

***THE CENTER FOR
THERAPEUTIC INTERVENTIONS***

BEHAVIORAL HEALTH SERVICES

Client Orientation Packet

**The Center for Therapeutic Interventions
7477 E 46th Pl
Tulsa, Oklahoma 74145
918-384-0002 Fax 918-384-0004**

THE CENTER FOR THERAPEUTIC INTERVENTIONS

Behavioral Health Outpatient Treatment Services

Program Plan

Program Philosophy

When a person has a problem or issues, they may benefit from counseling services. Counseling should help identify the cause and in turn help reduce the symptoms. Outpatient treatment is offered in a helpful holistic non-judgmental environment that is convenient for the client and supportive of his or her needs. Services shall be based on the desires of the client.

Program Descriptions

Outpatient treatment consists of providing an intake, an assessment, a treatment plan, and carrying out that plan with desired services. Services are provided in a variety of therapeutic methods as deemed appropriate by the treatment team with input from the consumer.

Program Goals

All programs have the goal of decreasing symptoms, improving overall functioning and living in a recovery way as defined by the consumer.

Populations Served

Outpatient services are provided to children, adolescents and adults both men and women for a variety of behavioral health conditions. CTI facilities are handicapped accessible. Interpreters are available for non-English speaking clients as well as hearing impaired. Accessibility to services is a priority at CTI, any barrier that a consumer might deem as a problem is addressed and rectified.

Team Approach

CTI utilizes a multidisciplinary team in providing outpatient services, including Mental Health Professionals and Behavioral Health Rehabilitation Specialists. The treatment team approves all treatment plans.

Entrance Requirements

CTI strives to provide services to anyone requested counseling. At times however, clients may be excluded for the following reasons: the client could not benefit from treatment; the client is actively homicidal or suicidal requiring a higher level of care; there is a conflict of interest or an ethical concern.

Cancellations/Missed Appointments

Should a client or client's guardian or caregiver be unable to attend a scheduled session, the client or guardian/caregiver will be expected to provide at least 24 hours advanced notice to the counselor. In the event of an emergency the client or clients guardian/caregiver should as soon as possible attempt to contact or provide information as to the reason for the missed appointment in one of the following ways: The client should contact the office and leave a message with the receptionist; The client can leave a message on the counselor's voice mail.

After Office Hours

If a client or guardian/caregiver needs to contact a clinician after hours, they should use the main number 918-384-0002. In the event of an emergency an on-call phone is operated by a licensed clinician who is trained to assist in a clinical emergency. Scheduling appointments, requesting medication refills etc. do not constitute an emergency and should be addressed during normal business hours. In the event a medical emergency occurs, please call 911 for emergency responders. Please utilize Tulsa County Emergency Services with 24 hour Reachout Hotline for Mental Health & Substance Abuse crisis 1-800-522-9054, 24 hour gambling crisis 1-800-522-7233, Teen Hotline 1-800-522-8336, or Tulsa Center for Behavioral Health 918-293-2140.

Comprehensive Assessment & Individual Service Plan

Each person served will participate in a comprehensive assessment gathering information regarding presenting problems, strengths, needs, abilities and preferences, as well as physical, medical and behavioral health concerns in an effort to develop an individualized service plan that will guide treatment. The plan consists of goals and objectives that reflect input and active participation of the consumer, integrated with any other services being receiving, specifies services of the program, and provides for any needed referrals. The plan goals/objectives are expressed in the consumer's words, reflective of the informed choices of consumer, appropriate for age, culture gender, abilities strengths, preferences and needs of the consumer. The service options are discussed with the person served in an effort to ensure an understanding of the potential courses of treatment and means to meet his/her life goals..

Transition (Continuing Care) & Discharge Criteria & Procedures

Transition and Discharge planning begin at initial intake and are determined by ASAM criteria & defined by the treatment team with active participation of the consumer, referral sources, and significant others when appropriate. Transition is a seamless change in a person served level of care. Discharge will be determined meeting consumer's goals for treatment, ASAM criteria and treatment team advice. A discharge plan will be completed for each person leaving the program. A copy of the discharge and transition/continuing care plan is always offered to the consumer.

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Consumer Rights

At CTI all clients receiving outpatient services shall have and enjoy all constitutional and statutory rights of all citizens of the state of Oklahoma and the United States of America, unless abridged through due process of law by a court of competent jurisdiction. CTI either operated by, or certified by, or under contract with ODMHSAS providing outpatient mental health and/or substance abuse services insures clients have the rights specified as follows. (For the purposes of this section, outpatient services include all services where the client does not reside in, or stay overnight, the facility providing services to him/her.)

Each consumer has the right to be treated with respect and dignity.

Furthermore:

- Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition or sexual orientation.
- No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.
- Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:

Allow other individuals of the consumer's choice participate in the consumer's treatment and with the consumer's consent;

- To be free from unnecessary, inappropriate, or excessive treatment;
- To participate in consumer's own treatment planning;
- To receive treatment for co-occurring disorders if present;
- To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
- To not be discharged for displaying symptoms of the consumer's disorder.
- Every consumer's record shall be treated in a confidential manner.
- No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law.
- Refusal to participate shall not affect the services available to the consumer.

A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights by contacting the privacy officer Janet Cizek 918-384-0002.

- Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.
- No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.
- All consumers have a right to protection from the behavioral disruptions of other persons served.

ODMHSAS Office of Consumer Advocacy and ODMHSAS Inspector General

E-Mail: advocacydivision@odmhsas.org and inspectorgeneral@odmhsas.org

Local: (405) 248-9037 Toll Free: (866) 699-6605 Reachout Hotline (800) 522-9054

Treatment Advocate

As a consumer receiving treatment services at The Center for Therapeutic Interventions, you have a right to request and name a treatment advocate to both assist you with providing information such as treatment planning and to aid in the understanding of information provided. The definition of a "**Treatment Advocate**" is a family member or other concerned individual designated by a consumer to participate in treatment and discharge planning, and acts in the best interest of and serves as an advocate for the consumer.

Should you wish to appoint a Treatment Advocate, please contact our Privacy Officer. A Treatment Advocate can be added or removed at any time during treatment by giving written notice to the Privacy Officer.

CTI Privacy Officer & Local Advocate

Janet Cizek

918-384-0002

[@ctioklahoma.org](mailto:janet@ctioklahoma.org)

THE CENTER FOR THERAPEUTIC INTERVENTIONS

Code of Business Practice

The Center for Therapeutic Interventions Code of Business Ethics and Professional Conduct establishes the principles that define the ethical behavior of all employees and staff. The Code serves as the basis for processing ethical and conduct complaints initiated against CTI. The Code of Business Ethics and Professional Conduct covers a wide range of business practices and procedures. It does not cover every issue that may arise, but it sets out basic principles to guide all employees and directors as well as agents and representatives, including consultants of the agency. All of our employees must conduct themselves accordingly and seek to avoid even the appearance of improper behavior. If a law conflicts with a policy in this Code, you must comply with the law; however, if a local custom or policy conflicts with this Code, you must comply with the Code. If you have any questions about these conflicts, you should ask your supervisor how to handle the situation. Those who violate the standards in this Code will be subject to disciplinary action.

