

154819



1120 E. Sixth St.  
Casa Grande  
Arizona 85222  
602 / 836-0543  
FAX NUMBER:  
602 / 836-6446  
1-800-836-7899

NCJRS

JUN 14 1995

ACQUISITIONS

# ADOLESCENT CHEMICAL DEPENDENCY PROGRAMS

154819

U.S. Department of Justice  
National Institute of Justice

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Pathways of Casa Grande

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## **ADOLESCENT CHEMICAL DEPENDENCY PROGRAM OVERVIEW**

The objective of Pathways is to assure the adolescent has the highest level of functional capability possible and to achieve this in the shortest period of time necessary for that individual.

To this end, Pathways developed a clinically supervised, fully integrated psychological, biological, whole-person approach to the treatment of addictions. This treatment model integrates and combines philosophies and practices from the medical, psychological, family systems and the 12-Step programs.

The goal of Pathways is to treat addictions as a primary disease and provide services for the entire family.

As a result of this process, the adolescent will be able to return to the home, school and social environment with the skills needed to participate in a positive and productive manner.

Pathways is licensed by the Arizona Department of Health Services, the Department of Economic Security, to provide treatment services for youth, ages 13-18, and their families.



## FAMILY PROGRAM

Addiction is a disease which has devastating effects on relationships, especially with those we love most. It is a family illness subjecting all members to constant stress and fears. Our Family Program is designed to provide new hope for those experiencing pain from this debilitating illness. We provide a balanced mixture of lectures, workshops, group meetings and structured exercises to help all those affected to learn the importance of a 12-step program of recovery.

The purpose of the Family Program is to provide the education and support necessary for participants to become more aware of their own needs as well as those of their significant others in treatment. The program has been developed to offer the following:

- Understanding of chemical dependency as a disease that affects the whole family.
- Understanding of chemical dependency as a treatable disease and all family members need help.
- Opportunity for improved communication by learning and practicing health communication skills.
- Opportunity to discover that participants are not alone in dealing with the problems of chemical dependency.
- Referral to continuing care help with their program of recovery, as well as to AA, AL-ANON, ALATEEN and Outpatient counseling.

The Family Program is offered throughout your child's course of treatment. There is no charge for family members to participate. NOTE: ANCILLARY CHARGES MAY APPLY IF ADDITIONAL COUNSELING, TESTING, ETC., IS NEEDED. COST OF LODGING AND MEALS IS THE RESPONSIBILITY OF THE VISITOR(S).

In certain instances, Pathways will provide transportation for the visiting family members.

For further information, please call (602) 836-0543.



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Dear Family Member:

Welcome to the Pathways of Casa Grande Family Program.

Enclosed is some pertinent information regarding your young person's stay at Pathways. There is also information about our Family Program and visitation.

We believe chemical dependency is a family disease, and parents need to be involved in treatment also. We provide didactic information as well as process groups for the families.

It is important to be on time for the family sessions on Saturday and Sunday so as not to disrupt the other families. I look forward to your participation in our Family Program.

Please feel free to contact your young person's counselor or me should you have any questions.

Sincerely,

Donald T. Nichols  
Executive Director

## FAMILY PROGRAM SCHEDULE

SATURDAY		SUNDAY	
9:00 - 10:00	Video	1:00 - 2:00	Visitation
10:00 - 11:00	Lecture	2:00 - 3:00	Group
11:00 - 12:00	Group	3:30 - 4:00	Closure
12:00 - 1:00	Lunch		
1:00 - 2:30	Alanon Meeting		
2:30 - 4:00	Visitation		
4:00 - 4:30	Closure		

### **THINGS NOT TO BRING TO PATHWAYS ON FAMILY WEEKENDS AND VISITATION WITH YOUR CHILD**

Candy/Cookies/Crackers

Soda of any kind

Books/Magazines

Food of any kind, including McDonalds, Taco Bell, Burger King, Wendy's

Cigarettes - If you smoke, please leave your cigarettes in the car as it is too tempting for the patients.

