

# **Provo Canyon School**

## **Home Treatment Plan**

As you get ready to come home, this agreement with your family will address any issues that weren't working well for you prior to your stay at Provo Canyon and will clarify your boundaries and your family's expectations. Taking care of conflicts before they arise is a good way to keep things from getting out of control at home. Also, everyone gets to negotiate when they are calm and thinking clearly.

This document is an agreement between you and your family. You both will have to be committed to keeping this agreement. It will be in effect for an agreed upon period, then you and your family can re-negotiate and adjust this document as needed.

The key principle of this agreement is:

## **RESPONSIBILITY EQUALS FREEDOM**

The more responsible you are, the more freedom and privileges you will have. If you act irresponsibly, you will lose privilege and freedom. The choice is yours.

Take this agreement seriously and cover as many areas of potential conflict you can think of. Also, go for the privileges that are important to you. You already have a pretty good idea of what your family expects of you and what is realistic, but don't be afraid to try new things. Remember, this agreement may be modified as needed to fit your particular family situation and needs. Some items may not apply to your situation. Make any additions you find necessary.

## GOALS

These are my goals as I return home:

*First Week:*

*First Month:*

*Six Months:*

*12 Months:*



**HOUSEHOLD RESPONSIBILITIES:**

Some responsibilities are just a part of being a family member and aren't necessarily "rewarded". Think like cleaning up after myself, helping with dishes, cooking, or other chores. This is what I will do as a family member.

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I will keep my room, and other space I use frequently, neat and orderly.

I will do a thorough cleaning of my area(s) \_\_\_\_\_ times a week.

These will be the consequences if I fail to keep up these minimum responsibilities on a weekly basis:

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I \_\_\_\_\_ will not receive an allowance.

Amount per week \$ \_\_\_\_\_

This amount \_\_\_\_\_ will not need to be earned by doing the following chores:

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Beyond these things, I am willing to do the following additional household chores to earn additional money or privileges.

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**FAMILY TIME / OUTINGS**

These are my agreements for spending time with my family and participating in family activities:

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**COMMUNICATION**

These are the agreements in my family for how all family members interact with each other (for example, rules about cussing, yelling, being respectful):

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What should happen if family members or I break this agreement? (This goes for ALL family members. Ideas might be a “cussing jar” for fines, doing a favor for the one who got cussed at, or taking a “time out”, etc.)

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If my family and I have a conflict, or I become very angry, I will handle things in the following manner:

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**HEALTH, DIET, & EXERCISE**

These are my agreements for my physical health:

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**PRIVACY & PERSONAL SPACE**

These are my agreements for respecting my and my family’s privacy and personal space:

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I agree that I will sacrifice my privilege of privacy under the following conditions:

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I will accept the following consequences if I violate a family member’s privacy:

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**CURFEW & FREEDOM**

My curfew on school nights will be \_\_\_\_\_ o’clock.

My curfew on weekends will be \_\_\_\_\_ o’clock.

I will be in bed on weeknights at \_\_\_\_\_ o’clock.

I will be in bed on weekends at \_\_\_\_\_ o’clock.

I will be responsible for letting my parents know where I am, who I am with, and what time I will be home by doing the following:

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If I break my agreement regarding curfew, I will accept the following consequences:

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The following places are unsafe or unhealthy for me (or would put me in a tempting situation) and I agree to stay away from them:

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**FRIENDS & ASSOCIATES**

These people have had a negative influence on me and I agree not to see or contact them.

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If I *do* have contact with them I agree to tell my parents. \_\_\_\_\_ (*initial here*)

These people are a positive influence on me and I would like to have approved contact with them to support and be there for me:

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If I break my agreements regarding friends and associates, I will lose the following freedoms or privileges:

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When having friends over to the house, these will be my agreements:

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**IMAGES & DRESS**

These are my agreements for clothes, hair, tattoos, piercing and image:

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I will accept the following consequences if I break these agreements:

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**MUSIC**

These are my agreements regarding what music I will be allowed to listen to in my home:

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I agree to keep music at an acceptable and respectable volume at all times.

I will accept the following consequences if I break these arrangements:

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**PHONE & COMPUTER USE**

These are my agreements about my privilege to use the phone:

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Cell phone? Rules for use, or what I can do to potentially earn the use of one in the future:

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These are my agreements regarding the privilege to use the computer and access to the internet:

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I will accept the following consequence if I break these agreements:

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**SCHOOL AGREEMENTS**

My agreements about school attendance are:

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My goals for school performance are:

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I will follow these agreements regarding study, homework, and tutoring:

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I will accept the following consequences if I break these agreements:

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**DATING & SEXUAL ACTIVITY**

I \_\_\_\_\_ will not be allowed to date.

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If allowed to date, I will keep the following agreements about how, when, and where I will date:

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I \_\_\_\_\_ will not have my parents meet my date prior to dating.

I \_\_\_\_\_ will not be sexually active.

If yes, I \_\_\_\_\_ will not have a discussion with my parents about this.

If yes, I will make the following agreements about protection and birth control:

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I will lose my dating privilege under the following circumstances:

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**DRUGS, ALCOHOL, & SMOKING**

This is my agreement about the use of substances:

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This is my agreement for the use of tobacco products:

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I am willing to demonstrate my agreements by:

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If I break these agreements, I agree to the following consequences or interventions:

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**ADDITIONAL AGREEMENTS, PRIVILEGES and/or FREEDOMS**

*(Use this space to address any areas that are particular to your family and needs)*

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**AFTERCARE AGREEMENTS**

I commit to the following aftercare plan: (Psychiatrist or therapist appointments, 12-step group, support group, or other)

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I will attend for this period of time:

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I agree to continue to take the following medications as prescribed:

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**FAMILY’S AGREEMENTS**

These are the agreements I need from my family to support this contract:

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This agreement will be in effect for \_\_\_\_\_.

I agree to abide by this agreement and accept the consequences and privileges I earn.

As a family or support member, I agree to support this agreement and grant the privileges, freedoms, and consequences outlined here.

This agreement will be reviewed by the family in \_\_\_\_\_.

Any and all agreements may be re-negotiated as needed by the parties to this contract.

Client \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Therapist \_\_\_\_\_ Date \_\_\_\_\_

New Therapist \_\_\_\_\_ Date \_\_\_\_\_