- **Compliance with Laws, Rules and Regulations:** All employees must respect and obey the laws of the cities and states in which we operate. Although not all employees are expected to know the details of these laws, it is important to know enough to determine when to seek advice from supervisors, managers or other appropriate personnel. The agency holds information and training sessions to promote compliance with laws, rules and regulations.
- **Conflicts of Interest:** Conflicts of interest are prohibited as a matter of Company policy. A "conflict of interest" exists when a person's private interest interferes in any way with the interests of the agency. A conflict situation can arise when an employee or director takes actions or has interests that may make it difficult to perform his or her work objectively and effectively. Conflicts of interest may also arise when an employee or director, or members of his or her family, receives improper personal benefits as a result of his or her position in the agency. It is almost always a conflict of interest for an agency employee to work simultaneously for a consumer or supplier. The best policy is to avoid any direct or indirect business connection with our consumers or suppliers, except on behalf of the agency. Conflicts of interest may not always be clear-cut, so if you have a question, you should consult with higher levels of management. Any employee or director who becomes aware of a conflict or potential conflict should bring it to the attention of management team or appropriate personnel.
- **Corporate Opportunities:** Employees and directors are prohibited from taking for themselves opportunities that are discovered through the use of agency property, information or position without the consent of the Board of Directors. No employee may use corporate property, information, or position for improper personal gain. Employees and directors owe a duty to CTI to advance its legitimate interests when the opportunity to do so arises.
- **Competition and Fair Dealing:** We seek advantages through superior performance, never through unethical or illegal business practices. Each employee should endeavor to respect the rights of and deal fairly with the agency's consumers, suppliers and employees. No employee should take unfair advantage of anyone through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or any other intentional unfair-dealing practice. To maintain the agency's valuable reputation, compliance with our quality processes and safety requirements is essential.
- **Discrimination and Harassment:** The diversity of the agency's employees is a tremendous asset. We are firmly committed to providing equal opportunity in all aspects of employment and will not tolerate any illegal discrimination or harassment or any kind.
- **Health and Safety:** The agency strives to provide each employee with a safe and healthful work environment. Each employee has responsibility for maintaining a safe and healthy workplace for all employees by following safety and health rules and practices and reporting accidents, injuries and unsafe equipment, practices or conditions. Violence and threatening behavior are not permitted. Employees should report to work in condition to perform their duties, free from the influence of illegal drugs or alcohol. CTI has long-standing policies on illegal drugs and alcohol, including drug and alcohol testing and rehabilitation alternatives. Please consult with your supervisor if you have any questions regarding these policies.
- **Record-Keeping:** CTI requires honest and accurate recording and reporting of information in order to make responsible business decisions. For example, only the true and actual number of hours worked should be reported. Many employees regularly use business expense accounts, which must be documented and recorded accurately. If you are not sure whether a certain expense is legitimate, ask your supervisor. Rules and guidelines are available from the Accounting Department. All of the agency's books, records, accounts and financial statements must be maintained in reasonable detail, must appropriately reflect CTI transactions and must conform both to applicable legal requirements and to the agency's system of internal controls. Unrecorded or "off the books" funds or assets should not be maintained unless permitted by applicable law or regulation. CTI requires its managing partners full, fair, accurate, timely and understandable disclosure in all periodic reports. Business records and communications often become public, and should avoid exaggeration, derogatory remarks or guesswork. This applies equally to e-mail, internal memos, and formal reports. Records should always be retained or destroyed according to the agency's record retention policies. In accordance with those policies, in the event of litigation or governmental investigation please consult the Director of Operations and the agency's attorney.
- **Confidentiality:** Employees must maintain the confidentiality of confidential information entrusted to them by the agency and its consumers, except when disclosure is authorized by the consumer through a signed consent or required by laws or regulations.
- **Protection and Proper Use of Agency Assets:** All employees should endeavor to protect CTI assets and ensure their efficient use. Theft, carelessness, and waste have a direct impact on the agency. Any suspected incident of fraud or theft should be immediately reported for investigation. Agency equipment should not be used for non-agency business, though incidental personal use may be permitted. The obligation of employees to protect CTI assets includes business, marketing and service plans, databases, records, salary information and any unpublished financial data and reports. Unauthorized use or distribution of this information would violate agency policy. It could also be illegal and result in civil or even criminal penalties.

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Code of Professional Conduct

As an employee of CTI, I hereby affirm that...

- My primary goal is to respect the dignity and promote the recovery of each client/consumer and his/her family. I have a total commitment to provide the highest quality care for those who seek CTI services.
- I shall present a genuine interest in all client/consumers and families and do hereby dedicate myself to the best interest of the client/consumers and to helping them to help themselves.
- I shall maintain at all times an objective, non-possessive, professional relationship with all clients.
- I shall be willing to recognize when it is in the best interest of the client/consumers to release them or refer them to another program or individual.
- I shall adhere to all the professional rules of confidentiality of all maintenance and distributions of records, material, and knowledge concerning the client and respect the integrity and protect the welfare of the person or group with whom I am working.
- I shall not in any way discriminate between client/consumers, families, or fellow professionals based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.
- I shall maintain respect for CTI policies and management functions, but will take the initiative toward improving such policies when it will better serve the interest of the client/consumers.
- I shall not participate in false or misleading advertisement, promotions that use deception or use undue influence in service choice.
- I have a commitment to assess my own personal strengths, limitations, biases, & effectiveness on a continuing basis; I shall strive for self-improvement & have a personal responsibility for professional growth through further education and training.
- I shall not have any type of outside involvement, including sexual intimacies, with client/consumers and I shall not counsel persons with whom I have had a personal relationship.
- I shall be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. I shall inform client/consumers when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that will protect the client/consumers interest.
- I shall respect client/consumers right to privacy. I shall not solicit private information unless it is essential to providing service. Once private information is shared, standards of confidentiality apply.
- I shall not use derogatory language in written or verbal communications to or about client/consumers.
- When I act on behalf of client/consumers who lack the capacity to make informed decisions, I shall take reasonable steps to safeguard the interests and rights of those client/consumers.
- I shall respect confidential information shared by colleagues in the course of their professional relationships and transactions.
- I shall advocate for adequate resources to meet client/consumer's needs.
- I shall be a diligent steward of the resources of CTI and I shall wisely conserve funds where appropriate and never misappropriate funds for unintended purposes
- I shall set and model health personal boundaries and assist client/patients to acquire and implement healthy personal boundaries
- I shall not witness legal documents for client/patients with the exception of CTI documents
- I shall not participate in, condone, or be associated with dishonesty, fraud, deception, or conduct that could affect my client/consumer relationship or the relationship of CTI with the community.
- I will not make use of the any consumer's private vehicle.
- I will not consume food or drink belonging to any consumer.
- I will not use the consumer's telephone for personal calls.
- I will not discuss personal problems, religious or political beliefs with any consumer.
- I will not accept any gifts or tips from any consumer.
- I will not consume alcoholic beverages or use medicine or drugs for any purpose other than medical in the consumers home or prior to service delivery.
- I will not smoke in the consumer's home.
- I will not solicit money or goods from the consumer.
- I will not purchase any item from the consumer even at a fair market value.
- I will not assume control of the financial and/or personal affairs of the consumer.
- I will not remove anything from the consumer's home.
- I shall cooperate with the Ethics Committee and promptly supply necessary information.
- I have a responsibility to myself, my client/consumers, the community and associates to maintain my physical and mental well being and shall adopt a personal and professional stance which promotes the well being of all human beings.