Matches and/or lighters

Money

Pens

Safety pins

Aspirin or Tylenol or any over the counter drug

Cards and/or dice

**Please remember this is a treatment center. Anything you give to your child from the outside must have staff approval and be searched just as it was on his/her first day of admission.**



## THINGS TO BRING TO PATHWAYS

Patients should bring about one (1) week's complement of clothing. Come prepared for the weather, realizing, of course, this is ARIZONA. The weather is in the 105° to 120° range during the day from May through August, and in the winter a cool 70°; however, it may get cold at night, even in the summer. In the summer, a long-sleeved shirt; in the fall, a light jacket; and in the winter, a warm jacket will generally suffice.

- **CLOTHING: ENOUGH TO LAST FOR SEVEN (7) DAYS.**

Please be sure that clothes are marked with client's name or initials, in permanent ink, either on a label or on the clothing itself.

UNDERCLOTHES

CASUAL PANTS

GYM SHOES

SHORTS

LONG-SLEEVED SHIRT/SWEATER

PAJAMAS/SLEEPWEAR/BATHROBE

CASUAL SHIRTS

SWEATPANTS

SWEATER

SWEATSHIRT

EXTRA SHOES

- **PERSONAL ITEMS (Please be sure that all personal hygiene products are alcohol free or they will be confiscated and returned home.)**

### PERSONAL HYGIENE PRODUCTS

TOOTHPASTE/TOOTHBRUSH

DEODORANT (non-aerosol)

HAIR DRYER (if needed)

PRESCRIPTION MEDICATION (with instructions)

### OTHER PERSONAL ITEMS

PERSONAL I.D. (if you have any)

COPIES OF SOC. SECURITY CARD

IF TRIBAL MEMBER,

COPY OF TRIBAL I.D. CARD



## THINGS NOT TO BRING TO PATHWAYS

MEDICATIONS, EITHER PRESCRIPTION OR NON-PRESCRIPTION.  
(ASPIRIN, LAXATIVE, ETC.)

HEAVY METAL T-SHIRTS, POSTERS

PRO-DRUG AND ALCOHOL T-SHIRTS, POSTERS JEWELRY

COLOGNE/PERFUME OR OTHER ITEMS CONTAINING ALCOHOL OR AEROSOL  
(STRIDEX PADS, HAIR SPRAY, MOUSSE, ETC.)

KNIVES OR OTHER OBJECTS WHICH COULD BE USED TO INFLICT INJURY TO  
SELF OR OTHERS

SEXUALLY EXPLICIT MATERIAL (INCLUDING CLOTHING)

CANDY OR SNACK FOODS

PROFANE OR OFFENSIVE CLOTHING

COSMETICS OR MAKE-UP (INCLUDING NAIL POLISH & REMOVER)

READING MATERIALS NOT PERTAINING TO TREATMENT (WITH THE  
EXCEPTION OF THE BIBLE)

SCHOOL BOOKS (UNLESS PRE-APPROVED)

ALARM CLOCKS

SCISSORS, HAIR CLIPPERS, RAZORS

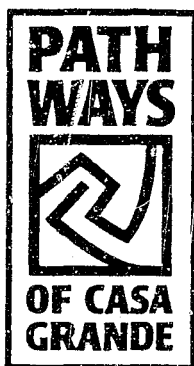
CAMERA

ANY AEROSOL CAN

RADIO/TAPE PLAYERS AND/OR CASSETTES/CD'S/TELEVISION

GANG "COLORS" (OR OTHER IDENTIFICATION)

ANY DRUG PARAPHERNALIA, IE: PAPERS, PIPES, ROACH CLIPS



## PATHWAYS

### RULES AND EXPECTATIONS

I understand that I am expected to:

- Attend all lectures daily.
- Attend meals three times a day for 1/2 hour each.
- Participate in the following unit functions.
  - (a) Group therapy daily - Leaving classes or groups is not acceptable - except in emergency or with staff approval. Bathroom and water trips are not emergencies.
  - (b) All meetings as scheduled (one on one sessions, medical interview and special peer groups.)
  - (c) Life story presentation and peer evaluation as scheduled.
  - (d) AA/NA meetings
  - (e) Community meeting every week.
  - (f) Group recreational activities.
  - (g) Two hours of school daily (when assigned).
- See kitchen supervisor for orientation to assigned kitchen duties.
- Make my bed and keep my room in order daily. Inspected daily by staff.
- Refrain from gambling, or any other activity that detracts from my progress in treatment.
- Any patient wishing to practice their spiritual preference is encouraged to do so at Pathways.



## RULES AND EXPECTATIONS

Page 2 of 3

- \_\_\_ Nude or sexually explicit pictures or heavy metal posters are not allowed. Should a patient bring these into the program, they will be confiscated and returned to the patient upon their departure from the program. This also pertains to clothing.
  
- \_\_\_ Clothing, jewelry, posters, etc., with pro-alcohol/drug messages or musical groups are not allowed. Profanity on these articles is also not allowed. Articles containing such matter will be confiscated upon admission and returned upon departure.

I understand that I am asked to:

- \_\_\_ Form meaningful relationships with fellow patients and staff. Refrain from sexual contact with peers. This may result in discharge from treatment.
  
- \_\_\_ Visit in my room with only my assigned room mates. Visiting with other patients will be done only in community areas.
  
- \_\_\_ Visit with family and friends only in community areas. (Lecture Room, T.V. Room, Waiting Room)
  
- \_\_\_ Be available for interviews and testings.
  
- \_\_\_ Read books and pamphlets as assigned. Chapters 1-5 in AA Big Book and 12 Steps and 12 Traditions. Step pamphlets as assigned by counselor.
  
- \_\_\_ Remain within boundaries, except for purposes designated by staff (see Senior Peer for tour of facility and orientation to boundaries). Patients not allowed in offices without staff present.

I understand that:

- \_\_\_ The length of treatment will be determined by the treatment staff.
  
- \_\_\_ Use and/or possession of alcohol or other mood altering or non-mood altering drugs (aspirin, Tylenol, cold medicine, laxatives) can be cause for immediate discharge from treatment.

## RULES AND EXPECTATIONS

Page 3 of 3

- \_\_\_ I may not threaten or participate in any physical violence at any point in treatment.
- \_\_\_ No weapons allowed.
- \_\_\_ Visiting hours are from 1:00 to 5:00pm on Sundays and holidays. My family may be invited for supper, following family program, must be approved - counselor.
- \_\_\_ Appointments for medical services will be made for me by staff.
- \_\_\_ I will dress properly for meals. (See Life Skills handout)
- \_\_\_ I should put extra cash and valuables in safe keeping with staff.
- \_\_\_ The treatment program will not be responsible for cash or valuable I maintain in my possession.
- \_\_\_ There is a procedure I may follow if I have a grievance.
- \_\_\_ I am to be responsible in the planning of my personal continuum of care plan prior to discharge.
- \_\_\_ Confidentiality is to be maintained by patients regarding fellow patients.
- \_\_\_ I was given a copy of the Patient's Rights/Grievance Policy.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Counselor



## ADOLESCENT CHEMICAL DEPENDENCY

### PATIENT'S RIGHTS

The Pathways program supports and protects the fundamental human, civil, constitutional and statutory rights of each individual. The program provides each patient with a copy of their rights and any statements that restrict or rescind any rights with a justification. Each patient will sign a statement that indicates receipt and explanation of the patient's rights. In the event that a patient feels that their rights have been illegally withheld or violated, the patient can make a request to have the circumstances reviewed by a group of appropriate staff members of the program. If further review is necessary, a written statement will be submitted to the Administrator for resolution of the matter.

