



Vermont School for Girls

CONNECT • GROW • THRIVE

Family/Caregiver and Student Guide

Vermont School for Girls

STUDENT CENTERED
FAMILY FOCUSED

Dear Families and Caregivers,

I wanted to take a minute to welcome you to the Vermont School for Girls. Simply stated, families and caregiver's matter to us at the Vermont School for Girls. We appreciate and take very seriously that you have entrusted us with your child's care and treatment. It is our intention to work collaboratively with you over their time with us. I am hoping that this Family/Caregiver and Student Guide will answer any questions you might have about our program. If not, please feel free to contact me.

Laurae Coburn, PhD, NCC, LCMHC, LADC
Executive Director

The mission of VPI South is to provide a therapeutic community that enables our girls to heal from past trauma, find pleasure and joy in their present lives, and build inner resources for their futures.

Youth Guided Treatment and Empowerment

Residential treatment at Vermont School for Girls provides customized therapeutic experiences for girls ages 11-20 in a nurturing environment promoting the best practices in trauma informed therapy and inclusive education. Our program is designed to promote permanency by helping students develop the skills required to be successful in their home communities. Students are encouraged to work with peers and staff members to assist them in gaining skills and strength. This enables them to make better choices for themselves. For effective treatment to occur, involvement is needed from all individuals on the treatment team, including the student's family and caregivers. Students are encouraged to find their voice and contribute to their treatment process by establishing their treatment goals and attending and participating in their treatment planning meetings.

Connect-Grow-Thrive

Vermont School for Girls is committed to providing individualized comprehensive services to children and adolescents who often have experienced complex developmental trauma. Our students, in response to their life experiences; can present with a constellation of adaptive mechanisms that have become distressing symptoms. These symptoms often present as self-harm, substance abuse, depression, anxiety, aggression, suicidality, as well as disordered eating. We are a staff secure facility providing a 4:1 staff to student ratio and are able to provide 1:1 supervision for crisis stabilization. We facilitate growth-promoting experiences through secure relationships that increase the student's ability to self-regulate and manage their inner lives in order to optimize feelings of safety, confidence, and competency.

Our treatment program modalities are grounded in attachment theory and we utilize a variety of trauma informed practices including: The Attachment, Self-Regulation, and Competency Model (ARC), Eye Movement Desensitization and Re-Processing (EMDR) and Trauma-Focused Cognitive Behavioral Therapy. Our adjunct mind-body modalities include: Trauma-Sensitive Yoga and Equine Therapy.

Vermont School for Girls serves girls ages 11-20 in an integrated milieu. The first 30 days is used as an assessment period to develop an individualized treatment plan (ITP) the ITP is informed by assessment, observation, and engagement with students. A psychosocial assessment is completed which includes collateral contacts as well as the student and the student's family/caregivers. The assessment period also includes multiple observations by residential, educational, and clinical staff. A psychiatric evaluation is completed by our consulting psychiatrist who provides psychiatric services throughout the course of treatment. Students are assigned a therapist and receive individual therapy, as well as therapeutic groups, and adjunct mind-body therapy as indicated. A permanency plan is identified for each student and they are also assigned a family service worker/therapeutic case manager. Families and caregivers are offered support, education, and consultation to meet their individual needs and strengthen the permanency plan by their family service worker/therapeutic case manager.

Residential Program

Our residential life experience is designed to create connection and give students the time to be themselves and discover what they enjoy. While living with their dorm mates in residences, students learn how to accept themselves and others. They make meaningful connections with staff and realize they can count on them to listen with care and acceptance.

Our residential program focuses on assisting our girls in activities for daily living. We provide a structured supportive living environment in which staff assess each student's individual strengths and needs in order to develop a specialized plan of care. We provide positive socialization through community based living and engagement. Staff assist our girls as they learn and practice skills around personal hygiene, room upkeep, and laundry. Students earn weekly allowances and can go off campus to make purchases that support healthy activities. Students can choose from a variety of activities such as: trivia and movie nights, music lessons, arts and crafts, and camping trips, and local and regional sporting events. Students have daily opportunities to get outside and to exercise and are encouraged to choose activities they can do with others and not have to worry about performance.

