Many of the commonly asked questions about adolescent substance use and the treatment of substance use problems are answered. Also it is likely that you have an idea of what your son’s drug of choice is. Take a moment to find out everything you can about that drug – how it is ingested, how it works in the brain, how it affects mood, the dangers it imposes and the risks of untreated addiction. The more you know about the drug and its mechanism of addiction, the better you will be at finding the right kind of treatment for your child and taking effective steps toward securing that treatment. The following two links may assist you with this process.

- Drug Story (facts, stories & experts): [www.drugstory.org](http://www.drugstory.org)
- The University of Utah: [learn.genetics.utah.edu/units/addiction/](http://learn.genetics.utah.edu/units/addiction/)

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1 [http://rehab-international.org/drug-rehab-guide/tips-for-parents](http://rehab-international.org/drug-rehab-guide/tips-for-parents)

Gather Support

If you can garner the support of your spouse, family members including extended family, close friends or other parents who are dealing with the same issues, both you and your child will benefit. It helps to have a place to vent frustration and get ideas about how to proceed. Parent support groups can be extremely effective in this capacity.

Program Specific Information

Many of Northwood’s policies, procedures and practices, are provided in this handbook. If you have questions or concerns, please contact your son’s counselor or program manager.

The Bridge is committed to ensuring our programs and services meet our client’s needs and expectations. If you feel we have not met your expectations we would love to hear from you. If you have a suggestion on how we can improve, we want to know. We also value your feedback as a way of knowing what areas we are doing well in. Please email or call any suggestions or feedback to:

Jim Herring
Director of Corporate Compliance
Email: J_herring@bridgeinc.org
Phone: (256) 546-6324 ext. 271
Section 1: Identifying Substance-Related Problems

(1.1) What are the differences between those who grow out of substance use problems (stop using without any treatment) and those who don’t?

Why some adolescents experiment with alcohol and drugs and then mature out while others develop severe prolonged substance use problems is not fully understood. Youth who resolve substance-related problems on their own do seem to differ significantly from those who require treatment for such problems. Members of the latter group are more likely to have:

- family histories of alcohol and other drug problems;
- substance use that began at an earlier age;
- more severe substance problems and/or serious co-occurring psychological problems;
- less family and social supports for problem resolution; and
- physical changes from continued drug use that make it more difficult to quit using as the brain adapts to the presence of the drug.  

(1.2) How do we know if we need professional help for a substance use problem?

Parents should seek professional help for their son when alcohol and other drug use continues in spite of adverse consequences and when the natural resources of the family, extended family, and the community have not been sufficient to resolve the problem.

When in doubt about the seriousness of your son’s substance use you can contact treatment professionals to schedule an assessment. A comprehensive assessment will help determine the extent of your son’s substance use problems and the presence of any other problems (e.g., emotional or behavioral problem(s). Keep in mind that many substance-involved youth have not yet lost voluntary control, but are in need of better decision-making skills and/or education about the effects that substances can have on one’s life.

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(2.1) **What if my son does not want to stop using alcohol and other drugs?**

Motivation to stop using alcohol or other drugs is not a precondition for seeking help. Most adolescents enter treatment due to the influence of others, whether it is parents, the school, court services, or another community system.\(^5\) Most adolescents entering treatment do not want to quit or are uncertain about the prospects of stopping their alcohol and drug use. After all, substance use is a behavior that has met needs for them and that they enjoyed. The goals of treatment are to help the adolescent become aware of the need for change, help them move toward making changes, and learn how to maintain the changes over time.\(^6\)

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Last year in Alabama 15,000 adolescents needed but did not receive treatment for substance abuse. Last month 40,000 Alabama teen’s used an illicit drug.

Source: Pride Survey of Schools-Alabama Data
(2.2) How is it decided if my son needs treatment and what level of treatment he needs?

There are standard criteria developed by the American Psychiatric Association\(^7\) used to identify substance use problems. The assessment interview and information gathered from you and any other referral sources (i.e., school, probation office, other court services, DHR) helps determine whether your son meets criteria for treatment and what level of treatment might be most appropriate. Following the evaluation, the assessor’s conclusions and recommendations are reviewed with the family. Not all adolescents who are assessed are recommended for treatment and some are referred elsewhere for other services such as family counseling or for psychiatric treatment.

The treatment recommendation for substance problems can range from an hour of individual counseling each week to residential treatment. As problem severity increases, so does the intensity of treatment that may be required. The level of intensity of care is based on guidelines developed by physician members of the American Society of Addiction Medicine (ASAM)\(^8\) that are used by treatment providers throughout the United States.

(2.3) Why do families and service providers refer adolescents for treatment to The Bridge?

The Bridge is a major provider of adolescent substance abuse treatment in Alabama. Referrals are made to The Bridge because:

- It is one of the oldest specialized adolescent programs in the country;
- It is the largest adolescent treatment provider in the state;
- It provides financial assistance for those who cannot afford treatment; and
- It has a reputation for working successfully with a wide variety of adolescents and their families.

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(2.4) *What are the different levels of treatment?*

There are different levels of treatment. Adolescents may begin in one level and then be transferred to another. The levels of treatment are:

- **Early Intervention (EI):** The adolescent sees an Intervention specialist and participates in substance-related educational and skills-building programs.