#### THE FOLLOWING IS A LIST OF PATIENT'S RIGHTS:

1. Patients have the right to admission to the treatment center without regard to race, religion, sex, ethnicity or handicap.
2. Each patient is entitled to individualized treatment, the least restrictive environment therapeutically possible and adequate services to meet these rights.
3. Each patient is entitled to an individual treatment plan which is developed by the patient and the patient's counselor. This plan will be periodically reviewed by the entire staff for on-going appropriateness.
4. Each patient has a right to receive care provided by a clinical staff who are competent, qualified and experienced.
5. Each patient has a right to individual privacy within the constraints of the individual treatment plan.
6. Each patient has the right to visitation during the Family Education Program by immediate family members (i.e., mother, father, sister and/or brother) over 18 years of age. Any change or addition must be submitted in writing for prior approval by the patient's counselor or the Executive Director. There are specific hours which are designed for the Family Education Program on Saturday and Sunday. Any participant who is disruptive or under the influence of alcohol or drugs will be required to leave.
7. Each patient has a right to make and receive telephone calls.
8. Each patient has the right to send and receive uncensored mail. Writing materials and stamps are available.

9. Each patient has the right at any time to request the opinion of a consultant at personal expense or request an in-house review of the treatment plan. Requests will be made in writing to the Administrator or his designee.
10. Each patient has the right to religious practices as personally preferred. These practices should be consistent with the client's individual treatment plans.
11. Each patient has the right to exercise his/her civil rights, including but not limited to, the right to register and vote at elections.
12. Each patient has the right of access to other community resources, including recreation and agency services consistent with their individual treatment plan.
13. Each patient has a right to have all rights explained to them in an understandable language.
14. Each patient has the right to receive, in writing, a copy of all information pertaining to the program and its daily operation and function.
15. Each patient has the right to be informed of any special observation and audio visual techniques or equipment that are used in the therapeutic process of the program.
16. Each patient has the right to be informed when any potentially hazardous drugs or procedures that may be unusual or experimental are used in treatment. Each patient has the right to refuse any medication or potentially hazardous drugs or procedures.
17. Each patient has the right to refuse to participate in any portion of the treatment program. Any patient who refuses to participate fully will be informed of the appropriate alternatives. Patients will also be informed of the program's decision (if so determined) to terminate the relationship in accordance with professional standards.
18. All patients have the right to wear their own clothes and to keep and use their own possessions, except when deprivation of the same is essential to the protection and safety of the patient or other persons.
19. All patients have the right to be aware, in advance, of any outside visitors to the facility.
20. All patients have the right to anonymity and confidentiality.
21. All patients have the right to consult or confront any staff member regarding opinions, recommendations or grievances in a way that will preserve and foster therapeutic aspects of conflict resolution and problem solving.

**PATIENT GRIEVANCE PROCEDURE FOLLOWS:**

- a. Any complaint or grievance which is not mutually resolved between patients or between patients and staff shall be reduced to clear, concise, written communication to the Executive Director of the center.
- b. In response to receipt of such written complaints/grievances, the Executive Director shall cause immediate investigation and resolution within 72 hours following receipt.
- c. Any complaint/grievance not mutually resolved in 72 hours may be brought to the governing body of the center.
- d. Each such complaint/grievance shall be fully documented in the center's records with a copy to the patient's file.
- e. Any patient, family member, custodial agency, or guardian wishing to register a complaint or grievance regarding violations of licensure statute or rules may do so by writing to:

Arizona Department of Health Services  
Office of Behavioral Health Licensure  
1647 Morton Avenue, Suite 240  
Phoenix, AZ 85020  
(602) 255-1127

**It should be noted that Pathways:**

- a. Prohibits any form of physical punishment to any patient, including the use of physical restraints.
- b. Prohibits the seclusion of any patient in a locked room.
- c. Prohibits the withholding of shelter, regular meals, clothing or aids to physical functioning.
- d. Prohibits the disciplining of one patient by another, except for occasional therapeutic verbal confrontation between patients.