Approved Educational Program

During the school day, students participate in academic programming and electives/experiential programming. Half the school day is devoted to academic programming (core classes) and the other half is devoted to electives/experiential programming. This structure allows students to remain engaged and active throughout the school day. The course of study follows a standard curriculum including Middle and High School courses in Mathematics, Science, English and Social Studies. Our elective/experiential offerings include Horticulture, Culinary, Music, Wellness through Movement, and Art.

We offer small class sizes, differentiated instruction, specialized instruction in basic skill areas and other areas identified in Individual Education Plans such as adaptive behavior, self-regulation and executive functioning. Our special education service categories include: emotional disturbance, intellectual disability, hearing loss, multi-disability, other health impairment, specific learning disability, and speech or language impairment. Related services include speech and language services, Title 1 services, and occupational therapy consultation.

Families and Caregivers Matter

Vermont School for Girls is committed to maintaining and strengthening family relationships. We welcome and value family involvement. Vermont School for Girls is committed to creating an atmosphere that is responsive to the needs of the family and the student. With the overarching priority of stabilization and safety, it is the team's intention to construct a plan for contact and visitation that provides a pace that supports success.

Staying connected...through phone calls

- Students are encouraged to make calls and maintain contact with individuals outside of the program.
- Students have a right to make and receive phone calls *unless a* licensed medical or mental health professional (physician, psychologist, social worker, professional counselor, clinical nurse specialist) or legally responsible, parent, guardian, or custodian determines, in consultation with the Student's treatment team, that restrictions on making or receiving telephone calls are necessary for treatment purposes. In these instances:
 - The Student's right to communicate by phone may be limited for a specific period of time, not to exceed one week without re-authorization.
 - Restrictions may include: requiring that calls be supervised or on speaker phone, or prohibiting a student from being in contact with a specific person.
 - Restrictions must be documented in the student's individual treatment plan and/or treatment intervention plan and contact log along with supporting clinical rationale.
 - Restrictions must be reviewed regularly to determine if they continue to be clinically necessary as the student's treatment progresses.
 - If no logical clinical or legal (court ordered) rationale exists for restricting phone access to a specific person, the student's treatment team will not support the restriction.
 - A student's right to communicate by telephone may be restricted if it is determined that the student is making obscene, harassing, or threatening phone calls. Recipients of obscene, harassing, or threatening calls have the right to request that the student not be permitted to contact them, at which point their name will be added to the student's do-not-call list and, if appropriate, the call(s) will be reported to the proper legal authority for investigation.
 - A contact log will be maintained for each resident. The log will contain a face sheet that includes contact information (phone numbers, addresses, etc.) for their contacts, and a sequential log of all phone contacts made by the resident, which includes who the call was to and the time and duration of the call. Log also should include information about behavioral presentation prior to and after each call so that the student's Treatment Team can determine how each contact influences the student's emotional stability. These data can be used to determine whether contact restrictions are necessary.
 - If restrictions exist on the student's contact list, the log will identify any restrictions that must be observed. A student or his/her family may request that someone be added to the contact list at any time. They may do this by submitting the name, relationship, and phone information for the person they wish to add to the contact list. Requests are reviewed by the Treatment Team, referral agency, and student's family and will be added to the list provided doing so is not contraindicated by the student's treatment plan.
 - Staff will provide students with a location to make and receive phone calls that insures privacy from other students yet allows staff to monitor the student's behavior. A call may be ended if a student engages in escalating negative behaviors or if there are safety concerns.

- Non-emergency calls should be made during free time or between programming events. Calls interrupting therapy or school time, and calls made after 9:00 PM will be limited to special circumstances, such as emergencies.
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- **Staying connected...through phone calls (cont)**
- If a student is in a state of crisis, they will be allowed to contact their parent/guardian by phone as soon as their safety and the safety of others is secured (as determined by the Administrator on Duty or his/her designee).
- All calls are initially placed and logged by a staff member to ensure that the appropriate person is being contacted.
- In order to ensure equal phone access for all students, staff may require students to schedule non-urgent calls ahead of time, and to limit daily call time to a recommended maximum.
- Phones are secured when not in use to ensure that students do not make unsupervised calls.
- Professional phone calls to social workers, clergy, disability rights advocates, licensing authorities, GALs, and any other servicing agencies can be made during business hours and voice mails can be left after business hours.

