

**Central Texas Veterans Health Care System
Posttraumatic Stress Residential Rehabilitation Program**

RESIDENT HANDBOOK ON RULES, EXPECTATIONS AND SERVICES



Thank you for choosing the Central Texas Veterans Health Care System Post Traumatic Stress Residential Rehabilitation Program as part of your treatment. In order to ensure that your time spent in this program is a productive, therapeutic experience leading to a positive, rewarding and safe future, the following sets of expectations are presented and explained.

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1. Introduction

Welcome to the PRRP program. This handbook will introduce you to the program's policies, structure, and services. If you have questions during your stay, any staff member will be glad to assist you.

PRRP staff's philosophy is that PTSD is a difficult mental illness that affects most, if not all, aspects of your life. It is not, however, an illness about which nothing can be done. Quite the contrary, with hard work in therapy and possible medication use, PTSD can be controlled and quality of life improved. To this end, we wish to help you identify your goals, design ways to meet these goals, and reduce your symptoms of PTSD while improving your quality of life. To get there will require hard work, but those things earned through hard work are often the most rewarding.

Since this is a residential program, Veterans are given as many privileges as possible, but because we are in a Federal Government setting, rules and regulations (especially regarding Fire and Safety) must be enforced. You are responsible for following all of the medical center's safety rules, program rules, policies and posted signs. A pamphlet with rules and regulations will be given to you at the time of admission, and we have emphasized a few of the most important ones below.

When you arrive on 7B for admission into the PRRP, nursing staff will take your vital signs, and inventory your belongings. Your physician will meet with you to obtain needed information about your history, current medications and diagnoses. You may have blood and urine tests ordered if your physician deems them appropriate. Initial assessment

may also include a TB skin test and chest x-ray. A registered nurse will meet with you to complete an admission assessment within 24 hours of your entry into the program. A social worker, psychologist, and other treatment team members (such as your treatment coordinator) will also meet with you within the first few days of admission. Information obtained during the admission process will assist your treatment team in helping you develop individualized goals for your treatment plan.

2. Patient Ethics, Rights, & Responsibilities:

a. Ethics

There may come a time when you and your family will need to make the most difficult decisions about your care than you have ever had to face. This can often be a confusing, frightening, or painful task. Increased understanding among patients, families, and health care providers may lessen your fears and help relieve the burden that such difficult decision-making may cause. CTVHCS has an Ethics Committee with representatives from a wide range of disciplines to help guide you and your family through such circumstances. For more information, or if you would like to speak with someone, let your nurse or doctor know.

Each Veteran admitted to the program, along with each PRRP staff member, has a duty to one another as human beings to appreciate and respect the dignity of one another as we try to work and live together. The PRRP believes in respecting one another's diverse opinions, lifestyles, and goals as you move towards a healthier future. In addition, we must be fair in our relationships; civil to one another in exchanging ideas in an honest, forthright manner and in our interactions with others; and display integrity as we aid one another in reaching our mutual goals. Overall, we must develop trust in one another as a varied group of people with many different backgrounds that works together for the betterment of all Veterans. Betrayal or exploitation of these principles destroys the program and hurts the Veterans. The PRRP staff asks that you observe these principles in your time with us.

b. Expected Behaviors:

Our main treatment goal is to assist you as you re-enter the community with a better understanding of your vulnerabilities and strengths while being more responsible for your behaviors, your support system and your recovery potential. This requires practicing respect for yourself and others and developing the concept of discipline, honor and dignity. Remember, your rights end where another person's begins. Certain maladaptive or negative behaviors will inhibit your growth process and, therefore will not be allowed nor tolerated. These maladaptive or negative behaviors include but are not limited to:

- Name Calling
- Intimidating Speech or Gestures
- Racial or Sexual Slurs
- Persistent Profanity
- Hostile or Degrading Statements

Threats or violence directed against persons or property

- c. **Boundaries**
"My rights end where yours begin." Veterans will seek permission from the "owner" of a room or property before entering that room or touching someone else's property. This boundary includes Government property. Veterans may not move, remove, repair, damage, or discard Federal property, regardless of the Veteran's intentions. Instances of intentional theft or damage of Government property are reported to VA Police. The incident then becomes a law enforcement matter subject to Federal law procedures and penalties.
- d. **Sexual Harassment:**
Unwelcome sexual advances, requests for sexual favors, sexually suggestive remarks and other verbal or physical conduct of an inappropriate sexual nature are prohibited and will not be tolerated in this program. This type of behavior should be immediately reported to PRRP nursing staff, treatment team member, or other VA employee.
- e. **Destructive or Impulsive Behavior:**
Maintaining an environment where both residents and staff are safe from physical harm is our top priority. Each resident is responsible for his/her own conduct on the unit. Acts of violence and threats cannot be allowed and may result in immediate discharge for all parties involved in an incident after a careful review of the incident by the Treatment Team. An act of violence or assaultive behavior refers to behavior where a resident either attempts to do or does physical harm to persons or properties. Such behavior will result in discharge and, depending on the circumstances, referral to the proper authorities. Although we expect to deal with strong feelings and anger, our program is not equipped to manage Veterans with suicide/homicide risks; in the event that an enrolled Veteran becomes suicidal or homicidal, the Treatment Team will make immediate arrangements for admission to a higher level of care.
- f. **Confidentiality:**
Groups are effective when participants agree to respect each other and honor privacy. What is shared in group needs to remain within the safety of the group time. Please refrain from gossip or critical comments about group content outside of group time.
- g. **Advance Directives**
At the time of admission, you will meet with a social worker who will discuss any advance directives you may need. Should you have directives prior to your admission, the Social Worker can file the directive so that we may know your wishes. Please see your social worker for any questions regarding advanced directives.

