

# Hi.

We're glad you found us.



*“Caring for the needs of children and families in crisis,  
and preparing them for success in life.”*

The Children's  
**HOME**  
of Reading



# The CHOR Model.....

- Individualized Model of Change
- Family-Centered Approach to Well Being
- Caring Staff
- Discharge Planning from the Start

*“Great therapist who tries her hardest to help.”*  
— RTF Parent



[www.buildingkidslives.org](http://www.buildingkidslives.org)

# The CHOR Model.....

## Program Approach and Philosophy: Building Kids Lives

In an effort to help you decide if CHOR is the most appropriate treatment program for your child and your family, we want to provide you with a clear picture of our program structure, typical interventions, and why our approach is effective.

All adolescents have unique needs, especially when struggling with mental health issues such as mood disorders, personality disorders, or schizophrenia spectrum disorders. Often these can lead to behavioral acting out or suicidal thoughts and actions. At CHOR, we take a strengths-based approach to each teen's treatment, employing **seven guiding principles**. We combine this innovative philosophy with comprehensive clinical treatment to assist our youth in becoming healthy, high-functioning, and vibrant young men and women.

### The 7 Guiding Principles:

**TRUST:** Youth who develop trust believe they can safely place confidence in themselves and others.

**HOPE:** Youth who are hopeful have the courage to reach for their dreams, see beyond their challenges and plan for a brighter future.

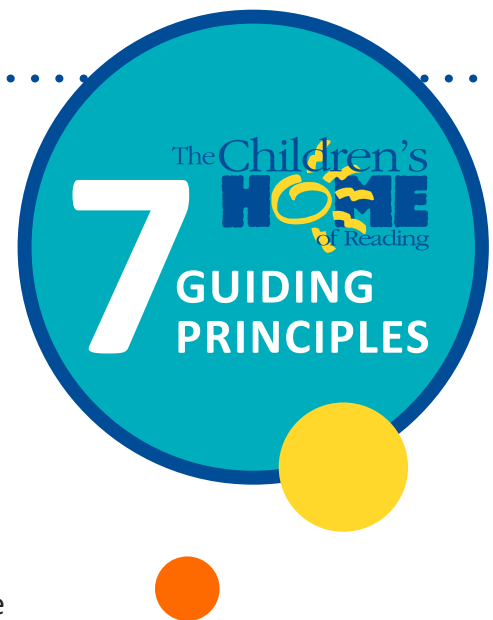
**RELATIONSHIP:** Youth who develop healthy relationships feel connected to others and build support for themselves based on mutual care and concern.

**EMPOWERMENT:** Youth who are empowered have confidence to make decisions and accept responsibility in their lives.

**ACCEPTANCE:** Youth who feel accepted by themselves and others become responsible, contributing citizens.

**DIGNITY:** Youth who are treated with dignity gain self-respect and value themselves and others.

**SAFETY:** Youth who are emotionally and physically safe are not intentionally hurtful to themselves or others.



# The CHOR Model.....

CHOR is a Sanctuary certified agency. The Sanctuary model is a blueprint for clinical and organizational change which promotes safety and recovery from adversity through the active creation of a trauma informed community. Sanctuary is our way of empowering ourselves to take care of others by ensuring the safety, support and well-being of our employees, children, families and communities while we embrace loss and inspire hope.

## 7 Sanctuary Commitments are Woven into our Programming:

- Nonviolence
- Emotional Intelligence
- Democracy
- Open Communication
- Social Responsibility
- Growth and Change
- Social Learning

CHOR is committed to the Child and Adolescent Service System Program (CASSP) principles, (*Child Centered, Family Focused, Community Based, Multi-system, Cultural Competence, Least Restrictive*) and they are embodied in our model of change:

### INDIVIDUALIZED MODEL OF CHANGE

Treatment development includes active and ongoing planning involving you, your child, community agents, and members of the treatment team; review of documented history; and formal assessments. Individualized treatment goals and objectives stress safety, stabilization, empowerment, education, self-care, and emotional regulation. This child-centered plan of care is continuously reviewed, and as needs change, the plan changes to best support your child and family and ensure positive outcomes.

### FAMILY-CENTERED APPROACH TO WELL BEING

It is vital that you play an active role in your child's quest for lasting change and our family centered approach ensures that you are involved in creating and working towards common treatment goals. We encourage families to provide insights that help our team understand the issues that confront your child.

### CARING STAFF

Our caring staff plays an important part in each child's positive outcomes. Staff members receive extensive training in best practice approaches to engage others in a caring and supportive manner, regardless of the emotional state of the individual. Our direct care staff frequently participate in activities with the youth, both in our residential settings and in the community.

### DISCHARGE PLANNING FROM THE START


Beginning at admission, CHOR works to develop a discharge plan that will facilitate successful return to the community. The process ensures that your child will be connected with a unique array of ongoing support and services that he or she needs to foster successful reintegration and long term positive outcomes.



# The CHOR Model.....

Our programs use “Evidence Based” components which means that specific interventions we use have been shown to work through careful research published in scholarly journals, in addition we promote a process of Quality Improvement: our team includes a quality improvement department that regularly gathers data to understand what works and what needs improvement.