Contact Phone Numbers

Main office (802) 447-1557

Monument View East -Up Stairs 802-681-7301 or extension 131 from main number

Monument View East- Down Stairs 802-681-7303 or extension 133 from main number

Monument View West 802-681-7300 or extension 130 from main number

Staying connected...through mail:

- Student mail can be sent to them c/o The Vermont School for Girls, 192 Fairview Street, Bennington VT. 05201. We appreciate it when there is a return address, so that we can confirm that the student is receiving mail from an authorized contact.
- Students may receive “care packages”. We know how important it can be for you to express your care through providing treats and are asking that you send items such as books, games, socks, art supplies or hygiene items in lieu of food. We know care packages are very important and are much appreciated.

Staying connected...through team meetings and visits:

- In the first thirty days of treatment, an Individualized Treatment Plan (ITP) is created. The treatment team will meet to discuss this plan and you are encouraged to attend this meeting. If in-person participation is not possible, we encourage use of teleconferencing or videoconferencing. The ITP outlines the student’s goals and objectives for the treatment including those that relate to visitation. The specific terms of visitation are determined by the student’s treatment team and vary based on individual circumstances. Again, safety and stabilization are the most important factor.

Visitation Options include:

- On campus supervised/supported visit at Vermont School for Girls (student, family, clinician/family service worker/therapeutic case manager). We will work with you to assist you in your travel arrangements and to ensure you have a quiet and comfortable place to visit.
- On campus visit at Vermont School for Girls unsupervised (staff nearby but not in the room).
- Off-campus unsupervised visit in the Bennington community with a check-in by staff team member before and after visit. If you are traveling into the community, we can help you find local resources.
- Overnight visitation in Bennington community (with check-in or family session before/after visit).
- Supported day visit in child's home community with family and Family Service Worker/Therapeutic Case Manager. Often this occurs before the student makes a home or overnight visit.
- Overnight home visit. The treatment team will work with you to develop plans for your child to visit at home as much as is therapeutically indicated.
- ***Staying connected through Family Work....*** Each student has a Family Service Worker/Therapeutic Case Manager whose primary role is to work with a student's on-site treatment team and his/her sending treatment team toward identifying a permanency plan, facilitating family work and working toward the permanency plan.

Transitioning home...

- The active involvement of families and caregivers is essential to a successful return home. We work closely with families and caregivers to ensure they are a part of the treatment process in whatever way makes sense. We are creative, resourceful and flexible in our thinking. We are able to support travel, come into the home, and use technology (such as teleconferencing) to ensure that family support happens as we prepare for transition home.

Permanency and Concurrent Plans

The referral source is required to identify a Permanency Plan and a Concurrent (as indicated) plan within the first 7 days of a student's placement. Permanency and Concurrent Plans help to guide treatment decisions.

Permanency plan, as identified by the referral source: <input type="checkbox"/> Maintain in his or her own home <input type="checkbox"/> Reunification with family <input type="checkbox"/> Planned permanent living arrangement <input type="checkbox"/> Adoption <input type="checkbox"/> Permanent relative placement <input type="checkbox"/> Guardianship by a relative or other person
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Concurrent plan, as identified by the referral source: <input type="checkbox"/> Maintain in his or her own home <input type="checkbox"/> Reunification with family <input type="checkbox"/> Planned permanent living arrangement <input type="checkbox"/> Adoption <input type="checkbox"/> Permanent relative placement <input type="checkbox"/> Guardianship by a relative or other person
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STUDENT RIGHTS

Participation in the Development of an Individualized Treatment Plan
Be a part of planning for your treatment (contribute to your treatment plan)

Receive Visitors of the Student's Choice if Clinically Appropriate
Have visitors that are approved

Individualized Treatment and Habilitation
Have a treatment plan that is specific to you

Presumption of Competence
We assume that you are capable of making good decisions

Legal Representation
Have and talk to your lawyer

Send and Receive Mail
Send mail to and receive mail from people that are approved

Have access to Telephones
Use the phone to call people that are approved, during scheduled calling hours

Follow or Abstain from the Practice of Religion
Choose to practice (or not) your religion

A Humane and Safe Environment
Live in a safe place where people care about you

Physical and Outdoor Exercise
You have the chance to be outdoors and active

A Nourishing and Well Balanced Diet
Have good, well balanced meals and snacks

Medical and Dental Treatment
To go to the doctor and dentist

Appropriate Educational Services
Have an appropriate school program

Freedom from Unnecessary and Excessive Medication
Be prescribed only the medication that you need

Safety and Protection
Words matter, and for your safety and protection, when lethal threats are made, they will be reported to law enforcement, guardians and funding agencies.