\_\_\_\_\_

Patient

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date



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## **GENERAL INFORMATION**



## PROGRAM OVERVIEW

Pathways of Casa Grande offers a Primary Treatment Program for adolescents ages 13 through 18 years. The program employs a team approach to assessment, planning and implementation of relevant treatment for adolescents referred from a variety of services. The Pathways Program emphasis individual therapy, group therapy and family counseling in a therapeutic setting, that allows the needs of the adolescent and his family to be met. The program's treatment services are based on the Disease Concept and follow a 12-Step model. Areas covered include Personal Boundaries, Steps 1, 2, and 3, Family Roles, Spirituality, Relapse, Feelings, Grief, Shame, Assertiveness, the Disease Concept and finding balance physically, emotionally, mentally and spiritually.

Intensive treatment will be based on individual need. Each adolescent will leave Pathways and return home with the necessary tools for maintaining their recovery process.



## TO REFERRING AGENCIES

The following information is vital in our working together to expedite the referral process of your patient:

- Social history
- Alcohol/Drug evaluation (including prior treatment history)
- Psychological/Psychiatric testing and examinations
- Legal history
- Copies of the Social Security card and one other piece of identification, preferably a birth certificate
- Parental Consent Form for treatment
- Insurance papers
- Signed Release of Information packet
- If Native American, copy of tribal identification
- An interstate compact placement request (if outside of the State of Arizona) — please have parent or legal guardian sign

Thank you for your cooperation

The Pathways of Casa Grande staff





## **TRAVEL ARRANGEMENTS**

When making travel arrangements for patients, please keep in mind that Pathways (of Casa Grande) has staff available for transportation Monday through Friday. Please plan arrival and return trips between the hours of 9:00 a.m. and 4:00 p.m.

If transporting by airplane, the destination should be Sky Harbor International Airport, Phoenix, Arizona. If transporting by Greyhound bus, please have the destination be 201 W. 2nd St., Casa Grande, Arizona. Please make sure in advance the patient has a round-trip ticket. Open ended tickets are easy to change if, for some reason, the patient leaves early or stays longer.

If overnight accommodations are necessary for escorts, contact the Director of Operations at Pathways (of Casa Grande).



## IMPORTANT

THE FORMS INCLUDED IN THE APPENDIX SECTION OF THIS DOCUMENT REQUIRE CLOSE ATTENTION.

- **INTERSTATE COMPACT PLACEMENT REQUEST:** The State of Arizona requires that this form be filled out by parent/legal guardian and mailed to the Compact Administrator of your HOME state prior to the patient's acceptance into Pathways (of Casa Grande).
- **INTERSTATE COMPACT - INDIVIDUAL STATE COMPACT LIST**
- **REFERRAL CONTACT FORM:** Referring agency, please fill out the Referral Contact Form, obtain patient signature and return with patient upon arrival at the program.
- **SMOKING POLICY:** Pathways is a Smoke Free facility. Smoking is not permitted.
- **RELEASE OF CLIENT INFORMATION:** Patient to fill out completely and signature by patient and parent/guardian. This release should be witnessed by referring agent.
- **WAIVER OF RESPONSIBILITY:** Parent/legal guardian needs to fill out the Waiver of Responsibility Form, sign and return with patient to program.
- **CASA GRANDE POLICE FORM:** Local police request that this form be signed by parent/legal guardian and placed in our files. Police agencies are not alerted unless the client runs from our program. Please sign highlighted area and have patient bring the form with them to the program.
- **CONSENT FORM:** Parent/legal guardian needs to fill out the Consent Form, sign and return with patient to program.