h. Release of Information:

You may obtain copies of any information in your record through the Release of Information Office in Building 91. For protection of your privacy, your written permission is necessary prior to the release of information from your records. Some records of your current admission may not be available to you until you discharge. For questions on records and the release of information, please visit the Release of Information Office.

i. Consent:

Written consent is necessary prior to the release of confidential personal information, the use of photographs, for surgical procedures, etc.

j. Dress Code:

Good physical appearance has positive psychological effects on everyone and is a clue to psychological wellbeing; therefore, it is expected that you will be presentable at all times. Pajamas are not permitted during the day. Residents are expected to shower and shampoo often enough to maintain a high quality of bodily cleanliness. Residents are also expected to launder clothing often enough to keep it free of odor and visible soil. If you are in need of hygiene supplies, the staff will provide it for you (i.e. soap, deodorant, toothpaste, comb etc.).

Sunglasses are not to be worn in groups unless approved by the group leader. If you wear shorts, they must be mid-thigh length, no shorter. The Team respects your military service and would never seek to diminish or deny your Veteran status, nor the pride you feel at having served your country. Nevertheless, some military attire is not permitted; this includes uniforms, berets, or heavily camouflaged clothing. If there is a concern as to what may constitute inappropriate clothing, please see the Treatment Team. Likewise, the Treatment Team reserves the right to ask the Veteran not to wear any regalia it feels is destructive to the unit morale or non-therapeutic.

k. Grievances:

If a resident has a grievance against a peer or staff member, the resident should set up an appointment with his personal treatment team (social worker, treatment coordinator, psychologist) to discuss an appropriate plan of action. If the grievance has not been managed with satisfactory results, the resident may make an appeal to the program treatment team in morning meetings with either a verbal or written statement. The treatment team will then make a decision on how best to handle the grievance. If the resident is not satisfied, complaints may be made in writing and directed to the VA Patient Advocate in Building 4. If a resident has a grievance with his personal treatment team, the resident may file the verbal or written grievance with the program treatment team. Grievances with staff will be taken seriously and will involve staff notification and plan of action. There will be no retribution for grievances made *according to policy*. It is expected that prior to,

during, and at the end of the grievance process, courteous and appropriate acceptable behaviors and language will be observed by all parties.

One issue some residents of the program face is behaviors which are unacceptable to the program. They are listed in various sections below, but unforeseen circumstances not listed in the Handbook may arise. The Treatment Team, at its discretion, may undertake a number of measures ranging from discharge, denial of passes, or other measures it feels are therapeutic. **These are not designed to be punitive, rather are designed for protection of the milieu, other Veterans and staff, and ultimately have a therapeutic reason.** Should this happen, the treatment team will meet with the Veteran, discuss the situation, and outline the measures to be taken.

i. Family Involvement:

Our treatment approach involves family participation as part of your recovery. You and your loved ones' relationship qualities and support system have been greatly impacted by PTSD. Aware of this, and with your permission, PRRP staff may contact family members to determine ways in which family members may have a role in your recovery. Educational opportunities for significant others to enhance your support system on potential problems with communication, relationships, responsibilities and roles are always available. Further Counseling is available to your family and significant others if needed or requested. Visitation during non-scheduled programming activities time is strongly supported. Refer to **Visitation**.

m. Illegal activities:

1. Gambling

Gambling on federal property is prohibited by federal law.

2. Weapons possession/illegal contraband:

All weapons, firearms, knives, including pocket knives, and contraband (alcohol, illegal drugs and drug paraphernalia) are strictly prohibited in accordance with Federal Regulations and Laws. **Possession will result in referral to the proper authorities (VA Police), with possible discharge and denial of readmission to the unit.**

3. Petty offenses:

Station policy for petty offenses, other than some parking violations, requires the issuance of a U.S. Court Violation Notice by VA Police. Violation notices usually result in a fine. The Treatment Team has no authority to intervene in law enforcement matters. Residents must resolve disposition of Violation Notices by contacting VA Police.

n. Smoking:

Use of tobacco and/or electronic cigarettes is not permitted in any building on this VA Medical Center. Smoking in any building is a Federal offense and may result in a fine and **subsequent discharge** from the program. You may use tobacco

and/or electronic cigarettes outside, when it does not interfere with your group activities. VA policy prohibits smoking within 35 feet of the building entrances. For your convenience, a shaded picnic pavilion is located on the west side of the building (between Buildings 7 and 8). Additionally, benches and picnic tables are available on the east side of the building (between Buildings 7 and 6). Should you need assistance with tobacco cessation, please see the unit medical staff who will be glad to provide education and nicotine replacement therapy, where applicable.

o. **Unauthorized Absence:**

Unauthorized absence (UA) may result in discharge. To avoid UA status, you must have permission for a pass, sign out at the nurse's station and sign back in, on time, upon returning from pass. Failure to return or to notify nursing staff of any delay will result in unauthorized absence and possible discharge.