File a Grievance
You may formally complain about an issue in writing after other attempts to resolve a complaint have not met your satisfaction.

VPI-South protects and promotes the rights of all of its students as defined, but not limited to, those afforded through the Children's Mental Health and Developmental Disabilities Act.

Student Responsibilities

At Vermont School for Girls we all work together to create a place for safety and respect for all members of our community. To this end, we invite our students to join us in maintaining a positive culture where everyone does their part. Students share in the responsibility of maintaining the residential community and those responsibilities include adhering to program rules, being courteous to others, and maintaining a clean and clutter free living environment. We also have the following guidelines in place in to support a positive living environment.

Student Conduct:

- Vermont School for Girls encourages appropriate social contact (e.g., handshakes) and discourages inappropriate contact (e.g., pushing, un-wanted hugs)
- Students are expected to address peers and staff members with respect

Dress Code:

- Students will wear appropriate clothing at all times (dependent upon their environment)
- Pants and shorts will be worn at waist height.
- Students are required to wear appropriate footwear.
- Attire will be assessed each day by the staff present. If deemed inappropriate, the student will be required to change.
- Clothing allowances and purchase orders are available for students who need additional clothing items or seasonally appropriate clothing.

Contraband:

The following items are considered contraband and are NOT allowed:

- Any illegal substances
- Tobacco products of any type
- Ignition sources, including lighters and matches
- Weapons, including knives, chains, or sharp objects
- Clothing that is deemed inappropriate (e.g., shirts advertising alcohol, ripped clothing)
- Any money carried by a student (such as allowance may be kept on campus for use on student trips).

Daily Routine

Daily routines are similar for students in all residences but may vary based on individual circumstances. Below is a sample routine for a typical school day:

Approximate Time	Activities
7:00 a.m. – 8:30 a.m.	Wake up, morning responsibilities, personal hygiene, transport to school, breakfast
8:30 a.m. - 2:40 p.m.	School
2:40 p.m. – 4:30 p.m.	Transition to residence, snack, after school programming.
4:30 p.m. – 5:30 p.m.	Dinner
5:30 p.m. – 9:00 p.m.	Evening programming, snack
9:00 p.m. –10:00 p.m.	Bedtime routine
10:00 p.m.	Lights out

* Note: Routines are more flexible during weekends, holidays, and other days off from school.

Meal Times

Meal	Approximate Time
Breakfast	8:00 a.m.-8:20 am
Lunch	11:20 a.m.-11:50 a.m.
Afternoon snack	3:00 p.m.
Dinner	4:30-5:30 p.m.
Evening snack	8:00 p.m.

Hygiene and Responsibilities

Students are expected to adhere to daily routines, assume community responsibilities and maintain an adequate level of hygiene. If a student does not meet these expectations, staff members will work with her to create a plan to address the specific concerns.

Time In

In all settings, students are encouraged to be attuned to their needs and can use their regulatory strategies. Time in can be a frame of mind or can literally mean walking away from a stressor. The goal of allowing students to be attuned to their needs is to empower them to make positive decisions regarding their behavior through the use of self-management skills.

Time In and Trauma Informed Care- Regulatory Intervention- Peace Rooms

In all settings, students are encouraged to be attuned to their needs and can use their regulatory strategies. Time in can be a frame of mind or can literally mean walking away from a stressor. The goal of allowing students to be attuned to their needs is to empower them to make positive decisions regarding their behavior through the use of self-management skills.