Each counselor is responsible for communicating the Code of Business Ethics and Professional Conduct to all clients/consumers during the intake process. A copy of the code will be posted in the reception area of each CTI facility.

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Complaints Alleging Violation of the Code of Ethics

Complaints may be submitted by any client/consumer, staff or person, affiliated or not affiliated with CTI. A complaint shall be initiated by completing a THE CENTER FOR THERAPEUTIC INTERVENTIONS grievance form obtained through supervisors, managing partners, or any staff member. Complaints received by supervisors or receptionists must be submitted to the Quality Improvement supervisor, **Janet Cizek**, the same day the complaint was received.

For purposes of determining time limits, a complaint shall be considered filed as soon as a completed complaint form has been received by the quality improvement supervisor. The supervisor along with the treatment team shall respond to the complainant within 3 days of receipt of the completed complaint form. This response shall outline the investigative process and assure the complainant that every effort will be made to correct any violations. Upon conclusion of the investigation, the case shall be reviewed by team. When the review has been completed, the team shall vote to take one of the actions as follows:

Dismiss the charges if:

1. There has been no violation,
2. The violation would constitute only a minor or technical violation,
3. The violation has been adequately addressed in another forum,
4. The violation is likely to be corrected,
5. There is insufficient evidence to support a finding of an ethical violation.

Or:

6. Recommend reprimand.
7. Recommend termination.
8. Recommend stipulated resignation.
9. Choose to dismiss some charges but find violation and recommend disciplinary action on the basis of other charges.

The quality improvement supervisor, **Janet Cizek**, shall forward a report of their findings and recommended action to the treatment Team for final review and approval. Upon receipt of final approval the team shall notify the respondent, in writing, of their recommendations and that he/she may accept or appeal the findings within 10 days. If the respondent accepts the team's recommendations, the case will be closed. If the respondent appeals the decision, the treatment team will direct the matter to the management. A full report of investigative findings shall be forwarded to the managing partners for scheduling into the next regular management meeting. The Board will review and consider all reports before recommending action. All recommendations by the management team shall be final. The respondent will be notified within 10 days of a ruling by the management team. All documentation will be maintained in the Quality Improvement department.

Right to Assert Grievances

All grievances from initial filing to outcome decision are handled by Janet Cizek QA Supervisor.

Consumers have the right to assert grievances and formally complain as pursuant to rules and regulations stipulated in grievance policy of the Center for Therapeutic Interventions in a fair, timely and impartial procedure. All CTI consumers are provided a copy of the grievance policy and procedures during the orientation process in the Consumer Orientation Handbook.

It is the intent of Center for Therapeutic Interventions to maintain a fair and expeditious system for resolution of grievances. Any consumer, employee, guardian, advocate or concerned person may file a grievance. Consumers are provided a copy of the grievance procedure at time of orientation and sign orientation checklist that they have received and understand the grievance policy.

Consumer/Consumers may file grievances regarding:

- Any written or unwritten policy.
- Rules or regulations of a specific program, Center for Therapeutic Interventions, or contractor of the agency.
- Any decision, behavior, or action by an employee, agent, contractor, or other consumers.

Mistreatment grievances may be filed at any time.

Filing a Grievance

Grievance forms are readily available by asking any staff, treatment professional, or designee. If the client has difficulty understanding the form assistance will be provided by any staff member. Give the completed form to any treatment professional or designee. Janet Cizek is the Privacy Officer as well as the Quality Improvement Director. A copy of the grievance must be turned in to the Privacy Officer, Janet Cizek or the CEO within 24 hours. The Quality Improvement Director will keep a grievance log on all of The Center for Therapeutic Interventions Programs.

The Privacy Officer, Janet Cizek or his/her designee will evaluate and determine a resolution. The Quality Improvement Director Janet Cizek his/her designee will determine the responsibility of the resolution, and will ensure the resolution process is completed.

- If the grievance is against the Quality Improvement Supervisor, Janet Cizek, will evaluate and determine a resolution.
- A Grievance may be filed by the consumer with the ODMHSAS. The phone number for the Consumer Advocacy Division is toll free (866) 699-6605 or local (405) 521-4256 and will be provided to the consumer in the orientation packet.

Time Limits

- A CTI Leadership member or designee will notify the grievant of receipt of the grievance within (1) day.
- The grievance will be resolved within (14) fourteen days.
- A CTI Leadership member should inform the grievant of the decision in writing and the right to appeal to the Adult Protection Services/Office of Consumer Advocacy and return the document to the supervisor.

Appeals

In the event that the grievant is not satisfied with the resolution, the grievance may be appealed to Center for Therapeutic Interventions managing partners, Adult Protective Services (for adults) or the Office of Person served Advocacy (for children) for assistance in resolving the grievance. Grievance Logs, Files and Reports

Grievance Logs, Files and Reports

The Quality Improvement Director will maintain the master grievance files, and shall report statistical information and give copies to the Management Team monthly. When grievances are filed by consumer/consumers, copies will be maintained in the consumer's case record.

Annual Grievance Review

Information regarding grievances can be a valuable asset to facilitate change and provide needed changes in services provided, community needs, and or business practices. Grievances as a whole will be reviewed and analyzed yearly at the annual meeting to determine trends, areas of need in performance improvement and actions to be taken or policies to be revised.

Assistance in Filing Grievances

All treatment professionals and staff have been trained to assist consumers with filing grievances. All staff is mandated to take all consumer grievances seriously and to assist consumers through all steps of the grievance process. Failure to report consumer grievances or assist consumers in the grievance process will result in staff action. One of the managing partners will assist any employee with the grievance process. Grievance procedures are provided to consumers as part of the orientation packet and documented with signatures within the consumer's record that receipt has been given.

Advocate

The Quality Improvement Director will serve as a consumer advocate during all grievance procedures or another CTI Leadership member should a conflict of interest arise.