- **Outpatient Treatment:** The adolescent attends from one to eight hours of individual and group counseling per week, including skills groups.

- **Intensive Outpatient Treatment:** The adolescent attends from nine to twelve hours of counseling and skills groups each week.

- **Day Treatment:** The adolescent attends groups and recovery support services from approximately 8 am to 7 pm, Monday through Friday and some weekend groups.

- **Detoxification:** The individual is supervised during the initial withdrawal from alcohol and other drugs. Adolescent detoxification must occur in a hospital setting if withdrawal symptoms are life threatening or severe.

- **Residential Treatment:** The adolescent resides at the treatment facility while participating in day and evening treatment and recovery support activities.

The levels of care offered by The Bridge are in bold type. The locations of The Bridge programs are illustrated on the above map.
(2.5) **What is the average length of stay of the different treatment levels?**

The length of treatment services varies by the type of treatment and the individual. Research has shown that the nature and severity of the client’s presenting problems usually determine the level of care and the length of therapy needed.

The **average** length for:

- Outpatient treatment is three (3) to six (6) weeks,
- Intensive Outpatient treatment is six (6) to twelve (12) weeks,
- Day treatment is eight (8) to twelve (12) weeks, and
- Residential treatment it is two (2) to twelve (12) weeks.

Often adolescents will participate in more than one level of treatment (i.e., residential treatment followed by intensive outpatient followed by outpatient services). The counselor, adolescent, and the adolescent’s family jointly decide when discharge from treatment is appropriate. This decision is based on the adolescent’s progress while in treatment.

(2.6) **If there is a waiting list and we need to get our son in treatment ASAP—what can we do?**

The Bridge can usually provide all levels of outpatient services in a timely manner, but because of its reputation, The Bridge often has a waiting list for adolescent residential treatment services. The Bridge staff will work with you to obtain whatever level of services will best suit your family. If the need is for residential services and The Bridge has a waiting list, our staff will help you find other residential services or will provide intensive outpatient treatment or outpatient treatment until a residential admission can be arranged.

(2.7) **What will treatment cost? What do these costs include?**

Deciding to place your son or daughter in a treatment setting may be one of the most difficult decisions you will ever make. When your child is in trouble, your entire family is in trouble. The impact substance abuse and behavioral problems have on the family can be devastating. When you decide a treatment program is needed, the next question should not be how much will it cost. The Bridge is a private nonprofit organization and our fees are charged on an “ability to pay” basis in accordance with a sliding fee schedule. It is our goal to provide you or your family member with the highest quality care regardless of the family’s financial situation. Treatment costs are covered either by state contract funds, insurance, or by self-pay. Most individuals qualify for financial assistance. At the time of admission you will meet with the intake case manager who will be able to answer your questions about costs. If you would like to know specifics about the cost of treatment prior to the admission date you can contact The Bridge at 256-546-6324 and ask to speak with the intake case manager or insurance specialist.

Treatment fees have been designed to include nearly all the costs incurred during treatment. Medical costs such as those from injuries or for medication may not be covered. Our financial staff will work with you and your insurance provider to see what medical services will be covered. Once in the program your son will not need any extra money for food and/or activities.
(3.1) What can we realistically expect for the emotional energy, time, and money that we will invest in treatment

Adolescent treatment can be measured in terms of several potential post-treatment outcomes: abstinence, reduced frequency and intensity of drug use, reduced alcohol and other drug related problems, and changes in personal health, personal achievement (academic or vocational performance) and interpersonal relationships. The major reviews of adolescent treatment research have drawn the following conclusions:

- All studies report significant reductions in the frequency and intensity of alcohol and other drug use following treatment. Most studies also report significant reductions in related problems (psychological adjustment, school performance, family relationships, criminality) following treatment.\(^9\)

- A review of studies that monitored adolescents following treatment found an average abstinence rate of 38% at one year following treatment, with different programs varying in abstinence rates. The rate of sustained abstinence after one year following residential treatment was from 14 to 47 percent (data were from four studies).

- No single treatment modality has proven its superiority over other treatment modalities in controlled studies. There is no clear indication at present regarding which particular modality is best for a particular individual. This is why programs like The Bridge combine many interventions to achieve the best possible outcomes.

- Post-treatment relapse rates for adolescents are high and can fluctuate over time, suggesting the need for sustained monitoring and support following primary treatment.

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(3.2) **What factors influence treatment outcomes?**

Factors most consistently related to positive treatment outcome include lower problem severity, fewer emotional/psychological problems, better pre-treatment school performance, treatment completion, participation in post-treatment continuing care, employment, and family and peer support for sustained recovery. Some studies have found post-treatment outcomes influenced by the number of drug-using friends during the first six months following treatment.\(^1\) Five factors have been linked to post-treatment recovery for adolescents:

1. Increased involvement with a drug-free peer group,
2. Mutual aid group involvement,
3. Family support for abstinence,
4. Work/job, and
5. School involvement.

Program characteristics associated with improved outcomes include a more experienced staff and program comprehensiveness (range of services).

(3.3) **Are residential programs more successful than outpatient programs?**

Residential/inpatient and outpatient treatment outcomes cannot be compared. In most programs, adolescents admitted to the former have more severe substance use problems and are more likely to have additional life problems.

