

PREPARING FOR THE RETURN HOME

Our goal is to have each child maximize needed progress in a timely manner, and resume their lives in a manner that allows them to enjoy the success they are capable of achieving.

First, is the child returning home.

Is returning home in the best interest of the child and the family?

- Peer influences
- School resources
- Transition from structured milieu
- Sufficient level of progress
- Family situation

TIMING THE RETURN:

1. Degree of progress on treatment goals and objectives
 - To what extent has child internalized changes and learning
 - How consistent has been the child's performance
 - What needs skills has the child acquired
 - Level of child's competency in using these skills
 - What program level has the child achieved
2. Parent/child relational issues
 - What degree of trust has been (re-) established
 - Quality of communication
 - To what extent has parental pain been established
 - What have visits and other contacts been like
3. To what extent have continuing care issues been resolved
 - Educational/vocational plans
 - On-going treatment (out-patient, day treatment, individual, family, support groups, etc.)
4. To what extent is timing of return being "funding driven"
5. What additional pressures are the parents under
 - From the child
 - Own emotional needs
 - From other family members or other persons
6. To what extent have needed family preparations been completed

COMPLETING REQUIRED FAMILY PREPARATIONS:

1. How united are parents/partners
 - Rules and expectations
 - Level of trust in the child
 - Timing of return home
 - Estimation of child's progress
 - In a divorce or separation, being united can be even more important
2. Rules and expectations established
 - In writing
 - In contract format
 - Rules are clear, in understandable terms
 - Frequency
 - How monitored
 - Consequences identified
 - Parents have right to modify
 - Child has reviewed rules/contract, given input (parents always have final veto power)
 - Child has agreed to rules/contract
 - During visits and other contacts, applicable rules/expectations have been followed
3. Any issues regarding siblings have been identified and addressed as needed
 - Siblings concerns about their space/place in the family
 - Siblings concerns about safety
 - Siblings feel any needed amends have been made
4. Practical preparations completed
 - Child's room, cleaned/ready
 - Transportation needs
 - Family scheduled revised as needed

OTHER PREPARATIONS COMPLETED:

1. Therapy appointments
2. Arrangements for medication
3. School identified, enrollment completed
 - a. Type of classes
 - b. Monitoring and support
 - c. Extracurricular activities
4. "Free-time" activities
5. Employment arrangements

FAMILY DECISION-MAKING

Directions: For each of the items below, identify who you believe should have decision-making authority. It is likely that there will be equitable balance.

Key:	T	Teen decisions
	TP	Teen decision with parent input
	=	Mutual teen/parent decision
	PT	Parent decision with teen input
	P	Parent decision
	NA	Does not apply to our family situation

WHO DECIDES...

- | | |
|--|--|
| 1_____ What clothes I wear | 21_____ How I spend my money |
| 2_____ How I wear my hair | 22_____ Amount of time I spend with family |
| 3_____ What music I listen to | 23_____ Whether I attend church |
| 4_____ When I listen to music | 24_____ Whether I attend school |
| 5_____ How loudly the music is played | 25_____ What school I attend |
| 6_____ Whether I smoke cigarettes | 26_____ When I attend school |
| 7_____ What friends I see | 27_____ What classes I take |
| 8_____ When I see friends | 28_____ What grades I get in school |
| 9_____ Whether I have a boyfriend | 29_____ When I study |
| 10_____ Whether I am sexually active | 30_____ Whether I attend therapy |
| 11_____ When I come home at night | 31_____ How often I attend therapy |
| 12_____ When I go to bed | 32_____ Whether I attend AA/NA |
| 13_____ What food I eat | 33_____ How often I attend AA/NA |
| 14_____ Whether I get a car | 34_____ How I spend my free time |
| 15_____ When I drive my car | 35_____ When discipline is used |
| 16_____ Who pays for gas | 36_____ What form of discipline is used |
| 17_____ Whether I drink or smoke marijuana | 37_____ How clean my room is kept |
| 18_____ Whether I use other drugs | 38_____ Whether I have household chores |
| 19_____ Whether I get a job | 39_____ What will be my chores |
| 20_____ What kind of job I get | 40_____ When my chores will be completed |