Monitoring of Grievance Procedure

Quality Improvement Director will ensure that all grievance procedures are followed and will provide a written evaluation to review formal complaints at least annually to identify trends areas needing improvement and any action needed. These policy and procedures will be reviewed annually and monitored for process and outcomes to adjust and improve as necessary. It is the policy of The Center for Therapeutic Interventions that no negative actions such as retaliation or barriers to service by filing a grievance. Review of formal complaints is conducted annually and determines trends, areas needing performance improvement, and actions taken.

During the grievance procedure all parties have a right to be treated with respect, dignity, fairness, to be heard and to have some resolution to the complaint. The responsibility of each party involved is to be honest and to try to work together to resolve the complaint.

Copies of all grievances that infringe upon a consumer's rights shall be forwarded to the Department's Office of Consumer Advocacy within 24 hours of the filing. A copy of all grievance documentation and written resolution of the grievance shall be forwarded to the Department's Office of Consumer Advocacy within 24 hours of the written notice being delivered to the consumer.

THE CENTER FOR THERAPEUTIC INTERVENTIONS

HIPAA Notice of Privacy Practices

Summary

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides that if The Center for Therapeutic Interventions receives personal information about your health from you, your physicians, hospitals, and others who provide you with health care services we are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

Kinds of Information to Which This Notice Applies

This notice applies to individually identifiable protected health information that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual, or for which there is a reasonable basis to believe the information can be used to identify the individual (hereinafter referred to as “protected health information”).

Who Must Abide by This Notice

All employees, staff, and other personnel who are under the direct control of The Center for Therapeutic Interventions must abide by this notice. The people and organizations to which this notice applies (referred to as “we,” “our,” and “us”) have agreed to abide by its terms. We may share your information with each other for purposes of payment and operations activities as described below.

Our Legal Duties

- We are required by law to maintain the privacy of your protected health information.
- We are required to provide this notice of our privacy practices and legal duties regarding protected health information to anyone who asks for it.
- We are required to abide by the terms of the notice that is currently in effect.

Our Right to Change This Notice

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any protected health information, which we already have, as well as to protected health information we receive in the future. Before we make any material change in the privacy practices described in this notice, we will write a new notice that includes the change. The new notice will include an effective date. We will mail the new notice to all clients then receiving our services subject to the notice within 60 days of the effective date.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Health Care Operations

We may use and disclose your protected health information for activities that are necessary to operate this organization. This includes reading your protected health information to review the performance of our staff. We may also use your information and the information of other members to plan what services we need to provide, expand, or reduce. We may disclose your protected health information as necessary to others with whom we contract to provide administrative services. This includes our lawyers, auditors, accreditation services, and consultants, for instance.

Legal Requirement to Disclose Information

We may use or disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. For instance, we may be required to disclose your protected health information, and the information of others, if we are audited by the state insurance department. We will also disclose your protected health information when we are required to do so by a court order or other judicial or administrative process.

Reporting Abuse

We may disclose your protected health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission. This reporting may require us to follow-up with you regardless of discharge outcome.

Government Oversight

We may disclose your protected health information if authorized by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.

Judicial or Administrative Proceedings

We may disclose your protected health information in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).

Law Enforcement

We may disclose your protected health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your protected health information to a federal agency investigating our compliance with federal privacy regulations.

Workers' Compensation

We may disclose your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

Research

We may use or disclose your protected health information for research purposes, but only as permitted by law.

Specialized Purposes

We may use or disclose the protected health information of members of the armed forces as authorized by military command authorities. We may disclose your protected health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your protected health information for national security, intelligence, and protection of the president.

To Avert a Serious Threat

We may use or disclose your protected health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.

Family and Friends

We may disclose your protected health information to a member of your family or to someone else that is involved in your medical care or payment for care. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object.

More Stringent Law

In the event applicable law, other than the HIPAA Privacy Rule, prohibits or materially limits our uses and disclosures of protected health information as set forth above, we will restrict our uses or disclosure of your protected health information in accordance with the more stringent standard.

Your Rights

1. Authorization. We may use or disclose your protected health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your protected health information for any other reason without your written authorization. If you authorize us to use or disclose your protected health information, you have the right to revoke the authorization at any time.
2. Request Restrictions. You have the right to request restrictions on certain of our uses and disclosures of your protected health information for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your protected health information to your spouse. Your request must describe in detail the restriction you are requesting. We will consider your request. But we are not required to agree. We cannot agree to restrict disclosures that are required by law.
3. Confidential Communication. If you believe that the disclosure of certain information could endanger you, you have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your protected health information to a different address rather than to your home. Or you may ask us to speak to you personally on the telephone rather than sending your protected health information by mail. We will agree to any reasonable request. Requests for confidential communications must be in writing, it must state that the disclosure of the protected health information could endanger you, and it must be signed by you or your representative. If you have questions or concerns about our privacy practices please contact our Privacy Officer..

CTI Privacy Officer & Local Advocate:

Janet Cizek

918-384-0002

jcizek@ctioklahoma.org

4. Inspect And Receive a Copy of Protected Health Information. You have a right to inspect certain protected health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that is used to make decisions about you. For instance, this includes claim and enrollment records. If you want to review or receive a copy of these records, you must make the request in writing, you must state that you are requesting access to your protected health information and either you or your representative must sign the request. We may charge a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact us at the address shown on the first page of this Client Orientation Packet. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.
5. Amend Protected Health Information. You have the right to ask us to amend protected health information about you, which you believe is not correct, or not complete. If you want to request that we amend your protected health information you must make this request in writing, it must be signed by either you or your representative, and give us the reason you believe the information is not correct or complete. Your request to amend your information must be sent to the address shown on the first page of this Client Orientation Packet. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.
6. Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your protected health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover. To be considered, your accounting requests must be in writing, signed by you or your representative and sent to the address shown on the first page of this Client Orientation Packet.
7. Complaints. You have a right to complain about our privacy practices, if you think your privacy has been violated. You may send your complaint to the address shown on the first page of this Client Orientation Packet. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services. All complaints must be in writing, must describe the situation giving rise to the complaint and must be filed within 180 days of the date you know, or should have known, of the event giving rise to the complaint. You will not be subject to any retaliation for filing a complaint.