(3.4) **Are there predictable stages of family recovery?**

It is our experience that the period of greatest change within the family is the first year of recovery. This is the period in which trust is being re-established and when recovery shifts from a fragile experiment to a stable lifestyle. The good news is that recognizing the problem and participating in treatment and recovery activities can strengthen families.

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Section 4: Treatment Components:

(4.1) What is The Bridge’s philosophy of addiction and recovery?

We understand that chemical abuse has the potential to become a disease that is chronic, primary, progressive, and if untreated, terminal. We believe chemical dependency exists when the use of alcohol and/or other chemicals causes increasingly severe and repeated problems in the major areas of a person’s life, including physical, emotional, social, spiritual, family and educational/vocational problems. We believe every young person has a chance for a better life without drugs and that all adolescents long to be valued members of families and communities.

(4.2) What are the program goals for Northwood?

Our goal is to respond to each client individually, their development level, capacity to learn, and readiness for change. We will partner with them on identifying issues that interferes with their ability to live productively and to teach them skills that will help create and sustain a substance-free lifestyle.

The four main goals in the treatment of adolescents are to:

1. help the young person see the use and abuse of substances as a problem
2. convince them there's another way to live their lives
3. teach them the skills they need to live without abusing substances and
4. help connect them with services in their community for additional support

(4.3) How does real and lasting change occur?

The Bridge uses the Transtheoretical Model of Change developed by Prochaska and DiClemente\(^\text{11}\). Change occurs over time (it is a process, not an event) and the Change Model describes how people modify a problem behavior or acquire a positive behavior in the context of five stages of change. Understanding where your son is in this process helps determine what he needs from us and from you to encourage progression to the next stage.

1. **PRECONTEMPLATION**: The individual may not even be aware they have a problem, or if they are aware, they have no intention of changing anything. To encourage change validate their lack of readiness and personalize the risk of continuing to use alcohol and or drugs.

2. **CONTEMPLATION**: The individual is now aware of their problem and is thinking about taking steps to overcome them. Persons in this stage are usually very ambivalent about change or what some people describe as "sitting on the fence". To encourage change get them to weigh the pros and cons of behavior change and identify and promote new, positive outcome expectations.

3. **PREPARATION:** In this stage the individual is planning what their first step(s) or action(s) should be. To encourage change help them identify one or two small initial steps they would be willing to do (i.e., interview three people that are in recovery, or make a list of the 5 positive outcomes they think would come with recovery).

4. **ACTION:** In this stage individuals modify their behavior, experiences, or environment in order to overcome their problems. Action involves the most overt behavioral changes and requires considerable commitment of time and energy. At this stage measures should be taken against relapse: To encourage change help the individual to guard against feelings of loss and frustration and increase access to new social supports.

5. **MAINTENANCE:** After the behavior has been changed, people must now work to prevent a relapse and understand what they have learned during the previous stages. At this stage people are less tempted to relapse and increasingly more confident that they can continue their change. To encourage change plan for follow-up support, reinforce internal rewards and discuss coping with relapse if it should occur.
How is progress measured and can you explain the level system?

Progress while in the Northwood program is measured utilizing a progressive level system that recognizes your son’s progress in treatment. We stress individual progression and individual decisions that a client chooses to make. Service plan goals and progression are defined by individual goals you, your son and treatment team have decided upon.

The program uses colored shirts and wrist bands to visually identify and celebrate the successes and accomplishments of each client. As your son earns levels he earns the right to wear a different color shirt and band. Each represents and signifies a different achievement, victory and accomplishment. Each band is imprinted with statements or words to help remind them of what is necessary to remain at that level and progress to the next. The following provides a brief overview of the seven levels in Northwood.

<table>
<thead>
<tr>
<th>Orientation Level = <strong>DRUG FREE</strong></th>
</tr>
</thead>
</table>
| Each new client enters the program on orientation level. Clients on this level wear white colored shirts and receive a white colored band that says “Drug Free”.

The “Stage of Change” addressed during this level is called pre-contemplation. Your son may have no plans to discontinue his use of drugs in the future even though he may be able to recognize some of the negative consequences associated with this decision. People in this stage are often described as "in denial" due to claims that their behavior is not a problem. They may feel resigned to their current state or believe that they have no control over their substance use. During this level you son will begin to explore certain questions with their counselor and group.

- Have you ever tried to stop using drugs in the past?
- What are some of the indicators that your drug use could be a problem?
- What would have to happen for you to consider your drug use a problem?

Orientation Level Change Quote: "Take the first step in faith. You don’t have to see the whole staircase, just take the first step.” –Martin Luther King

<table>
<thead>
<tr>
<th>Freshman Level = <strong>HONESTY</strong></th>
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</thead>
</table>
| Clients on this level wear yellow colored shirts and will receive a yellow band. The yellow band represents honesty or truthfulness.

The “Stage of Change” addressed during this level is called contemplation. During this stage, your son will become more aware of the potential benefits of an alcohol and drug free life, but the costs may tend to stand out even more. This conflict creates a strong sense of uncertainty about changing. Because of this uncertainty, the contemplation stage of change can last months or even years. In fact, many people never make it past the contemplation phase.