Peace rooms have been designed at Vermont School for Girls to assist students in developing regulatory capacity in the area of affect modulation. Areas are set up with comfortable seating such as bean bags, yogabo's, comfortable arm chairs, as well as stations with relaxing music, sensory and movement items. The student can use the peace sign to let staff know they are noticing their arousal level and are actively choosing to have an opportunity to practice a self-identified coping skill. They can then go to the peace room and chose a strategy that works for them and they may request a staff to join them if regulation will be enhanced by their comfort and support. Once the student has brought their arousal (energy) back into their window of tolerance, they can return to class or to another activity that promotes their capacity to maintain their regulation. This process builds the student's self-awareness of their body cues, emotional states, and arousal levels and enables them to gain mastery over their reactivity

Grievance Policy

Generally, we suggest going directly to the person with which you have a concern. However, if there are circumstances where this is not comfortable or appropriate you have the option to contact anyone in the program you have a relationship with or take up the concern with the chain of command. VPI South (Vermont School for Girls/New England School for Girls) provides students with the right to formally complain about an issue in writing after other attempts to resolve a complaint have not met their satisfaction. There will be no retaliation of any kind for your complaint. You can file a grievance with your clinician, the clinical director, or the clinical program administrator. You may ask any of these individuals for a "Student Grievance Form" and they can assist you with filling out the form. The completed form will be forwarded to the Executive Director or designee. The Executive Director or designee will respond to your complaint within 72 hours and a formal investigation will be launched. You will be informed of the result of the investigation and its outcome in writing within 7 days. If you are unhappy with the results of your complaint, your clinician, the clinical director, or clinical program administrator will assist you in setting up an outside of the school review.

You may also contact:

Residential Licensing & Special Investigations Unit Vermont 1-800-649-5285

or

Disability Rights Vermont

141 Main Street, Suite 7, Montpelier, VT 05602

(802) 229-1355 Website: <http://www.disabilityrightsvt.org>

Treatment Intervention Plan (TIP) And Incident Reports

Vermont School for Girls utilizes a highly individualized approach to provide incentives for pro-social behavior and to support each student in modifying inappropriate behavior.

- *TIPS*: TIPS identify which approaches best meet the needs of an individual student during times of distress. TIPS are developed with feedback from the treatment team and the student.

Incident Reports and Notifications

- *Incident Reports*: Any behavior that is of a critical nature is documented in an Incident Report.
- *Notifications*: Family Service Workers/Therapeutic Case Managers will communicate with the student's team regarding incident reports.
- Parents will also be notified within 24 hours following a safety hold of their child.
- Parents will be notified immediately or as soon as reasonable of any student missing from program, attempted suicide, or medical emergency requiring the services of an Emergency Room or hospitalization, death or any other seminal event in the life of their child.

The Following incidents are documented in incident reports.

- Boundaries/Touching- engaging in any inappropriate physical contact with a peer or staff member.
- Harassment/Bullying/Threatening- making comments or gestures with the intent to intimidate or harass another person.
- Other- any act that is deemed against normal societal expectations (at discretion of staff).
- Physical Aggression/Horseplay- any physical contact which has the potential to harm another person.
- Possession of Contraband- the possession of anything illegal, or the possession of items prohibited by the agency (e.g., drugs, alcohol, tobacco products, drug paraphernalia, weapons, ignition sources, sexually explicit materials, gang-related items).
- Property Damage/Misuse- the purposeful or reckless damage or misuse of property.
- Self-Harm- the act of harming oneself with or without the intention of incurring damage.
- Sexualized Comment/Gesture- words or actions which invite sexual contact or threaten another individual.
- Unsafe Behavior- any behavior deemed unsafe by staff.

Vermont School for Girls Treatment Pathway(s)

Common Core Components of Trauma-focused Treatments

(Adapted from the TAP model, 2006; Luxenberg et. al., 2001; Cook, et. al., 2005; & ARC Framework, Blaustein, Kinniburgh, 2005)

Complex Trauma is when a target population has experienced chronic stressors including early childhood trauma and ongoing exposures to adverse life experiences. “In trauma-focused treatment, clients can move back and forth between phases or components of treatment. Sometimes different phases or components of treatment are addressed simultaneously during the course of treatment. The amount of time that each client will need to spend in each phase or component of treatment will depend on his/her strengths, needs/symptoms, and developmental level.” ~The Center for Child Trauma Assessment and Service Planning (CCTASP) at Northwestern University.

These Treatment Pathway(s) are designed to be strength-based and collaborative and include family involvement as clinically appropriate.