3. Program Structure and Participation:

a. **Orientation:**

During your admission day, staff will cover basic safety in an orientation for you, covering the location of all exits from the unit, including fire escapes. You will also be shown the location of fire extinguishers. Basic information on all potential hazards and disasters will be covered. Cooperation in maintaining a safe environment is a responsibility we all share.

b. **Treatment Team and Treatment Coordinators:**

The basic staff unit working with you in the resolution of PTSD related problems is your treatment team. Program priorities and policy are determined by the treatment team, which generally consists of a psychiatrist, psychologists, social workers, nursing staff, and other hospital staff as required. Each resident has a personal treatment team (psychologist, social worker, and treatment coordinator) who coordinate his/her specific treatment and discharge planning. Treatment for residents in the 3-week program will be coordinated by the psychologist(s) and social worker(s) working with that group.

c. **Assessment and Treatment Planning:**

During your first few days, various members of the treatment team will be asking you questions about many aspects of your life in order to best help you decide on goals to achieve. Once we have assessed you, and gotten to know you better, we will put together a treatment plan. The treatment plan is a plan which provides a sort of roadmap to what you will do, with the help of the PRRP staff, to achieve your goals and hopefully make your quality of life better.

d. **PRRP is a two-phased program.** The first phase is a 3-week program of educational and therapeutic groups and activities. For some Veterans, the first phase is all they need or want. Other Veterans need more intensive treatment for PTSD, and may be referred to the longer-term cognitive processing therapy portion of PRRP. The second, or CPT, phase of the program lasts about 6 weeks.

Overnight passes are not permitted in the first phase of the program, but may be permitted in the second phase, depending on the Veteran's needs, and at the discretion of the treatment team. Overnight passes, if permitted, take place on weekends. The pass may be of any length within the limits, the earliest limit being at 12:00 noon on Friday, and ending by 21:00 on Sunday.

e. Group Therapy:

Group therapy is our core treatment method. It combines a healthy amount of group support while allowing appropriate verbal feedback of emotional material and related issues as needed. Trust is an essential element, but it grows slowly as we get to know each other. Groups will be used to achieve many different treatment objectives, including those of tolerating social gatherings and crowds for recreational therapy.

f. Group Attendance:

Meetings, classes, group therapy sessions, psychological testing, recreation activities, exercise activities, re-socialization activities, and other therapies are extremely important parts of treatment. These are scheduled into your treatment for their usefulness in overcoming PTSD symptoms. The usefulness of treatment in the Program is proportional to the degree of participation, therefore attendance is mandatory. Attendance is monitored at each activity.

Residents are responsible for being on time to all activities. If you must miss an activity due to a schedule conflict, you must notify the group leader that you will not be present. Excused absences are not held against the Veteran. If you are uncertain about which activities you should attend or about what constitutes an excused absence, please speak to your personal treatment team.

The first two unexcused absences result in a warning from your personal treatment team. Any further unexcused absences are interpreted as a request for discharge and could be grounds for an irregular discharge, at the discretion of the Treatment Team.

In emergency situations when unforeseen absence or tardiness cannot be avoided, it is the **resident's responsibility** to inform the group leader of the reason for absence or tardiness. The group leader will decide whether this will be treated as an excused or unexcused absence. *If a resident is disruptive during group therapy or any therapeutic activity, the group leader or staff in charge will give the resident one warning. If the resident persists in the disruptive behavior, the group leader or staff in charge will ask the resident to leave the group or the therapeutic activity.* If a resident is asked to leave a group because of disruptive behavior, it will be considered an unexcused absence. The Treatment Team will review unexcused absences and late arrivals to groups and activities.

g. Homework:

Homework assigned in groups/by your treatment team is considered a critical part

of your treatment. Not doing homework counts as an unexcused absence (see item f above). If you choose to not do the homework on a consistent basis and/or fail to attend required groups, we will assume that this treatment is not a good fit for you at this time and try to help you find a better match either at another program or in the community. Three unexcused absences (missed groups or homework) is grounds for irregular discharge.

h. Visitation:

A major emphasis of treatment is to facilitate reconnection with and maintenance of a relationship network with family, friends and significant others. Visitors who have been using substances such as drugs or alcohol and whose behavior is disruptive will not be welcome. **Visitors may not visit in your room, the hallway leading to the sleeping quarters or the dayroom.** Instead a visitor room may be provided upon request. Family visitation is strongly encouraged during weekends. Weekday visiting hours are from 4:00 p.m. to 9:00 p.m. On weekends, visiting hours are not restricted, except that they end by 9:00 p.m. Staff will assist in providing privacy for you to meet with your visitors. Program activities will not be interrupted for visitation.

i. Cell Phones: Cell phones are not allowed in group rooms.

j. Housekeeping:

You are expected to have your bed made, and your area neat and clean by 6:40 a.m. every morning except on weekends when you may wait until 10:00 a.m. Please keep the entire unit neat and clean. No items are to be placed on the tops of your lockers. Personal clothing and items are to be kept locked in your lockers. You may display personal items and add touches to the decoration of your room, which are not offensive to others and are consistent with the recovery philosophy of the program. If unsure of whether something should be displayed, see your Treatment Team.