THE CENTER FOR THERAPEUTIC INTERVENTIONS

Rules, Responsibilities and Expectations

1. It is the responsibility of the consumer to participate fully in the assessment process. The assessment process is designed to facilitate the identification of any issues that may be pertinent to treatment and successful treatment outcomes.
2. As a client of CTI it is expected that you will be honest and open with your therapist/counselor.
3. Clients who appear to be intoxicated or under the influence of drugs or alcohol may not be able to participate in treatment services and may be required to receive an evaluation by a qualified member of the medical team.
4. Clients will adhere to CTI's missed/cancelled appointments procedures.
5. Any client participating in group therapy or rehabilitation services agrees to keep confidential any information disclosed by other group participants.
6. All clients agree to actively participate in their treatment process.
7. Clients agree to cooperate with CTI's on-going quality improvement efforts through completing surveys describing the quality of service they have received by CTI staff. Client (mandated person served) agrees to participate in follow up activities and surveys regardless of his/her discharge outcome.
8. No alcohol or illicit substances are allowed on premises. If a client will be bringing a prescription on premises, CTI asks that they please inform their counselor and keep it contained at all times.
9. Clients agree to refrain from use and not bring cigarettes, e-cig, vaping devices or any other nicotine or tobacco products while on CTI property.
10. CTI's Behavioral Outpatient Programs do not use physical force, seclusion or restraint as a form of behavior management.
11. CTI tries not to restrict treatment for persons served. Treatment may be restricted for violent actions and/or for the safety and security of staff, the persons served or visitors. Any restriction placed upon services provided to clients of CTI for treatment non-compliance, behaviors, actions, attitudes will be reviewed by the clinical staff during the treatment team meeting and reviewed every thirty days. This is done on a case by case basis and the consumer will be provided written documentation regarding restriction or regaining treatment privileges.
12. Weapons of any kind are not allowed on the property.
13. Consumers are encouraged and expected to participate in and provide input regarding their treatment, quality of care, and satisfaction. Input can be given in verbal or written expression and through such ways as the suggestion box, consumer outcome survey, or treatment provider advocating on their behalf. Family involvement is encouraged in treatment whenever possible.
14. During the intake process, Clients will be provided the name of their primary treatment provider, who is responsible for service coordination.
15. During the initial screening process, payer sources that CTI currently accepts will be provided. Consumers who can't access a CTI contract source, will be notified of fees and/or co-pays so that the consumer understands fees and financial obligations.
16. The Center for Therapeutic Interventions can provide information regarding living wills or refer the client to an attorney to obtain legal documentation about medical wishes and advanced directives.
17. CTI staff will explain to you in a manner that you can understand transition and discharge criteria and procedures.
18. Consumers with legally required appointments, sanctions or court notifications are expected to have an understanding of possible outcomes with informed consent and making treatment decisions.
19. Motivational incentives may be used to assist in a consumer's treatment in an effort to reward and encourage positive behaviors.

THE CENTER FOR THERAPEUTIC INTERVENTIONS
ODMHSAS Mental Health and Drug or Alcohol Abuse Services
Consumer Bill of Rights

450:15-3-27 Synopsis of the Bill of Rights

- (a) The synopsis in (b) of this Section shall be used when an abbreviated format of 450:15-3-4 through 450:15-3-25 is used to supply a consumer or others with an overview of the bill of rights. A copy of the synopsis shall be prominently posted in each consumer treatment unit and in consumer admissions, visiting and public areas.

Programs providing treatment or services without the physical custody or where consumers do not remain for round-the-clock support or care, or where the facility does not have immediate control over the setting where a consumer resides, shall support and protect the fundamental human, civil, and constitutional rights of the individual consumer. Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below.

(1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.

(2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition or sexual orientation.

(3) No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.

(4) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in

emergency situations as defined by law. Additionally, each consumer shall have the right to the following:

Allow other individuals of the consumer's choice participate in the consumer's treatment and with the consumer's consent; To be free from unnecessary, inappropriate, or excessive treatment; To participate in consumer's own treatment planning; To receive treatment for co-occurring disorders if present; To not be subject to unnecessary, inappropriate, or unsafe termination from

treatment; and To not be discharged for displaying symptoms of the consumer's disorder.

(5) Every consumer's record shall be treated in a confidential manner.

(6) No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.

(7) A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.

(8) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.

(9) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

(d) Each affected facility and program shall have written policy and implementing procedures, and shall provide documented staff training to insure the implementation of each and every consumer right stated in this Chapter.

(e) Each affected facility and program shall have written policy and implementing procedures to insure each consumer enjoys, and has explained to him or her, these rights, and these rights are visibly posted in both consumer and public areas of the facility.

(f) The ODMHSAS Office of Consumer Advocacy and the ODMHSAS Office of the Inspector General, in any investigation or monitoring shall have access to consumer, facility or program records and staff as set forth in this Chapter.

(g) All facilities that are certified by, operated by, or contracted with the Department shall post the contact information for the ODMHSAS Office of Inspector General and ODMHSAS Office of Consumer Advocacy prominently in each consumer treatment unit

and in consumer admissions, visiting and public areas.

CONTRACT FOR GROUP COUNSELING

A Binding Agreement between Clients & Counselors

1. As a group member, I expect to benefit from participation. I recognize that I have the rights and responsibilities as a group member.
2. As a group member I am accountable to identify my goals for group each week and do my best to attain those goals.
3. I will attend all group meetings as I am scheduled and be on time. If events occur that prevent attendance, I will notify CTI as soon as possible, preferably a few days in advance.
4. I have been informed and understand the limits of confidentiality, and that by law, the group facilitators must report to appropriate authorities any suspected child abuse, elder abuse as well as serious threats of harm to self or others.
5. I have been informed of the policy of confidentiality regarding information that is seen, heard, felt, and/or discussed in group from self or others and agree to not discuss or disclose anything that occurs within the group setting with anyone outside of group. **"WHAT HAPPENS IN GROUP STAYS IN GROUP!"**
6. I understand that, should I violate the rules of confidentiality, I will be given *"one strike"*. Should a second violation occur, I will be prohibited from attending group for 30 days. I understand that I will have to ask permission from the group to rejoin and I will provide written reasons why reentry should occur.
7. I understand that threats of violence, both verbal or in action, directly and indirectly, during or outside of group, against other group members are not tolerated.
8. I understand that, should I threaten one or more group members, I will be asked to leave group for that day and be given *"one strike"*. Should a second violation occur, I will be prohibited from attending group for an agreed upon time period. I understand that I will have to ask permission for reentry.
9. I understand that violation of confidentiality and/or threats are seen as noncompliance and will most likely result in case closure with my referring agency.

Respectfully, and with full understanding, I accept the following rules:

- I will keep what I hear, see, say, and/or share in group within the group room.
- I will be considerate, supportive and respectful to all group members.
- I will not belabor "War Stories". They are possible triggers for old behaviors.
- I will discuss issues that I have with staff members, individually with that staff member.
- I will only discuss group members who are present.
- I will participate as expected. I know that the more I put in, the more I get out.
- I will take time to focus on **MY** issues.
- I will be responsible and sensible.
- I will use "I" statements to describe my own feelings.
- I will work in the "here and now".
- I will do my best to be nonjudgmental with myself and others.
- I will be willing to commit to change, even though change takes time and effort.
- I will remember: awareness + knowledge = CHANGE/POWER/HOPE.
- I will be open to offering and receiving solution-focused feedback (positive feedback and constructive criticism only).
- I will allow the **"group process"** to be a new approach to my life.
- I will apply the skills I learn in group to my life outside the group.
- I will report my successes and bring back experiences, strength and hope to others.
- I will utilize **HOW** (**H**onesty, **O**pen-mindedness, **W**illingness).
- I will not expect perfection from myself or others. **GROUP IS A PROCESS.**
- I will give my full attention & respect to whoever is speaking – no side conversations.
- I will not utilize my cell phone during group.
- I will not threaten other group members either inside or outside of group.
- I will take a "time out" should I need one, or ask for a break when necessary.
- I will not disclose the identity of group members.
- I will act in accordance with CTI's nicotine free policy
- I understand that CTI is a state-funded agency and nicotine containing products are prohibited anywhere on the property
- I will not use group break time to use nicotine products such as smoking, vaping/electronic cigarettes, or chewing tobacco.
- I will abide by break rules, and understand that group breaks are limited to 5 minutes.
- I will not bring food or drink into group

NICOTINE ADDICTION

What causes nicotine addiction?