**CASA GRANDE POLICE DEPT.**  
 520 N. Marshall St.  
 Casa Grande, Arizona 85222  
 (602) 421-8700

Incident Number \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_  
 Connect Number \_\_\_\_\_ Rods \_\_\_ Det \_\_\_ Pat \_\_\_ Juv \_\_\_ Csd \_\_\_  
 Incident \_\_\_\_\_ Dist. Atty. \_\_\_ City Atty. \_\_\_ Other \_\_\_

\_\_\_\_\_  
 Rpt Time/Date                                      Occrd Time/Date                                      Arrest Time/Date

**CITIZENS ARREST**

I have arrested the defendant for the listed offense pursuant to A.R.S. \_\_\_\_\_. I understand that under A.R.S. \_\_\_\_\_ it is a crime to make a false report to an enforcement agency. I will testify as a witness against the defendant: \_\_\_\_\_  
 (Defendant's Name)

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Private Citizen

**CITIZENS COMPLAINT**

I, \_\_\_\_\_ agree to appear against the defendant,  
 \_\_\_\_\_ and testify as a witness for the above listed criminal charge(s). I agree to make myself available to the Pinal County District Attorney's office  
 Casa Grande, Arizona.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Private Citizen

**RUNAWAY JUVENILE**

\_\_\_\_\_  
 Child's Name                                      Date of Birth      Hgt      Wgt      Sex

The named child is presently (a runaway out of control) and I request that he/she be taken into custody for their own protection.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Person Reporting Incident

\_\_\_\_\_  
 Print Witness, Parent, Guardian

\_\_\_\_\_  
 Witness, Parent, Guardian

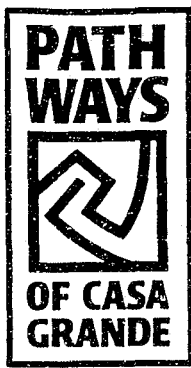
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Reporting Officer	Officer I.D.#	Shift	District	Approval
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Cleared By	Investigation		
Arrest	Exception	Unfounded	Discontinued

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## ADMISSION CRITERIA

### POLICY

To insure admissions to Pathways of Casa Grande are appropriate. The admission criteria is used to determine if a young person (ages 13-18) is to be admitted. All admissions to Pathways of Casa Grande meet the admission criteria.

### PROCEDURE

Pathways of Casa Grande Adolescent Admission Criteria, Level III.

Each Pathways patient is assessed to meet the diagnostic criteria for Psychoactive Substance Use Disorder as defined by the DSM.

In certain instances, where the alcohol and other drug history is inadequate to substantiate a diagnosis, information submitted by Patient Collertials (e.g. family members, legal guardians) indicates a probability of such a diagnosis based upon further evaluation.

Admission to Pathways also requires meeting at least two (2) of the following areas:

1. Acute alcohol and/or other drug intoxication and/or the potential for withdrawal. The risk of withdrawal may be present as indicated by current history of alcohol or other drug use but manageable in this setting.
2. Bio-medical Conditions and Complications

One of the following:

- A. Continued alcohol/drug use places the patient in danger of serious damage to physical health or of concomitant bio-medical conditions (e.g. pregnancy).
- B. Bio-medical complications of addiction require medical monitoring or concurrent bio-medical illness needs medical monitoring but not acute medical care.

3. Emotional/Behavioral Conditions and Complications

Patients reflect a cognitive development of at least 11 years old and significant impairment of social, interpersonal, occupational and educational functioning.

One of the following:

- A. Inability to maintain behavioral stability for more than 48 hours.
- B. Mild to moderate risk of behaviors endangering self or others.
- C. Presence of a psychiatric diagnosis requiring management concurrent with the treatment of addiction.
- D. Behaviors sufficiently chronic and/or disruptive so as to require separation from the current environment.

4. Treatment Acceptance/Resistance

The patient is having difficulty acknowledging his or her alcohol/drug problems and is not able to follow through with treatment in a less intensive environment. However, the patient's resistance is not so high as to render treatment ineffective.

5. Relapse Potential

One of the following:

- A. The patient is experiencing an intensification of addiction symptomatology despite utilization of available interventions in less intensive levels of care.
- B. The patient recognizes that alcohol and/or other drug use is excessive and has attempted to reduce or control it but has been unable to as long as alcohol and/or drugs are present in his/her environment.
- C. If abstinent the patient is experiencing an acute crisis and appears in danger of using alcohol/drugs.