Your son may view change as a process of giving up something (i.e., getting high) rather than a means of gaining emotional, mental, and physical benefits that come with being in recovery. He may still be unsure if he wants to stop using. Even though he has not made a commitment to recovery he has made the decision to participate in the program with the purpose of being
honest with his self, his peers, and staff. As he is contemplating the decision to a substance free life, the following questions will be explored with his counselor and group.

- Why do you want to change?
- Is there anything preventing you from changing?
- What are some things that could help you make this change?

Freshmen Level Change Quote: “If you do not change direction, you may end up where you are heading.” --Lao Tzu

Sophomore Level = HONOR, EXCELLENCE AND INTEGRITY

Clients on this level will wear orange colored shirts and receive an orange band that has “Honor, Excellence and Integrity” written on it.

The contemplation stage of change is still being addressed during this level. When there is no change, things are familiar, and hence there is a feeling of security. Change is unsettling but by avoiding change, we create even bigger problems, such as lost opportunities, broken relationships, or sometimes a wasted life. Many people think change depends on some BIG event or decision and for some this is true. However the majority of change comes as a result of the little choices one makes each day. One small choice leads to another small choice and a pattern of thinking and behaving follow. That sounds like change doesn’t it. It is the little choices we make each day that determine the presence or absence of joy and success in our life. The honor, excellence and integrity band is a reminder of the importance to make little choices every day that lead to fulfilling your dreams and purpose. As your son continues contemplating the decision to a substance free life, here are a few more questions he will be asked.

- Is there something wrong in your life you need to change?
- What 3 small choices are you willing to make today that will benefit you?
- What critical elements to lasting change are found in the “Serenity Prayer”?

God grant me the serenity to accept the things I cannot change, courage to change the things I can and wisdom to know the difference

Sophomore Level Change Quote: “If you believe you’re on a dead end street, you can turn around.” –Unknown

Junior Level = COURAGE TO CHANGE

Clients on this level wear burgundy colored shirts and receive a maroon band that says “Courage to Change”.

The “Stage of Change” addressed during this level is called preparation. The one given in life is that things will change...constantly. None of us can always be in control of these changes, but we can control how we respond to them. During the preparation stage, your son might begin making small changes to prepare for a larger life change (i.e., if losing weight is your goal, you might switch to lower-fat foods). During this level you son will begin to gather as much information as he can about ways to change his behavior. He will prepare a list of motivating statements and
write down his goals. He will find outside resources such as support groups, counselors or friends who can offer advice and encouragement. As he begins preparing for a substance free life, he will be asked a few more questions.

- Is there something in your life you need to change?
- What is a goal you are prepared to work on?
- Can you describe (in detail) your plan of action?

Junior Level Change Quote: “Progress is a nice word. But change is its motivator. And change has its enemies.” --Robert Kennedy

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Senior Level = **LEAD BY EXAMPLE**

Clients on this level wear green colored shirts and receive a green band that says “Lead by Example.”

The “Stage of Change” addressed during this level is called action. During this stage of change, your son will begin taking direct action in order to accomplish his goals. Oftentimes, resolutions fail because the previous steps have not been given enough thought or time. For example, many people make a New Year’s Resolution to lose weight and immediately start a new exercise regimen, begin eating a healthier diet, and cut back on snacks. Each of these action steps is vital to success, but these efforts are often abandoned in a matter of weeks, because the previous steps have been overlooked. If your son needs more time for contemplation or preparation then they can take it. Here are a few questions he will explore with his counselor and group.

- What are my motivations for making this change?
- What resources and support systems have I identified for making this change and am I using them?
- What progress do I see that I have made and do others see it also?

Senior Level Change Quote: “Any change, even a change for the better, is always accompanied by drawbacks and discomforts.” --Arnold Bennett

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Graduate 1 Level = **SUCCESS, I CAN, I WILL**

Clients on this level can choose to wear their own shirts and will receive a silver band that says “Success, I can I will.”

The “Stage of Change” addressed during this level is called maintenance. The maintenance phase involves successfully avoiding former behaviors and keeping up new behaviors. During this stage, you son will become more assured that he “can” and “will” be able to continue the changes he has made. During this level he will solidify his continuing care needs and plans. As he begins preparing to transfer from Northwood residential back home, here are a few questions he will process with his counselor, group and family.

- To maintain the changes you’ve made what temptations do you expect to encounter when you go home?
- How do you plan to avoid and or confront these temptations?
- What new or renewed positive habits have you developed that you’re excited about?
Graduate 1 Level Change Quote: “Change does not roll in on the wheels of inevitability, but comes through continuous struggle. And so we must straighten our backs and work for our freedom. A man can't ride you unless your back is bent.” – Martin Luther King, Jr.

| Graduate 2 Level = RENEWAL & GROWTH |

Clients on this level can choose to wear their own pants and shirts and will receive a medallion that says “Out of the ashes of addiction – Renewal and Growth.”

The “Stage of Change” addressed during this level is called relapse. In any behavior change, relapses are a common occurrence. Humans are infinitely creative, and sometimes we use our creativity to hide from ourselves. The purpose of these strategies is to keep us from feeling pain. If your son goes through a relapse, he might experience feelings of failure, disappointment, and frustration. The key is to not let these setbacks undermine their self-confidence. If your son does lapse back to an old behavior, take a hard look at why it happened.

- What triggers are you most concerned about?
- How many ways can you think of to avoid these triggers in the future?