**Below is a chart of our service model.** The Programs/Services column describes the interventions we use, each contributing to the overall program model. The middle column identifies intermediate outcomes the programs promote. The right column lists the long term outcomes the programs are designed to achieve:

Programs/Services	Immediate Outcomes	Sustained/Long Term Outcome
Individual Therapy	<ul style="list-style-type: none"> <li>• Reduced trauma symptoms</li> <li>• Increased social skills</li> <li>• Improved coping skills</li> </ul>	Moderation of problematic behaviors and/or clinical symptoms, competence/self confidence
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	<ul style="list-style-type: none"> <li>• Reduce problematic thoughts, feelings, behaviors related to traumatic experiences</li> </ul>	
Psychodynamic Therapy (PT)	<ul style="list-style-type: none"> <li>• Connecting past experiences to current thoughts, feelings, and behaviors</li> </ul>	
Dialectical Behavior Therapy	<ul style="list-style-type: none"> <li>• Acceptance</li> </ul>	
Group Therapy	<ul style="list-style-type: none"> <li>• Values clarification</li> <li>• Learning healthy boundaries</li> <li>• Breaking cognitive distortions</li> <li>• Social skills development</li> </ul>	
Eye Movement Desensitization and Reprocessing (EMDR)	<ul style="list-style-type: none"> <li>• Reprocess trauma</li> </ul>	Recover from trauma and other disturbing life experiences (PTSD, anxiety, depression, panic attacks)
Heart Rate Variability Training (HRVT)	<ul style="list-style-type: none"> <li>• Bio-feedback</li> </ul>	Relaxation
Family Involvement/Family Therapy	<ul style="list-style-type: none"> <li>• Improved family communication</li> <li>• Process trauma</li> <li>• Improve family dynamics</li> </ul>	Healthy family relationships, lower levels of conflict within family system
Meaningful relationships with therapist and direct care staff	<ul style="list-style-type: none"> <li>• Development of communication skills</li> <li>• Relationship skills development</li> </ul>	Ability to create, strengthen, and maintain relationships
Social/Behavioral Management	<ul style="list-style-type: none"> <li>• Improved decision making skills</li> </ul>	Pro-social behavior
Independent Living Skills Development	<ul style="list-style-type: none"> <li>• Greater autonomy/responsibility, enhanced life skills</li> </ul>	Autonomy
Academic Curriculum	<ul style="list-style-type: none"> <li>• Increased levels of intrinsic motivation for academic success/learning</li> </ul>	Grade level education
Community Involvement/ Recreation Planning	<ul style="list-style-type: none"> <li>• Coping skills, executive function skills, social skills</li> </ul>	Healthy coping, planning, time management, and social skills

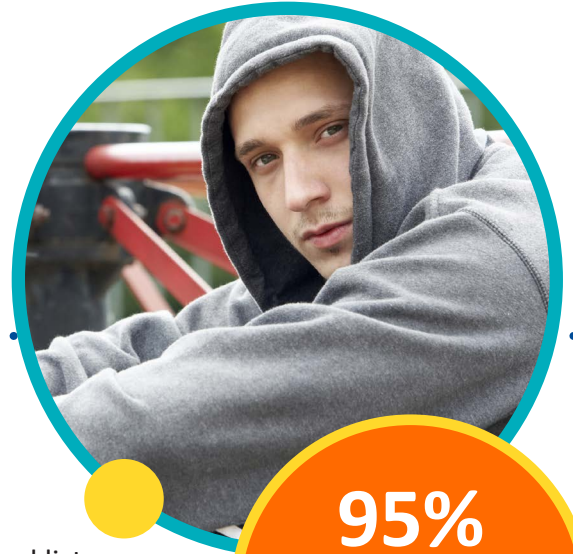


# The CHOR Model.....

## Key Questions:

How do we know our programs are effective?

How do we know our model actually promotes the outcomes we describe?



CHOR uses an electronic health records system (EHR). EHR allows us to capture and track outcomes/quality indicators.

Parent's/Guardian's are requested to complete the Child Behavior Checklist Assessment (CBCL) is completed for each youth upon admission and every six months thereafter, as well as a final assessment at discharge. In addition, The Trauma Symptom Checklist (TSCC) is completed at admission and every six months. Heart rate variability is offered to clients based upon presenting symptomology and is tracked on an ongoing basis during each session

Satisfaction surveys are sent to the family twice a year during the youth's stay in the RTF. The survey reflects feedback on the program. Post discharge outcomes are tracked through telephone contact made at 2 weeks, 1, 3, 6, and 12 month intervals which evaluates several indicators for continued success. Data is then compiled and reviewed from the surveys and telephone contact. In addition, independent living skills assessment data is utilized to inform outcomes specific to this area.

CHOR seeks to provide effective, evidence-based programs to bring positive change into the lives of the youth we serve. As demonstrated in our service model, and explanation of what we do, we are intentional in the design of our programs and in the selection and training of our team. CHOR works to foster a unique culture of passionate individuals who possess the necessary desire and professional expertise to facilitate change.

**95%**  
of referral sources agree that the admission process is seamless.

**93%**  
of parents agree that overall they are satisfied with their child's treatment or services.

**Our greatest hope is to play a role in helping you and your family.**