Common treatment goals include:

- Developing the student’s ability to experience themselves as worthy within themselves and in their interpersonal relationships
- Developing the student’s capacities for self-care, positive coping styles, and executive functioning (including problem solving and decision-making).
- Developing the family’s ability to support the student and improve family relation skills.

Usually in Phase 1: Safety and Stabilization-Connect

Goal: To build a therapeutic alliance and help the student to begin to develop the ability to self-regulate. The student will develop safe, effective coping skills for times that they experience strong feelings.

Usually in Phase 2: Skill Development- Connect-Grow

Goal: Student will learn to identify, modulate and communicate emotional states.

Usually in Phase 3: Skill Practice/Competency-Connect-Grow-Thrive

Goal: To build the foundational skills needed for healthy ongoing development and resiliency (i.e. executive functioning, self-development, identity)

Usually in Phase 4: Trauma Integration-Connect-Grow-Thrive

Goal: Student will consistently maintain safe and stable behaviors.

**Family/Caregiver and Student Guide
Signature Page**

I acknowledge that I have received a copy of the Family/Caregiver and Student Guide and that the Program Director or another designated staff member has reviewed the information in it with me. I agree that if I have any questions about this information that I will ask a Milieu Counselor or my Treatment Team members to explain things further. I understand the importance of being an active participant in my treatment planning in order to have the best possible experience at Vermont School for Girls.

Signature of Parent/Guardian/Caregiver

Date

Signature of Parent/Guardian/Caregiver

Date

Signature of Student

Date

Signature of Program Director or Designated Staff

Date

Date of Admission



Your Life – Your Future

Inside Info on the Residential Programs from Youth Who Have Been There

Starting residential treatment can be hard, so knowing what to expect can help. You might feel alone or angry or scared, and you may be concerned that no one will listen to you and your concerns. We have been right where you are now. We put this information together to help you benefit from our experience.

Going into a residential program is a big change for anyone. When you know what to expect, it can be a lot less scary and you will be able to benefit more from your experience. Don't be afraid to ask questions and take care of yourself. You deserve the best!

The questions below can help you understand what to expect and help you talk about issues with your program, so that you can successfully take charge of your recovery.

Questions You Might Want to Ask Yourself and Others

- How is this program going to **help me**?
- What factors determine **how long** I'm going to stay here?
- What **goals** do I have for myself? **Is this the best place** to help me reach my goals?
- How can I be **involved in decisions** about my treatment?
- **What can I do** to make the most of my time here?
- How can my emotional and physical needs be met so I feel **safe and comfortable**?
- What are the **rules of this program**? Who makes the decisions about the rules? Do I have a role in making the rules?
- How does this program **discipline** youth? How will the staff help me to do my best?
- What kinds of **choices** do I have? Does this program support youth in making their own choices?
- How will I be **educated** while I'm in this program? Will you ensure that my credits transfer to my school, so that I don't fall behind in my educational progress?
- How will you make sure that I can stay in touch with my **parents, siblings, friends** and other important people in my life? How will they fit in to what goes on here (e.g., policies, spending meaningful time with my family, decision-making)? What if there are people I don't want to see?
- What **therapies and medications** will I receive and what are they for?
What choices do I have about my therapies and medications?
- How will this program respect **my culture, my beliefs, my sexual orientation and my gender identity**?
- What do I do if I feel I am being **treated unfairly** by staff or if I have other problems with this program?
- Does this program use **seclusion (isolation) or restraint**? If so, what is done to prevent their use?



- What if I find a particular therapy to be too painful or unhelpful? Whom should I approach with **my concerns**?
- How will this program **help prepare me** to go back to my school, to college, to work, or to live on my own and handle finances?
- How can I maintain the connections I make with particular staff?
- If I think my program is **not** right for me, whom can I talk to and how can I advocate for myself? **Who is here to help me if I have a problem?**

For Help and Additional Information

If you have safety concerns, call your state's child abuse hotline or dial 911. For more information on youth leadership and advocacy, you can contact:

National Disability Rights Network www.ndrn.org

Youth M.O.V.E. www.youthmove.us

Foster Club www.fosterclub.com

Community Alliance for the Ethical Treatment of Youth www.cafety.org

This Tip Sheet was written by the Building Bridges Youth Advisory Group.

Visit the Building Bridges Initiative website www.BuildingBridges4Youth.org where you will find more resources.