While relapses can be difficult, the best solution is to start again with the preparation, action, or maintenance stages of change. Your son might want to reassess his resources and techniques, reaffirm his motivation, plan of action, and commitment to his goals. During this level he will make plans for how he will deal with any future temptations. Resolutions fail when the proper preparation and actions are not taken. By approaching a goal with an understanding of how to best prepare, act and maintain a new behavior, he will be more likely to succeed.

The phoenix is a mythical bird with fiery plumage that lives up to 100 years. Near the end of its life, it settles in to its nest of twigs which then burns ferociously, reducing bird and nest to ashes. And from those ashes, a fledgling phoenix rises – renewed and reborn.

Graduate 2 Level Change Quote: “I am not a sick man trying to get well, but a healthy person fighting off a sickness!” -- Graham Cooke
How is the program staffed?

Northwood operates under the organizational structure of The Bridge. The administrative staff of The Bridge is made up of the executive director (Tim Naugher, MS); associate executive director (Mark Spurlock, MS, LMFT), clinical director (Ashleigh Simon, MS, CAADP, NCC, LPC, ACS), compliance director (Jim Herring, MS) and finance director (Steve Richey, CPA, CGFO). Northwood operates with “awake staff” twenty-four hours a day, seven days a week, year around. The Northwood treatment team consists of the following:

- Clinical coordinator (Kim Harden, EDS, LPC, ACS) oversees and provides clinical leadership for the day-to-day clinical services of all the programs located on the Gadsden Campus. The clinical coordinator is responsible for the implementation and monitoring of evidenced based practices.
- Program manager (Martell Hall, MSW) plans, organizes, monitors and oversees the day-to-day operations of the program. The program manager also reviews client grievances and or complaints, client write-ups, excellence sightings, assures client safety, and coordinates with the treatment team on each client’s progression though the program’s level system.
- Individual therapists and or counselors (Laura Mayo, MS; Alicia Gillespie, MS, CADP and Emily Carter, BS) provide clinical and case management services in individual, group and family therapy sessions. The therapists and counselors also maintain cooperative relationships with treatment community providers, juvenile probation department and other necessary and authorized agencies.
- Para-professional Peer Support Specialist (Steve Yarborough) provides services to help people become and stay engaged in the recovery process. Because these services are designed and delivered by people who have experienced both substance use disorder and recovery, they embody a powerful message of hope, as well as a wealth of experiential knowledge.
- Nurse Supervisor (Lauren Battles, LPN) maintains the provision of quality healthcare services for all programs located on the Gadsden Campus. The nurse supervisor acts as a link between the designated health authority and The Bridge.
- The Treatment Aides (T.A.’s) provide direct support to the therapeutic staff as well as supervising clients during meals, chores, client activities, specified groups, movement and sleeping hours. The TA’s are also required to perform additional duties including leading specific groups and other activities.

Will my son be safe while in treatment (free from exposure to drug use, violence, intimidation, sexual harassment)?

The Bridge tries very hard to create a safe, structured and consistent environment. Respect for others is an overriding principle of The Bridge and is stressed to both staff and clients. As is the case in any school (and in spite of our best efforts) alcohol, drugs, cigarettes and other paraphernalia occasionally get inside. We also have infrequent incidents of behavior problems and fighting among the boys. Our residential programs have twenty-four-hour-a-day awake support staff trained to deal with aggressive behavior before it becomes a serious problem. The Bridge staff does their best to be on guard for these problems.
What services will my son receive while in the programs?

Northwood’s staff care about the young people entrusted to their care. The program directly, or by a system of consultation or referral, provides the following services adaptable to the developmental status and individual needs of the client.

I. **Core Services:** Daily clinical services include individual or group therapy and psychosocial education. All clinical interventions are designed to teach a client the skills needed for daily productive activity, pro-social behavior, and reintegration into family and community.

   Core services include:

   - Placement assessment.
   - Ongoing individualized assessment.
   - Individual counseling.
   - Group counseling.
   - Family counseling.
   - Psycho-education.
   - Mental health consultation.
   - Recovery support services.
   - Peer support counseling services.
   - Medication management.
   - Alcohol and/or drug screening/testing.
   - Smoking cessation.
   - HIV early intervention services.
   - Case Management.

II. **Co-occurring Disorders Services:**

   - Basic living skills.
   - Groups and classes that address the signs and symptoms of mental health and substance use disorders.
   - Dual recovery groups for discussion of the interactions and interrelations between substance use and mental health disorders.
   - Crisis Intervention services.
   - Intensive case management.
   - Medical and nursing services as deemed appropriate.
   - Psychiatric or telepsychiatry services.
III. **Educational Services:** While in Northwood your son will be enrolled in Black Creek Academy. Black Creek Academy is operated by The Attalla City School System, which has the responsibility to assist in ensuring that each student receives the best educational opportunities possible during their stay at The Bridge. Black Creek Academy employs the latest technology in the classroom to assist the teachers in their role as educational facilitators. Teachers function in the role of facilitator because of the limited size of the school and the fact that multiple grade levels are in each classroom. All the teachers employed have obtained Highly Qualified status. Grades earned while here will be transferred back to the student’s local home school.