Professional housekeepers clean common areas, sweep floors, and empty trash, as well as do periodic heavy cleaning. Residents are responsible for making their own beds. For bedrooms with in-room bathrooms, residents are responsible for cleaning the toilet, basin and tubs on a weekly basis. Cleaning supplies may be obtained from staff upon request.

k. Room Inspection

Environment of Care Rounds are made on Tuesday evenings by staff. If there is cause for concern, room inspections may occur at any time without notice to the Veterans. Room inspection will be done according to room inspection guidelines.

Looking for:

- Medications that aren't locked up
- Open food containers
- Clothes on the floor or other items on the floor

- Cluttered or items unorganized
- Unmade bed
- Inadequate sanitation
- Unauthorized electrical appliances
- Other contraband

Upon a room inspection infraction:

1. A checklist sheet with infractions will be placed on the Veteran's bed with the expectation the infractions will be corrected. A follow up review of the room will be made within 2 days' time to ensure the infractions have been corrected.
2. Should the infraction not be corrected, a verbal warning will be made by staff, and passes may be cancelled for that Veteran.
3. Continued non-resolution of infractions is grounds for irregular discharge from the program at the discretion of the Treatment Team.

i. Laundry

A washer and dryer are available in the Basement of Building 7. Laundry soap is available and may be obtained from staff upon request. Veterans will keep the laundry area clean.

m. Meals

Meals are served in the dining room at the following times:

Breakfast-----	7:00 a.m.
Lunch -----	12 Noon
Dinner-----	5:00 p.m.

A dietitian is available for nutrition counseling. It is the resident's responsibility to be on time for meals.

n. Lockers and Keys

You are responsible for keeping all your personal items, medications and valuables that you chose to keep on the unit locked in your assigned locker. A key will be issued to you upon admission.

o. Curfew, Lights Out, Locked Outer Doors:

The hours of normal operation are from 8:00 am to 4:30 pm. If you have need for available services after hours, arrangements can be made through your treatment team. If an emergency occurs, please see the staff on duty (staff is available at the nurses station 24 hours a day, seven days a week) who will be able to direct you and help meet your needs.

All residents must be on the unit by 9:00 p.m. The outer doors to Building 7 will lock at that time, opening only for emergency. The outer doors lock overnight for the safety of the Veterans sleeping inside. There will be no tobacco use during

these hours until the doors open the next morning at 5:30 a.m. If you have concerns about not being able to smoke during overnight hours, see the unit physician to discuss alternatives (nicotine patches, gum, or lozenges).

Curfew and lights out also assist with sleep hygiene and the development of improved sleep patterns, an important part of treatment. Residents are to be in pajamas prior to retiring and in bed, with television/computers off and room lights out, by 11:30 p.m. Staff understand that PTSD includes difficulty sleeping and nightmares that interrupt sleep. If you awaken during the night and are unable to go back to sleep, please do not use the TV or computers. Instead, see the Nurse or Health Tech on duty. He or she will discuss the reasons for your wakefulness and pass that information on to the Treatment Team so they can help with sleep-related issues. You may also go to the "Fish Room" near the Nurses Station to relax, practice meditation or mindfulness, or other activities which promote better sleep. Activities that are activating to the mind, however, such as television, computer use, and loud music, are to be avoided as they do not promote return to sleep.

p. **Pass Policy:**

PRRP philosophy supports few restrictions on passes, as functioning well and autonomously in the community is the overarching goal of treatment. For safety's sake, however, residents are not allowed to leave the station unescorted prior to evaluation. Passes are earned privileges, granted for therapeutic reasons. Eligibility for the pass begins after you have been evaluated by the Team. Passes should not interfere with programmed therapeutic activities and should have clear therapeutic objectives.

The two kinds of passes are "day pass" and "overnight pass". Day passes can be granted until 9:00 p.m. Day passes are not granted during scheduled programming. "Overnight pass" is only granted during weekends and holidays. Emergency passes will be dealt with on an individual basis by the Treatment Team. Complications in treatment, lack of clear therapeutic value or noncompliance with treatment may result in the denial of pass requests. Veterans in the 3-week program (Phase 1) have mandatory programming on weekends. They are not eligible for overnight passes.

Pass Procedures:

For **every** pass:

1. Immediately prior to departing for pass, sign out on the clipboard at the Nurses Station.
2. Sign in on the clipboard at the Nurses Station immediately when you return. Once you have signed in, the pass is completed, and you will be expected to be in the building and not leave again.