Nicotine is an addictive drug. It causes changes in the brain that make people want to use it more and more. In addition, addictive drugs cause unpleasant withdrawal symptoms. The good feelings that result when an addictive drug is present — and the bad feelings when it's absent — make breaking any addiction very difficult. Nicotine addiction has historically been one of the hardest addictions to break.

The 1988 Surgeon General's Report, "Nicotine Addiction," concluded that

- Cigarettes and other forms of tobacco are addicting.
- Nicotine is the drug that causes addiction.
- Pharmacologic and behavioral characteristics that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine.

What else does nicotine do to the body?

When a person smokes a cigarette, the body responds immediately to the chemical nicotine in the smoke. Nicotine causes a short-term increase in blood pressure, heart rate and the flow of blood from the heart. It also causes the arteries to narrow. The smoke includes carbon monoxide, which reduces the amount of oxygen the blood can carry. This, combined with the nicotine effects, creates an imbalance between the demand for oxygen by the cells and the amount of oxygen the blood can supply.

How does nicotine in cigarettes increase the risk of heart attack?

Cigarette smoking may increase the risk of developing hardening of the arteries and heart attacks in several ways. First, carbon monoxide may damage the inner walls of the arteries, encouraging fatty buildups in them. Over time, this causes the vessels to narrow and harden. Nicotine may also contribute to this process. Smoking also causes several changes in the blood that make clots — and heart attack — more likely.

What are the symptoms of nicotine withdrawal?

- irritability
- impatience
- hostility
- anxiety
- depressed mood
- difficulty concentrating
- restlessness
- decreased heart rate
- increased appetite or weight gain

How long does nicotine stay in the body?

From 85–90 percent of nicotine in the blood is metabolized by the liver and excreted from the kidney rapidly. The estimated half-life for nicotine in the blood is two hours. However, smoking represents a multiple dosing situation with considerable accumulation during smoking. Therefore, it can be expected that blood nicotine would persist at significant levels for six to eight hours after smoking stopped.

SMOKING CESSATION

About 46 million American adults smoke cigarettes, but most smokers are either actively trying to quit or want to quit. Since 1965, more than 49 percent of all adults who have ever smoked have quit.

AHA Scientific Position

According to the 2004 Surgeon General's Report, *The Health Consequences of Smoking*, eliminating smoking can greatly reduce the occurrence of coronary heart disease and other forms of cardiovascular disease. **Smoking cessation is important in the medical management of many contributors to heart attack.** These include atherosclerosis (fatty buildups in arteries), thrombosis (blood clots), coronary artery spasm and cardiac arrhythmia (heart rhythm problems). Quitting smoking also can help manage several other disorders, especially arteriosclerotic peripheral vascular disease (fatty buildups in peripheral arteries) and chronic obstructive pulmonary disease.

According to the 2004 Surgeon General's Report, tobacco smoking remains the No. 1 cause of preventable disease and death in the United States. About 23 percent of adult men and 19 percent of adult women smoke. This figure is down considerably from 42 percent in 1965. Changes in smoking habits during the late 1960s, the 1970s and the 1980s have very likely contributed to the drop in cardiovascular deaths that occurred at the same time in the United States.

Why Quit?

- After one year off cigarettes, the excess risk of coronary heart disease caused by smoking is reduced by half. After 15 years of abstinence, the risk is similar to that for people who've never smoked.[†]
- In 5 to 15 years, the risk of stroke for ex-smokers returns to the level of those who've never smoked.[†]
- Male smokers who quit between ages 35 to 39 add an average of 5 years to their lives. Female quitters in this age group add 3 years. Men and women who quit at ages 65 to 69 increase their life expectancy by 1 year.[‡]

More than four in five smokers say they want to quit. And each year about 1.3 million smokers do quit. With good smoking cessation programs, 20 to 40 percent of participants are able to quit smoking and stay off cigarettes for at least one year.[‡] According to the Agency for Healthcare Research and Quality's [*Treating Tobacco Use and Dependence*](#), new, effective clinical treatments for tobacco dependence have been identified in the past decade. Combining interventions such as physician advice and follow-up with nicotine gum and behavior modification may increase success rates. Smoking cessation programs seem especially helpful for people who smoke more than 25 cigarettes a day.

AHA Advocacy Position

The American Heart Association continues to advocate that adequate resources be provided for tobacco cessation programs. While prevention programs may be able to prevent new smokers from ever becoming addicted to nicotine, about one-third of tobacco users will die prematurely because of their dependence on tobacco unless treatment efforts are increased. Tobacco-use cessation or treatment programs offer the best hope for helping these people.

Real Help To Quit Smoking -The harmful effects of smoking include chronic lung disease, heart disease, and stroke, as well as many cancers such as lung cancer. And smoking hurts more than just people who light up. According to the most recent Tulsa County Health Profile, pregnant smokers are more likely to have babies with a low birth weight - and an estimated 3000 non-smoking Americans die of lung cancer due to second-hand smoke each year.



Call 1-800-QUIT-NOW

If you or someone you know wants to quit smoking, help is available for free. Simply call 1-800-QUIT-NOW, a friendly, informative tobacco-cessation quit line, available 7 a.m.-11 p.m. to Oklahoma residents. Tobacco cessation specialists are ready to help set up a customized quit plan and quit date that's right for you. They can also mail you printed materials and make referrals to other smoking cessation resources. This quit line is sponsored by the MATCH Project, a tobacco-use prevention and cessation program that works in conjunction with the Oklahoma State Department of Health.

Did you know....1 to 9 months after quitting: Coughing, sinus congestion, fatigue, and shortness of breath decrease; cilia (tiny hair like structures that move mucus out of lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce infection. (US Surgeon General's Report, 1990, pp. 304, 307, 319, 322)

Do you want to quit smoking, but are unsure how?



OU Health Sciences Center Smoking Cessation Programs

1. Free Smoking Cessation Classes Provided by OUHSC-4 one-hour smoking cessation workshops, one workshop per week held at the noon hour at the College of Nursing Building. The next session will start in February, 2006. Participation is Free
Phone 271-2124 to enroll.