For high school students credit recovery opportunities are available through ACCESS distance learning. ACCESS courses and resources operate through the Alabama Supercomputer Authority statewide network infrastructure assuring quality learning opportunities and access to advanced placement and dual enrollment/dual credit courses. Any ACCESS course work not completed during the students stay can be completed once the student returns to their local home school.

For students with:

- IEP’s the school employs a certified special education teacher who has the responsibility of ensuring that the individual needs of each client are being met. Their responsibilities include making sure that teachers are making the necessary and required accommodations and when necessary pulling students out for one on one instruction.

- Home School curriculums, accommodations are made to assist the student in following his home school assignments. A student whose home school curriculum is net based will have access to computers and the internet. Any student that requires access to the internet and computer because of an academic need is provided with what is necessary to meet that need.

- An interest in earning their GED will be enrolled in GED classes sponsored by Gadsden State Community College. These students are given additional support by the teachers of Black Creek Academy.

- A high school diploma or GED already, the opportunity to earn a “KeyTrain” certificate is available. KeyTrain is the complete interactive training system for career readiness skills, based on ACT's WorkKeys® assessment system and the National Career Readiness Certificate. The National Career Readiness Certificate is the national standard in certifying workplace skills. Requested and required by employers across the nation, the Certificate allows individuals to demonstrate their level of skill in the most common skills required for success in the workplace.
(4.8) **What medical services will my son have access to while in Northwood?**

Our medical service providers include a board-certified psychiatrist, medical director (who serves as our designated health care authority), an experienced nurse and certified medical assistants who treat patients with sensitivity and respect. We strive to go beyond expectations to give patients and their families a strong foundation for recovery.

If your son becomes sick or needs medical services he should notify staff (counselor, program manager, or treatment aid) that he would like to see the nurse.

- Should an ailment or injury require immediate attention, the client can be taken to see the nurse right away.
- In a non-emergency case, his name is placed on the sick call list to see the nurse. Sick call is held once per week. The nurse meets with clients on the sick call log to help determine what medical attention is needed.

If the client needs to see the Doctor, Psychiatrist or Dentist the nurse will schedule the appointment.

(4.9) **Will my son be allowed to continue taking his prescription medications? Can someone help determine if he has a need for medications and or if his medications needs to be changed?**

Most of the time medications are used for treating co-occurring disorders (i.e., Depression or Attention Deficit Hyperactivity Disorder - ADHD). If your son is on prescription medications at the time of admission the medical department will store his medications and dispense them in an orderly fashion each day. Each client in treatment is monitored and assessed to determine their need for a psychiatric evaluation or a review of their medication by the program’s psychiatrist.
(4.10) What does the daily schedule for Northwood look like?

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:30-6:00</td>
<td>Wake up/ hygiene/ organize PA/ line up for Breakfast</td>
<td>Breakfast/ Carry Coolers for re-fills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:00-6:27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:27-6:00</td>
<td>News Review/ Complete Morning Chores/ Hygiene break/ Morning medications/ Line up for school</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8:00-10:05</td>
<td>School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Thriving Recovery w/13 clients</td>
<td>House Clean Up inside and Outside</td>
</tr>
<tr>
<td>10:05-10:15</td>
<td>Hygiene break/ Snacks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hygiene break/ Snacks</td>
<td></td>
</tr>
<tr>
<td>10:15-12:10</td>
<td>School</td>
<td></td>
<td></td>
<td></td>
<td>Family Group</td>
<td>Spiritual Reflection/ Church HQT</td>
<td></td>
</tr>
<tr>
<td>12:10-12:19</td>
<td>Hygiene break/ Line up for lunch</td>
<td></td>
<td></td>
<td></td>
<td>Family Visitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:19-12:46</td>
<td>Lunch/ Lunch Meds/ Carry Coolers for re-fills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12:46-1:00</td>
<td>Hygiene break/ Line up for group or rest</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1:00-2:00</td>
<td>School Reading w/ 13 clients (Teacher McCauley)</td>
<td>Peer Support all clients</td>
<td></td>
<td></td>
<td></td>
<td>Journal/ Service Plan Work</td>
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<tr>
<td>2:00-2:30</td>
<td>Peer Support Group w/ 13 clients (Steve)</td>
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<td></td>
<td></td>
<td>Exercise/ Physical Fitness</td>
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<tr>
<td>2:30-4:00</td>
<td>Hygiene break/ Line up for group</td>
<td>Group Therapy with primary counselor</td>
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<tr>
<td>4:00-4:30</td>
<td>Hygiene break/ Line up for recreation, group or study hall</td>
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<td></td>
<td></td>
<td>Gym time</td>
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<tr>
<td>4:30-5:30</td>
<td>Recreation with all clients (TA's)</td>
<td>Managers Group all clients</td>
<td></td>
<td></td>
<td></td>
<td>Recreation with all clients (TA's)</td>
<td></td>
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<tr>
<td>5:30-6:00</td>
<td>Hygiene break/ Line up for Supper</td>
<td></td>
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<td></td>
<td>Move</td>
<td>Move</td>
</tr>
<tr>
<td>6:00-6:30</td>
<td>Support/ Dinner Meds/ Carry Coolers for re-fills</td>
<td></td>
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<tr>
<td>6:30-7:00</td>
<td>Hygiene break/ Line up for group</td>
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<tr>
<td>7:00-8:00</td>
<td>Real Men Group</td>
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<tr>
<td>8:00-9:00</td>
<td>Structured activities: board games, TV, evening meds and showers</td>
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<td></td>
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<tr>
<td>9:00-9:30</td>
<td>Lights Out</td>
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</tbody>
</table>

Section 5: General Program Rules:

(5.1) Are clients allowed to send and receive mail?