Besides the steps mentioned above, Overnight Passes require the following **additional** steps:

3. By Wednesday at 1:00 p.m., notify staff at the Nurses Station that you intend take an overnight/weekend pass.
4. Obtain and fill out a pass request sheet for every overnight/weekend pass. This sheet is valid only when the Treatment Team has reviewed and approved your pass request and when signed by your Treatment Coordinator. Please present the signed sheet at the Nurses Station as you depart for pass.
5. Proceed with the rest of the steps for every pass, described above.

Any time you leave the campus; you must sign out at the Nurses Station and sign in immediately upon returning. You must also sign out every time you want to access your vehicle.

Special Holiday passes may be granted in accordance with hospital policy and at the discretion of the Treatment Team. The procedures for requesting and approving passes mentioned above will be followed.

Pass Restrictions:

Passes are meant to enhance therapy, allowing Veterans to practice coping skills in the "real world". Some Veterans, however, may require a temporary restriction on passes in order to shield them from stressors and temptations that the community presents and to allow them time to strengthen their skills for managing those stressors. For example, a Veteran who uses addictive substances while on a pass may have future day and overnight passes restricted. Restrictions are not placed on passes lightly, and are done so after careful deliberation by the Treatment Team.

If a Veteran is on pass restriction, he may not leave the reservation without the express permission of the Treatment Team. He is not permitted overnight passes, and he is not permitted day passes. If a Veteran on pass restriction leaves the reservation without the Team's explicit, written permission, he will be placed on Unauthorized Absence status, and procedures for missing high-risk patients will be implemented. He may be subsequently discharged irregularly.

q. Room Changes

Room changes may be requested in writing. Note that in most cases, room change requests will be denied unless deemed necessary by the treatment team for clinical reasons.

r. Discharge and Feedback

Preparation for discharge begins as soon as you are admitted so that your transition back to outpatient care will be a smooth one. In your last week in the Program, you will meet with various Treatment Team members to discuss ways in which the Program worked well for you or which could be improved. Team members will also discuss with you aspects of your follow up care and help you to prepare to return to the community. Staff will contact you within the first 72 hours after discharge to make sure your transition has been successful.

Your feedback is very important to us at the PRRP. We will ask you to complete a survey at the end of your stay to tell us what worked well for you in the Program and what didn't work so well. The PRRP staff will NOT take any action against residents for this feedback. It simply helps us to identify OUR weaknesses and try to correct them.

4. Substance Use:

- a. Alcohol and Drug Policy: **No alcohol or drugs are permitted on the premises.**
The PRRP integrates therapy groups run by the Substance Abuse Treatment Program in order to address the needs of Veterans who are suffering from substance use disorders along with PTSD. Should uncontrolled addictions prove to be the more pressing treatment concern, and the Veteran is unable to maintain sobriety, the Treatment Team will refer the Veteran to the most appropriate substance abuse treatment program for more intense substance use treatment before PTSD treatment will continue.

Therapy is a part of every moment you are enrolled in the PRRP (from admission to discharge). In order to participate fully and benefit from this program you must be substance free. The use of any non-prescribed drug and/or consumption of any alcoholic beverage either on or off station while in the program may be grounds for discharge, with referral to the most appropriate substance abuse treatment program. The possession, provision of, or sale of alcohol or drugs in federal buildings or grounds is against the law and will be referred to the proper authorities and is grounds for immediate discharge.

Therefore, substance abuse screening will be conducted upon admission and periodically during program participation, especially upon return from pass. An observed specimen is to be submitted within two hours of request. Inability to give the specimen within two hours will be interpreted as an admission of use and is grounds for restriction or immediate discharge.

Also, PRRP Staff will search rooms and room contents for contraband and/or safety concerns.

- b. Sick Contracts:
Sick contracts are not acceptable. A "Sick contract" is when residents collude among one another to keep secrets or to prevent consequences for behavior that is inconsistent with treatment goals. Sick contracts enable one or both participants to remain sick. Honesty, openness and acceptance of responsibility for behavior are keys to improvement and recovery. When you and a fellow resident(s) enter a contract to keep secrets, you engage in behavior designed to delay your progress and to continue maladaptive behavior patterns, which may be severely emotionally damaging. To insure a healthy community, sick contracts are not acceptable.

- c. Use of AA/NA:
Residents will have access to Alcoholics Anonymous and Narcotics Anonymous on or off station upon request and approval from the Treatment Team.

5. Motor Vehicles:

- a. Automobiles and other privately owned vehicles:
Residents retain the keys to their own vehicle, relinquishing them only at the specific request of a PRRP staff member. An example of this might be an unauthorized absence which the staff feels is grounds to hold resident's keys. In order to gain access to their vehicle, residents must sign out at the nurses' stations (see heading "Pass Policy").

While on Federal Property, the **"DV" license plates must be accompanied by a placard** in order to park legally in a parking space labeled "Handicapped". Parking on the reservation is on a "first come, first served" basis. You may park in any space that is not specifically labeled for someone else (such as a visitor or handicapped space). If you will not need your vehicle during the week, please park it in a space that allows clinic patients to park in the spaces closest to the buildings. VA Police patrol the reservation and may issue citations and fines to vehicles parked improperly. VA Police have the right to inspect vehicles and their contents, and to issue law enforcement-related citations. All VA policies and Federal laws apply and supersede PRRP policy.