2. Tobacco Cessation Clinic

Joint program by the College of Pharmacy and Family Medicine Center Individual Counseling (group counseling also available)
Focus is on behavior modification and the use of medications to aid in cessation
Payment: Cash \$75/first visit-one hour; \$37.50 follow-up visits) **Phone:** 271-2900

3. Hypnosis for Smoking Cessation The Healing Community Wellness Center at the College of Nursing.

A therapist uses hypnotherapy to prompt discontinuation of smoking.

Payment: \$100 **Phone:** 271-2124

4. Smoking Cessation Support Group

Meets at the College of Nursing.

Focus is on group support, cognitive/behavioral and educational interventions for cessation. Group meets once/month during the semester.

Participation is Free **Phone:** 918-271-2124



Oklahoma State Department of Health **Oklahoma Tobacco Helpline:** Call 1 (866) PITCH-EM

Oklahoma Tobacco Use Prevention Service:

<http://www.health.state.ok.us/PROGRAM/tobac/>

HEALTH FOR LIFE

Understanding HIV/AIDS Are You at Risk?

What are HIV and AIDS?

An individual who is HIV positive has contracted the Human Immunodeficiency Virus (HIV). The immune system helps fight infections and protects the body from diseases. White blood cells protect the body from diseases and infections. After the HIV enters the body, it attaches itself to white blood cells. The virus destroys certain white blood cells called helper cells, and increases an individual's likelihood of becoming ill. Acquired Immunodeficiency Syndrome (AIDS) means the body's white blood cells are too low to fight infections. When this happens, you get ill with certain types of pneumonia, cancers and viruses.

Sexually Transmitted Diseases and HIV

The same sexual activities that cause STD's (Sexually Transmitted Diseases) may cause you to become HIV positive. STD's can cause infertility, chronic pelvic pain, and tubal pregnancy. STD's such as herpes and genital warts can cause breaks in the skin, which make you more likely to get HIV. STD's may lower the body's ability to fight infection, which makes it easier for you to become infected with HIV.

Teens and HIV

HIV does not discriminate according to age, race, or gender. You may contract HIV through oral, anal, and vaginal sexual contact. If needles and syringes are shared, blood and HIV also may be shared. Alcohol or other drug use may alter judgment and you may do things you normally would not do. Ways to protect your self from HIV include safe sex practices, avoiding drugs and alcohol, and no sex (abstinence). The pill, Norplant, a diaphragm, or Intrauterine Device (OLID) cannot prevent you from HIV or any other STD. Only condoms can help prevent transmission of HIV. Latex condoms are recommended for vaginal, anal, and oral sex. Only a water-based lubricant should be applied when using a condom, as other lubricants (petroleum jelly, oil, and lotions) can cause the condom to break during use. Lambskin or natural condoms have microscopic pores that viruses (such as HIV) can go through. Only use condoms labeled for protection against STD's.

Women and HIV

Exchanging body fluids with someone who is infected with the virus puts you at a great risk for getting HIV. IUD's, diaphragms, cervical caps, Depo-Provera, Norplant and birth control pills will not prevent HIV transmission. Pregnant women can pass the virus on to an unborn child before or after delivery. The baby has a 1 in 3 chance of developing HIV. Breast milk may have HIV. You should be tested for HIV if you are planning pregnancy, have had multiple sex partners, or share drug needles.

Men and HIV

Sexual practices that expose you to STD's strongly increase your chance of getting HIV. Men with sores on the penis may have exposed you to Herpes, Syphilis, Cancroids or Gonorrhea. Men may not notice the symptoms of a STD infection as soon as women and therefore share it with their partner.

To prevent HIV or STD's the right condom must be used. If you choose anal sex, use a lot of the right water-based lubricant, such as KY brand jelly or Astroglide. These gels help condoms from drying or breaking and may prevent irritation. Do not use petroleum-based jellies like Vaseline, cooking oils, baby oil, vegetable oils or hand lotions. These substances may weaken the latex and cause the condom to tear. Any condom that sticks to itself should be considered damaged and should not be used. Use a condom only once, and then throw it away. Use condoms from start to finish each time you have any type of sex. Condoms minimize your chances of getting HIV.

High Risk Behaviors:

- Tattooing
- Having STD's several times
- Sharing drug needles and syringes
- Not knowing your partner's complete sexual history
- Unprotected sexual activities
- Sex with multiple partners
- Sexual intercourse (vaginal, anal, and oral) with someone who is infected with HIV
- Where ever blood and bodily fluids are exchanged (tears, saliva, vaginal secretions, semen)

Signs and Symptoms of HIV

- Fatigue
- Swollen glands
- Fevers and night sweats
- Coughing and shortness of breath
- Weight loss
- Persistent diarrhea
- A whitish coating on tongue or inside cheeks (oral thrush)
- Persistent vaginal yeast infections

Who Can I Call for Questions or Concerns?

Oklahoma AIDS Hotline (800) 535-2437
Spanish Language Hotline (Se Habla Espanol)..... 1-800-344-7432
Help in Crisis (800) 300-5321

Where Can I Be Tested?

HIV and AIDS related testing will be made available to you, your spouse, and/or significant other(s) through a testing facility of your choice or the following local health departments: Tulsa County (918-744-1000) or Mayes County (918-825-4224). CTI recommends all persons previously or currently engaging in high risk behaviors as listed on the preceding pages seek testing for HIV. CTI will provide counseling and education regarding HIV and AIDS with the assistance of pamphlets, videos, guest speakers or other methods at least one time during the course of treatment.

What is HIV and how can I get it?

HIV - the human immunodeficiency virus - is a virus that kills your body's "CD4 cells." CD4 cells (also called T-helper cells) help your body fight off infection and disease. HIV can be passed from person to person if someone with HIV infection has sex with or shares drug injection needles with another person. It also can be passed from a mother to her baby when she is pregnant, when she delivers the baby, or if she breastfeeds her baby.

What is AIDS?

AIDS - the acquired immunodeficiency syndrome - is a disease you get when HIV destroys your body's immune system. Normally, your immune system helps you fight off illness. When your immune system fails you can become very sick and can die.

What do I need to know about HIV?

The first cases of AIDS were identified in the United States in 1981, but AIDS most likely existed here and in other parts of the world for many years before that time. In 1984 scientists proved that HIV causes AIDS.

Anyone can get HIV. The most important thing to know is how you can get the virus.

You can get HIV:

- By having unprotected sex- sex without a condom- with someone who has HIV. The virus can be in an infected person's blood, semen, or vaginal secretions and can enter your body through tiny cuts or sores in your skin, or in the lining of your vagina, penis, rectum, or mouth.
- By sharing a needle and syringe to inject drugs or sharing drug equipment used to prepare drugs for injection with someone who has HIV.
- From a blood transfusion or blood clotting factor that you got before 1985. (But today it is unlikely you could get infected that way because all blood in the United States has been tested for HIV since 1985.)
- Babies born to women with HIV also can become infected during pregnancy, birth, or breast-feeding.