Absolutely! Paper, postage-paid envelopes and a pencil are provided to each client upon arrival. Clients can correspond with family members and friends by mail as often as they like. All outgoing mail is sent to the parents’ and or legal guardians’ address. The parents or legal guardian can then forward mail to friends and other family members as they deem appropriate. Clients are not allowed to receive food, cash or other items through the mail.

For speedy delivery it is important that you include the name of the program, your son’s name and the address shown below.

The Bridge, Northwood Residential Treatment Center
C/O (Client’s Name)
3232 Lay Springs Rd.
Gadsden, Alabama 35904
Phone: (256) 546-6324 ext. 304
(5.2) **Is incoming mail inspected?**

Yes, all incoming mail is subject to search. Mail received is briefly examined for unauthorized articles or substances and scanned to ensure it does not contain anything which may compromise the safety and security of the facility.

(5.3) **Are clients allowed to use the phone and if so who can they call and how often?**

Communication with family, friends and others is important. Telephone calls will be made weekly with the client’s counselor. The client and his counselor will schedule weekly phone calls with the client’s parents and or guardians. Clients with good behavior may also contact other family or friends that have been approved by their parents/guardian and treatment team. During the first three levels of the program these individuals will be conferenced in while on the call with the parents. Once the client reaches junior level these individuals can be called separately. The number of phone calls and length of time on the phone is based on the client’s level. During the first three levels clients are allowed one - five minute phone call each week. During the last four levels clients are allowed two phone calls each week. The length of each call goes up by one minute per level achieved (i.e., at junior level you receive 2 – 6 minute phone calls, at senior level 2 – 7 minute phone calls, and so on). The client will be reminded of the length of the call by their counselor at the time the call is being placed.

Use of the telephone is a privilege and misuse may result in telephone restrictions.

(5.4) **Are clients allowed any passes and if so with whom and how often?**

Due to the duration of the program and its intended intensity, clients will not receive a home pass. Between junior level and completion of the program clients are allowed to have one – six hour pass. Client and the parent or guardian must read and agree to the following guidelines prior to taking the pass.

- Client agrees not to use any mood-altering drug of any sort. This includes alcohol.
- Client agrees to take a pre and post pass drug/alcohol screen.
- Client agrees not to be in possession of any contraband items (tobacco, drugs, etc.) upon their return to the program.
- Client agrees to be searched upon their return from pass to assure the above.
- Client and parent(s) agree to allow enough time to return from pass on schedule or early. Any possible delays should be anticipated in advance.
- Client agrees to stay in the presence of his parent(s) or guardian(s) at all times during the pass and to comply with their instructions and boundaries.
- Parent(s) or guardian(s) agree to notify client’s counselor and or program manager of any non-compliance with the above.
(5.5) Are clients allowed to have visitors and if so with whom and how often?

After your son has been in residence for one (1) week he is allowed visitation from individuals significant to his life and recovery (i.e. parents, guardian(s), grandparent(s), siblings, and children). Clients must submit a list of individuals they wish to be on their approved visitation list. This list will be reviewed by the treatment team and the parent and client will be notified of those that have been approved. Scheduling a visit is the client’s responsibility. He will be allowed to contact his visitors by phone and inform his counselor of their intended visit. The counselor will confirm that the intended visitors are on the client’s approved visitation list and place them on the visitation log. See the rules of visitation for when and how often.

(5.6) What are the rules for visitation?

We welcome all approved visitors to the campus to participate in the family support program as part of the client’s treatment. The family support program is designed to assist clients, their family members, and significant others to develop a greater understanding of recovery. The following are the general rules of visitation:

- Clients may have visitors on any Saturday after they have been in residence 7 days.
- Clients may invite two people to visit from their approved visitation list.
- Scheduling a visit is the client’s responsibility. Family cannot arrange their visitation.
- Clients will contact their visitors and inform their counselor of their intended visit. The counselor will place the intended visitors on the visitor’s log for that weekend.
- Should someone arrive that is not on the visitors list, they will be asked to leave.
- Visitation takes place from 11:00 am until 1:00 pm in the Culp Building only.
- Visitors are advised to arrive around 10:45 am and report directly to visitor registration.
- Visitors must attend the family support group, which starts at 11:00 am and ends at 12:00 pm to be eligible for client visitation (12:00 pm to 1:00 pm).
- All visitors must bring picture identification and must be on the approved visitation list.
- Visitor parking areas are posted. Please do not linger in cars or the parking lot.
- Cell phones and purses are to be left in vehicles.
- Any items for clients must be clearly labeled and given to staff. Staff will deliver any allowable items to the clients. Clients are allowed to have food/beverages during the second hour of visitation.
- There is no smoking or use of tobacco products on the campus.
- For the safety of the clients and staff of the facility please adhere to a speed limit of 5 miles per hour.
Dress code rules:

We ask that all visitors abide by a dress code to ensure other visitors are not offended.