6. Recovery Environment

One of the following:

- A. Environment not conducive to successful treatment at less intensive level of care.
- B. Parents or legal guardians are unable to provide consistency of participation necessary to support less intensive levels of care.
- C. Logistic impediments preclude participation in less intensive levels of care.
- D. There is a danger of physical, sexual and/or severe emotional attack or victimization in the patient's current environment which will make recovery unlikely without removing the individual from this environment.



# **APPENDIX**

## **Form Examples**





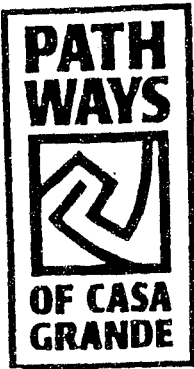
## INTERSTATE COMPACT

The Pathways of Casa Grande Adolescent Treatment Center, in cooperation with the Arizona Department of Economic Security would like to remind you of the necessity to work with your Children's Services Division counterpart, or local Juvenile Court, in your area, to insure the well being of the youth you are referring to our program.

State Law requires that if a youth under the age of 18 is sent across state lines to the custody of non-family members, an Interstate Compact approval must be obtained.

Your contact person regarding this agreement is:

Arizona - Mike Chapman (602) 542-2415  
Interstate Placement Specialist  
Department of Economic Security  
1400 West Washington  
Phoenix, AZ 85007



## CONSENT FORM

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, give my consent for him/her to participate in treatment for alcoholism and/or drug addiction at Pathways (of Casa Grande). I also agree that the Pathways staff may, in my absence, authorize emergency care and maintenance medical treatment as needed. Further, I agree that should my child leave the program without proper authorization, the attached signed runaway report may be filed with the Casa Grande Police Department.

I understand that this consent may be revoked by me at any time in writing.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## WAIVER OF RESPONSIBILITY

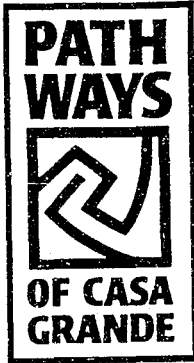
I, \_\_\_\_\_, fully understand that Pathways  
Parent/Legal Guardian

(of Casa Grande) is a private treatment facility which patients enter voluntarily. I have been informed that Pathways does not have legal authorization to physically restrain patients from leaving.

Should \_\_\_\_\_ leave the Pathways grounds unauthorized, I hold Pathways harmless of legal responsibility of accident, injury, death or crime incurred off site.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date



RELEASE FORM  
FOR PATIENT'S INFORMATION

I, \_\_\_\_\_, authorize Pathways of  
Casa Grande to obtain from/provide to \_\_\_\_\_

\_\_\_\_\_

the following information pertaining to me (specify extent or nature of information to be  
disclosed): status in treatment, plan of treatment, treatment recommendations, prognosis,  
diagnosis, aftercare plan and medical condition

\_\_\_\_\_

This consent may be revoked by me at any time, except to the extent that action has already  
been taken on consent. However, for persons on probation/parole, if consent is given for  
disclosure to the criminal justice system, this consent may not be revoked.

This consent (unless revoked earlier) expires on: \_\_\_\_\_, 19 \_\_\_\_.

Redisclosure by the above named person or agency of the information designated here is  
prohibited without authorized consent of the parent/guardian/patient.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



1120 E. Sixth St.  
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## RELEASE OF INFORMATION

The facility may disclose all or any part of the patient's medical and/or financial records (including confidential HIV/AIDS related information, confidential communicable disease related information, information relating to mental health and/or alcohol or drug abuse) to the following:

- A. **Third Parties:** Including but not limited to any person or corporation, or their designee, which may be liable under a contract to the facility, the patient, a family member or employer of the patient, for payment of all or part of the facility's charges, such as insurance companies, workers' compensation payers, hospital or medical service companies, welfare funds, governmental agencies or the patient's employer; quality assurance and peer review committees, subcommittees ad hoc or consultants, utilization review organizations, Medicare review organizations; hospital accrediting surveyors; treating physicians, psychologists and allied health care providers; and hospital and treating physician's and allied health professional's professional liability insurance carriers.
- B. **Medical Audits:** The facility conducts a program of medical audit and the patient's medical information may be reviewed and released by employees, members of the medical staff or other authorized persons to appropriate agencies as part of this program.
- C. **Medical Research:** Information may be released for use in medical studies and medical research.
- D. **Other Health Care Providers:** Information may be released to other health care providers in order to provide continued patient care.

I understand that this authorization may be revoked by me at any time, except to the extent to which action has been taken in reliance upon it. The authorization will stay in effect as long as the need for information in Items A, B, C and D exist.

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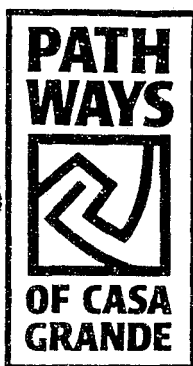
Parent/Guardian

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Witness

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Date



## TYPICAL DAILY SCHEDULE OF RESIDENTIAL ACTIVITIES

TIMES	MONDAY-FRIDAY	TIMES	SATURDAY	TIMES	SUNDAY
6:30-8:00	Wake-up/Hygiene/Dress	6:30-8:00	Wake-up/Hygiene/Dress		Sleep In
6:45-8:00	AA Meeting (optional)	6:45-8:00	AA Meeting (optional)		
8:00-9:00	Breakfast/Clean-up	8:00-9:00	Breakfast/Clean-up	8:00-9:00	Wake-up, Hygiene, Dress
9:00-9:30	"Burn-out" Exercise Group	9:00-9:45	"Burn-out" Exercise Group	9:00-9:30	Breakfast/Clean-up
9:30-10:15	Reflections/Affirmations	9:45-10:30	Reflections/Affirmations (Gender Specific)	9:30-10:15	Reflections/Affirmations
10:15-11:00	Lecture	10:30-12:00	Small Group Therapy (Life Story/ Peer Evaluations/1st Step)	10:15-11:00	Small Group Therapy Individual Counseling
11:00-12:00	Counselor Groups Step Work			11:00-12:00	Full Unit Group Session
12:00-1:00	Lunch/Clean-up	12:00-1:30	Lunch/Clean-up	12:00-1:00	Lunch/Clean-up
1:00-2:30	Workshops and Large Group Activities (Life Stories)	1:30-2:30	Small Group Therapy Meditation Group Sr. peers attend A/C group-3pm	1:00-2:00	Family Visitation
2:30-3:00	Peer Advocate Group or Meditation	2:30-4:45	Family Visitation Structured Peer Activities	2:00-3:30	Family Process Group Sessions
3:00-4:00	Outside Activities			3:30-5:00	Family Visitation
4:00-5:00	Hygiene/Free Time				
5:00-6:15	Supper/Clean-up	4:45-6:00	Supper/Clean-up	5:00-6:15	Supper/Clean-up
6:15-7:15	Outside Activities	6:00-7:30	Attend Outside AA Speakers Meeting	6:15-7:30	Outside Activities
7:15-8:10	Workshops, Small & Large Groups	7:30-9:30	Movie Time	7:30-8:30	In-House AA Meeting
8:10-8:30	Snack Time			8:30-9:30	Workshop
8:30-9:30	Peer Advocate Group Peer Groups				
9:30-10:00	Reflections (Gender Specific)	9:45-10:00	Snack Time	9:30-10:00	Reflections/Affirmations
10:00-10:30	Bedtime/Journaling	10:00-10:30	Reflections/Affirmations	10:00-10:30	Bedtime Journaling
10:30	Light Outs	10:30	Bedtime/Lights Out	10:30	Lights Out