6. Medical and medicine issues:

The PRRP program is geared toward the improvement and resolution of psychiatric problems. The concentrated, compressed schedule is a demanding and rigorous one, requiring that you be physically and mentally able to get around on your own, and able to participate fully. **While minor medical concerns may be handled, major problems will have to be addressed either before or after program enrollment.** Problems that would need to be addressed before arrival would be things such as non-emergency consults (dental, dermatology, orthopedics, etc.), prosthetic devices (hearing aids, canes, wheelchairs, braces, etc.), and other such medical issues that would detract from your ability to concentrate on PTSD and mental health matters. If you have questions about any of these mentioned issues, please call to check on them with the admission coordinator.

- a. Medical emergencies:
In the event that a resident experiences chest pain, difficulty breathing, or other medical emergency, immediate notification to a staff member is extremely important. All nurses and health technicians, who staff the unit after business hours, are trained in the use of the defibrillator located on the unit. Health technicians will administer first aid until the registered nurse and/or physician evaluates the resident's condition. For health problems requiring more than

first aid care, the resident will be transported to the VA's primary care clinic, to the Temple VA Medical Center, or to local emergency rooms in the community as needed in the event of a medical emergency.

b. Medication:

The only prescription medications allowed are those prescribed by the unit physician. **DO NOT BRING YOUR HOME MEDICATIONS WITH YOU UNLESS INSTRUCTED BY THE ADMISSION NURSE.** Our philosophy is to use the absolute minimum medication necessary to ensure that you are alert and able to deal with program and personal issues. Exceptions will be determined by the treatment team. The therapeutic work done here will often result in anticipated tension, anxiety and discomfort. We are committed, however, to trying alternative approaches to the challenge of managing painful emotions. Our goal is to educate and train you on new skills that enhance the calming effects of your medications. The Veteran will keep his own medications in his personal locker to which only he and staff have the key. Controlled substances (defined by Pharmacy Service policy), will be dispensed to the Veteran by Nursing Service at the nurses station. Controlled substances include benzodiazepines (Xanax, valium, klonopin, etc.), ambien, and opiate pain medications, amongst others. You may keep over the counter (OTC) medications such as Tylenol in your locker as long as the unit physician is informed that you are taking such medications.

c. Dental/Eyecare:

Access to these services is based upon the eligibility requirements of these programs, though emergency care is available on an as-needed basis.

d. Sick Call:

Please notify the Registered Nurse on duty if you are having a medical emergency or illness. For routine medical care and issues, please notify nursing staff if you need to meet with unit medical staff.

e. Bed Rest:

If you are ill and cannot attend PRRP classes, you will need to be seen and evaluated by the RN, physician's assistant, or psychiatrist in the program to determine if absence is warranted. Permission for bed rest is granted for the following reasons:

- Temperature of greater than 100°
- Nausea with vomiting
- Uncontrolled diarrhea
- Flu
- Healing after visits to the dentist or day surgery if recommended by the clinician providing the service
- Tests and procedure preparations
- Other symptoms or illness if deemed severe enough by the examining clinician to warrant absence from therapeutic activities.

If you are on bed rest status, you are expected to stay in your room, except for meals, and are not eligible for passes, grounds privileges, or off grounds activities until bed rest order is suspended. If you have physical problems requiring repeated or extended bed rest, you will be asked to meet with the treatment team to determine if discharge and readmission at a later date is appropriate.

f. Infection Control:

Participants in the PRRP are informed of the following infection prevention & control strategies:

1. Hand Washing:

Participants are reminded to wash their hands with soap and water for a minimum of 20 seconds when coming on station, when leaving station, before eating, after restroom breaks, and after removing gloves and personal protective equipment (PPE). The proper hand washing procedure is as follows:

- Wet hands and apply soap.
- Rub hand vigorously together for 20 seconds, covering all surfaces of the hands including the knuckles, between the fingernails, the thumb and the wrist.
- Rinse hands well.
- Dry hands with a paper towel
- Do not touch the handles or water faucets; use the paper towel to turn off the water faucet.
- Have a method for measuring the 20 seconds such as singing the ABC or Happy Birthday.

2. Soap and water must be used for hand hygiene before eating. Otherwise, hand hygiene with antimicrobial products may be used in place of soap and water unless hands are visible soiled.

3. Standard Precautions:

Standard precautions require participants to wear appropriate personal protective equipment (PPE) when there is a reasonably anticipated contact with blood or body fluids or potentially infectious materials. PPE consists of gloves, gowns, and eye protection. Standard precautions consist of the following:

- Hand hygiene
- Gloving
- Mouth, nose, and eye protection
- Appropriate handling of laundry
- Appropriate handling of patient care devices

Hand hygiene should always occur after PPE is removed.