- Clothing should not be tight, transparent or revealing.
- It should not display gang, racial, inappropriate or inflammatory language or symbols.
- Skirts, dresses and shorts may be no shorter than two inches above the top of the kneecap, and no wrap-around skirts or dresses or clothing with slits are permitted. No holes or slits are permitted in pants.
- Shirts, blouses and tops must cover the chest and stomach.
- Appropriate undergarments and shoes must be worn at all times.
- No headwear is allowed except for verified religious purposes. Like all items, headwear is subject to search.

(5.7) Can restrictions be imposed on visiting privileges?

Unfortunately, at times, some clients and/or visitors abuse visiting privileges by improper conduct, failure to follow visiting rules, use of alcohol or drugs, unacceptable language, improper dress, or any other circumstances believed to endanger the client’s physical health or safety. Based upon the seriousness of the infraction, those involved may have visiting privileges suspended for an appropriate amount of time or only granted supervised visitation.

A client and or visitor may appeal visiting restrictions or suspension of visiting privileges to:

Mark Spurlock
Associate Executive Director
3232 Lay Springs Rd.
Gadsden, AL 35904
Email: mspurlock@bridgeinc.org
Phone: (256) 546-6324 ext. 204

(5.8) Is there a grievance process?

Clients have the opportunity to voice and discuss any concerns they may have about other clients, staff, program operations, treatment issues, group, recreation time, or any other problems within the program on a daily basis with their counselor or program manager. They also have the opportunity to complete a “Client Complaint Form”. This form allows them to write out a description of the event or complaint. A copy of the client rights is included in this handbook. You are required to sign a statement showing that you have received and understand your rights and the programs grievance process. We encourage you and your parents to communicate to us any concerns or needs you may have. Parents or guardians can communicate their grievance and/or concern to your counselor and/or program manager. If we are unaware of a problem we can’t do anything about it, so please share with us any of your concerns.
(6.1) **Will I be able to trust my son again?**

It is reasonable for you to expect your son to earn back your trust. Discuss with them what specific behaviors would be needed for them to do so. Help them understand that it will take time and consistent success on their part before they earn back your full trust.

(6.2) **What signs of continued progress should we expect following treatment? What are some indicators of a successful treatment experience?**

Recovery is a long-term process and treatment is only a first, though important, step in this process. Success is best measured in terms of reduced life problems and enhanced quality of personal and family life. Some reasonable expectations and indicators of success include:

- Abstinence or significantly reduced use of drugs and alcohol (many adolescents move into recovery by incremental improvements before achieving full recovery stability);
- Better management of strong emotions;
- Improved academic and work performance;
- A shift from anti-social to pro-social attitudes and behaviors;
- Improved family communication and relationships;
- Increased clarity and motivation related to personal goals;
- Decreased contact with the drug culture (e.g., former drug-related relationships, places, music, dress);
- Increased capacity for caring and respect toward others; and follow-through on recovery social support meetings.

(6.3) **What relapse warning signs should we watch for and how should we respond if a relapse occurs?**

The key is to focus on the overall functioning of your son rather than on a single troublesome attitude or behavior. Warning signs of relapse can be reflected in what your child is or is not doing. The former include physical and emotional changes, changes in interpersonal relationships (e.g., increased detachment from or conflict in family relationships, social isolation or resumption of pro-drug peer relationships), and changes in functioning (e.g., decreased academic or vocational performance). The latter include failure to maintain pro-recovery relationships and activities. Parents should be concerned anytime they see a return of old attitudes and behaviors previously associated with drug use and related problems. Typically when relapse occurs, problems will surface in more than one life area. The period of greatest risk for relapse is the first 30 days following the completion of treatment.  

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If you believe or know your son has relapsed, we encourage you to contact your Bridge counselor who can provide guidance on how best to respond to this situation. Many adolescents experience relapse of varying degrees of duration and intensity before establishing stable, enduring recovery. The key is to intervene early and decisively in ways that solidify this recovery process. Perhaps most important is the understanding that post-treatment relapse does not signal a complete failure but the need to re-evaluate and refine the long-term recovery plan.

(6.4) What can we do to help prevent our son from relapsing?

There are several things you can do to help prevent your son’s return to alcohol and drug use:

- Continue to acknowledge the positive attitudes and behaviors exhibited by your son;
- Express your concerns about relapse warning behaviors not as accusations but as “I statements”. For example, “When one of your old friends calls, I worry that they are trying to get you back into using drugs.”;
- Encourage participation in pro-recovery relationships and activities;
- Help with recovery activities via transportation;
- Avoid family activities that conflict with key recovery activities;
- Model pro-recovery relationships and activities by participating in your own family recovery activities (e.g., Al-Anon or Families Anonymous meetings);
- Talk with them about their short and long-term goals. Help them develop plans to accomplish their goals; and
- Accept that you cannot control your son, and that in the final analysis, it is their choice whether they resume using.

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A-1: Directions to Gadsden Campus

1. Take I-59 North
2. Take exit no. 188 at end of off ramp turn right
3. At 4 way stop go straight
4. At 2 red light turn left (Jacks is on Right)
5. Go 3.6 miles - The Bridge is on left
6. Front building is Administration

A-2: Map of the Gadsden Campus (illustrates the areas for visitor parking and location of the the Culp building).