4. Cough Etiquette:

Participants are encouraged to use proper cough etiquette which requires the covering of the mouth and nose during a cough or sneeze. The mouth and nose should be covered with a tissue, or the participant should cough or sneeze into the elbow or the upper sleeve, not into the hands. Tissues should be disposed of immediately after use. Surgical masks may be worn if excessive coughing or sneezing occurs. Hand hygiene should always occur after coughing or sneezing.

5. Influenza Vaccination:

Participants are encouraged to get an annual Influenza Vaccination. The Annual Influenza Campaign starts every October and runs through March of the following year. Influenza vaccinations are available from the PRRP and at various sites throughout the Influenza Campaign.

6. Annual Tuberculosis Screening:

Participants are encouraged to report to get an annual tuberculosis evaluation. The evaluation may consist of either a tuberculosis skin test (TST) screening for signs and symptoms of tuberculosis as appropriate for the participant.

7. Waco VA services:

a. Canteen:

Canteen hours are 7:45 a.m. to 3:30 p.m. (Monday-Friday). The canteen is closed weekends and Federal holidays. Currently, the canteen is located in building 91. There is a small coffee shop also open limited hours in building 4.

b. Church Services:

Religious services are conducted in the chapel on station. Hours are posted on the bulletin board on the ward. Vets may also attend religious services in the community upon request and approval (for off-station pass) from the Treatment Team. Chaplain services are available upon request.

c. Mail

Mail is delivered to the unit by 11:00 a.m. You may check at the Nurses Station for mail. For mail to be delivered to you, the address is:

4800 Memorial Drive
Building 7B
Waco, TX 76711

d. Patient Library

The Patients' Library is located in Building 7 and is open daily from 8:00 a.m. to 4:30 p.m., Monday – Friday.

8. PRRP services:

a. Computer usage:

PRRP is grateful to the VRT program for sharing their computer lab with PRRP residents. Use of their computer lab is a privilege, and their posted rules must be obeyed. Any disregard for those rules will result in the privilege being revoked by the treatment team and/or by the Office of Information & Technology.

Wireless internet was donated to PRRP by Wounded Warrior Program. Veterans who have their own electronic devices that make use of wireless internet (smart phones, for example) may use them on the unit, outside of therapeutic groups and activities. Remember that all electronic devices are attractive to thieves and should be secured when not in use. Like the televisions, computers must be turned off by 11:30 each night.

b. Telephone:

The residents' telephone is located in Room 2A-103. In keeping with our community respect for one another, calls are not to exceed five (5) minutes. Generally, program activities will not be interrupted for telephone calls. Messages will be taken whenever possible. The telephone number is (254) 297-5099. Residents are permitted to carry personally-owned cell phones, but not during groups.

c. Television:

Since all residents must share the television, respect and consideration for your fellow Veterans must be used. Use of the television is not allowed during therapeutic programming activities time. The television will be turned off at 11:30 each night. Weekend hours are more flexible, but consideration for fellow residents is most important. Residents may not bring personally-owned televisions.

d. Music:

Listening to music can be a great way to relax. However, your tastes in music may not match those of your roommate. Please use headphones.

9. Other:

a. Coffee Use:

Caffeine overuse adds to anxiety, irritability, and sleep disturbance. **Use of decaffeinated coffee is strongly encouraged.** Provision of coffee and maintenance of a clean area will be a shared responsibility of all residents. If you have any questions concerning the effects of caffeine, please see the physician.

b. Electrical Appliances:

Personally owned electrical appliances must be cleared through Engineering Service prior to use, and our program staff will facilitate that process upon request.

- c. Money:
Monies kept in your possession are your responsibility. The PRRP staff cannot keep any monies for you. Should any money be missing, it is your duty to inform VA police and file a theft report. It is advised that, if you wish to keep more than \$20 during your stay, you may keep the money in a Patient Funds Account. For information, please see PRRP staff for direction on this subject.
- d. Razors:
Cartridge type razors such as Techmatic, Trac II, etc., are allowed. Electric shavers must be approved by Engineering Service. For information on procedure, inquire at the nurses' station. All straight edge, double edge and injector razors are prohibited.
- e. Suicide Warning Signs/Thoughts:
If you or someone you know exhibits any of the following suicide warning signs, call the National Veterans Crisis Line at 1-800-273-TALK.
- Threatening or talking about harming or killing oneself or others. Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
 - Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
 - Feeling hopeless
 - Feeling rage or uncontrolled anger or seeking revenge
 - Acting reckless or engaging in risky activities—seemingly without thinking
 - Feeling trapped—like there's no way out
 - Increasing alcohol or drug use
 - Withdrawing from friends, family, and society
 - Feeling anxious or agitated, being unable to sleep, or sleeping all the time
 - Experiencing dramatic mood changes
 - Seeing no reason for living or having no sense of purpose in life

The National Veterans Crisis Line, 1-800-273-TALK (8255), is a network of crisis centers committed to suicide prevention and located in communities across the country. The Lifeline is funded by a grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration.

800-799-4TTY (4889)

www.suicidepreventionlifeline.org

Suicide: Recognizing Warning Signs and Getting Help

Objectives: By the end of this discussion, you will be able to:

- Recognize the warning signs of suicide
- Factors that may increase risk for suicide
- Factors that may decrease your risk for suicide
- How to limit your access to means of suicide
- How to seek help if you or another resident are having thoughts of suicide\Identify available community resources

Warning Signs of Suicide:

- Threatening to hurt or kill yourself
- Looking for ways to kill yourself
- Seeking access to pills, weapons, or other means to kill yourself
- Talking or writing about death, dying, or suicide

Additional Warning Signs of Suicide

- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities, seemly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol or drug abuse
- Withdrawing from family, friends, society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

Factors That May Increase Your Risk of Suicide

- Current ideation, intent, plan, access to means
- Previous suicide attempt
- Alcohol/substance abuse
- Previous history of psychiatric diagnosis
- Impulsivity and poor self-control
- Hopelessness
- Recent losses (physical, financial, personal)
- Recent Discharge from an inpatient unit
- Family history of suicide
- History of abuse (physical, sexual, or emotional)
- Co-Morbid health problems (especially a newly diagnosed problem or worsening symptoms)
- Age, gender, race (elderly or young adult, unmarried, white, male, living alone)
- Same-sex orientation

Suicide: Recognizing Warning Signs and Getting Help (continued)

Factors That May Decrease Your Risk of Suicide

- Positive social support
- Spirituality
- Sense of responsibility to family
- Children in the home, pregnancy
- Life satisfaction
- Reality testing ability
- Positive coping skills
- Positive problem solving skills
- Positive therapeutic relationship

Limiting Your Access to Means of Suicide

- Enlist the help of family members or someone you trust
- Adhering to your medication regimen
- Gun safety

How to Seek Help if You or Another Resident Is Having Thoughts of Suicide

- Resources to use while you are in the VA
- Mental Health Clinic (know your clinic phone number)
- Your current provider/treatment team member
- What to expect when you request help
- How to seek help if you or another resident are not at the VA and feel you are in immediate danger of harming yourself
- Contact 911 or present to the nearest ER

Resources

- National Veterans Crisisline: 1-800-273-TALK (8255)
- www.afsp.org
- www.suicidology.org
- www.save.org
- www.spanusa.org
- www.nimh.nih.org

In Summary...

- Recognize the warning signs of suicide which you or another resident might be experiencing
- Do not be afraid to seek help from a professional!
- Keep emergency contact numbers (VA and non-VA) available to you in an easily accessible place
- Remember the 1-800-273-TALK (8255) National Veterans Crisisline

If you have a complaint regarding the quality of care at this facility and you would prefer to resolve your complaint with an outside agency, you may contact:

The Joint Commission

Do you have a complaint about the quality of care at a Joint Commission-accredited health care organization? The Joint Commission wants to know about it. Submit your complaint online or send it to us by mail, fax, or e-mail.

E-Mail

complaint@jointcommission.org

Mail

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Fax

Office of Quality Monitoring
(630) 792-5636

If you have questions on how to file your complaint, contact the Joint Commission at (800) 994-6610, Time 0830-1700, Mon-Fri.

VA HELP LINES

Benefit Information and Assistance (VBA)
(800) 827-1000

Telecommunication Device for Deaf (TDD)
(800) 829-4833

Education and Training
888-442-4551

VA Life Insurance
800-669-8477

CHAMPAVA
800-733-8387

Helpline (Agent Orange and Gulf War)
800-749-8387

Department of Veterans Affairs
OFFICE OF THE INSPECTOR GENERAL

Report any information about actual or possible violations of criminal law involving VA or its contractors to any management official, VA police, or the Office of the Inspector General (OIG).

To report criminal activity, waste, abuse, mismanagement, and safety issues:

E-Mail

vaoighotline@va.gov

Mail

VA OIG Hotline
P.O. Box 50410
Washington, DC 20091-0410

Fax

VA OIG Hotline
(202) 565-7936

Homeless 24/7 Hotline
1-877-4AID-VET
(1-877-424-3838)

Central Texas Healthcare for Homeless Veterans
254-743-1261

National Suicide Prevention Hotline
1-800-273-TALK (8255)

Poison Control
1-800-222-1222

Waco VA Medical Center

4800 Memorial Drive
Waco, TX 76711
254-752-6581 | 800-423-2111

Olin E. Teague Veterans' Medical Center

1901 Veterans Memorial Drive
Temple, TX 76504
254-778-4811 | 800-423-2111

While any violation of the Rules & Expectations may be grounds for program discharge, it will be up to the Treatment Team to decide the consequences of any unacceptable behavior.

Your signature verifies that you have read and agree to abide by the **Rules, Expectations and Services** of the **PRRP**. Consequences will be determined by the treatment team of the PRRP. Billing concerns should be addressed with VA billing office prior to admission.

Again, thank you for choosing the Central Texas Veterans Health Care System Post Traumatic Stress Residential Rehabilitation Program as part of your treatment. We really hope that your time spent in this program is a productive, therapeutic experience leading to a positive, rewarding and safe future.

Vet's Printed Name *Date*

Vet's Signature

Witnessing Staff Printed Name *Date*

Witnessing Staff Signature