You cannot get HIV:

- By working with or being around someone who has HIV.
- From sweat, spit, tears, clothes, drinking fountains, phones, toilet seats, or through everyday things like sharing a meal.
- From insect bites or stings.
- From donating blood.
- From a closed-mouth kiss (but there is a very small chance of getting it from open-mouthed or "French" kissing with an infected person because of possible blood contact).

How can I protect myself?

- Don't share needles and syringes used to inject drugs, steroids, vitamins, or for tattooing or body piercing. Also, don't share equipment ("works") used to prepare drugs to be injected. Many people have been infected with HIV, hepatitis, and other germs this way. Germs from an infected person can stay in a needle and then be injected directly into the next person who uses the needle.
 - The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.
 - For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD. The more sex partners you have, the greater your chances are of getting HIV or other diseases passed through sex.
 - Condoms used with a lubricant are less likely to break. However, condoms with the spermicide nonoxynol-9 are not recommended for STD/HIV prevention. Condoms must be used correctly and consistently to be effective and protective. Incorrect use can lead to condom slippage or breakage, thus diminishing the protective effect. Inconsistent use, e.g., failure to use condoms with every act of intercourse, can result in STD transmission because transmission can occur with a single act of intercourse.
 - Don't share razors or toothbrushes because of they may have the blood of another person on them.
 - If you are pregnant or think you might be soon, talk to a doctor or your local health department about being tested for HIV. If you share HIV, drug treatments are available to help you and they can reduce the chance of passing HIV to your baby.
- How do I know if I have HIV or AIDS?**

You might have HIV and still feel perfectly healthy. **The only way to know for sure if you are infected or not is to be tested.** Talk with a knowledgeable health care provider or counselor both before and after you are tested. You can go to your doctor or health department for testing. To find out where to go in your area for HIV counseling and testing, call your local health department or the CDC INFO, at **1-800-CDC-INFO (232-4636)**.

Your doctor or health care provider can give you a confidential HIV test. The information on your HIV test and test results are confidential, as is your other medical information. This means it can be shared **only** with people authorized to see your medical records. You can ask your doctor, health care provider, or HIV counselor at the place you are tested to explain who can obtain this information. For example, you may want to ask whether your insurance company could find out your HIV status if you make a claim for health insurance benefits or apply for life insurance or disability insurance.

CDC recommends that everyone know their HIV status. How often you should an HIV test depends on your circumstances. If you have never been tested for HIV, you should be tested. CDC recommends being tested at least once a year if you do things that can transmit HIV infection, such as:

- injecting drugs or steroids with used injection equipment
- having sex for money or drugs
- having sex with an HIV infected person
- having more than one sex partner since your HIV test
- having a sex partner who has had other sex partners since your last HIV test.

In many states, you can be tested anonymously. These tests are usually given at special places known as anonymous testing sites. When you get an anonymous HIV test, the testing site records only a number or code with the test result, not your name. A counselor gives you this number at the time your blood, saliva, or urine is taken for the test, then you return to the testing site (or perhaps call the testing site, for example with home collection kits) and give them your number or code to learn the results of your test.

If you have been tested for HIV and the result is negative and you never do things that might transmit HIV infection, then you and your health care provider can decide whether you need to get tested again.

You are more likely to test positive for (be infected with) HIV if you

- Have ever shared injection drug needles and syringes or "works."
- Have ever had sex without a condom with someone who had HIV.
- Have ever had a sexually transmitted disease, like chlamydia or gonorrhea.
- Received a blood transfusion or a blood clotting factor between 1978 and 1985.
- Have ever had sex with someone who has done any of those things

What can I do if the test shows I have HIV?

Although HIV is a very serious infection, many people with HIV and AIDS are living longer, healthier lives today, thanks to new and effective treatments. It is very important to make sure you have a doctor who knows how to treat HIV. If you don't know which doctor to use, talk with a health care professional or trained HIV counselor. If you are pregnant or are planning to become pregnant, this is especially important.

There also are other things you can do for yourself to stay healthy. Here are a few

- Follow your doctor's instructions. Keep your appointments. Your doctor may prescribe medicine for you. Take the medicine just the way he or she tells you to because taking only some of your medicine gives your HIV infection more chance to grow.
- Get immunizations (shots) to prevent infections such as pneumonia and flu. Your doctor will tell you when to get these shots.
- If you smoke or if you use drugs not prescribed by your doctor, quit.
- Eat healthy foods. This will help keep you strong, keep your energy and weight up, and help your body protect itself.
- Exercise regularly to stay strong and fit.
- Get enough sleep and rest.

How can I find out more about HIV and AIDS?

You can call **CDC-INFO** at **1-800-CDC-INFO (232-4636)**; **TTY access 1-888-232-6348**. CDC-INFO is staffed with people trained to answer your questions about HIV and AIDS in a prompt and confidential manner in English or Spanish, 24 hours per day. Staff at CDC-INFO can offer you a wide variety of written materials and put you in touch with organizations in your area that deal with HIV and AIDS.

On the Internet, you can get information on HIV and AIDS from www.AIDS.gov or www.cdc.gov/hiv

Additional brochures in the Opportunistic Infections Series:

[Living with HIV/AIDS](#)

[Preventing Infections from Pets](#)

[Preventing Infections During Travel](#)

[Safe Food and Water](#)

[Tuberculosis: A Guide for Adults and Adolescents with HIV](#)

[You Can Prevent Cryptosporidiosis](#)

[You Can Prevent CMV \(Cytomegalovirus\) Infection](#)

[You Can Prevent MAC Disease](#)

[You Can Prevent PCP](#)

[You Can Prevent PCP in Children](#)

[You Can Prevent Toxo \(Toxoplasmosis\)](#)

[Divisions of HIV/AIDS Prevention](#)

[National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)



Centers for Disease Control and Prevention 1600 Clifton Rd,
Atlanta, GA 30333, U.S.A.
Tel: (404) 639-3311/Public Inquiries: 1-800-CDC-INFO (232-4636); 1-888-232-6348 (TTY)



TB Elimination

Tuberculosis: General Information

What is TB?

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if they do not get treatment.

What are the Symptoms of TB?

The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.

How is TB Spread?

TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection.

What is the Difference Between Latent TB Infection and TB Disease?

People with latent TB infection have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others. However, they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease.

People with TB disease are sick from TB germs that are active, meaning that they are multiplying and destroying tissue in their body. They usually have

symptoms of TB disease. People with TB disease of the lungs or throat are capable of spreading germs to others. They are prescribed drugs that can treat TB disease.

What Should I Do If I Have Spent Time with Someone with Latent TB Infection?

A person with latent TB infection cannot spread germs to other people. You do not need to be tested if you have spent time with someone with latent TB infection. However, if you have spent time with someone with TB disease or someone with symptoms of TB, you should be tested.

What Should I Do if I Have Been Exposed to Someone with TB Disease?

People with TB disease are most likely to spread the germs to people they spend time with every day, such as family members or coworkers. If you have been around someone who has TB disease, you should go to your doctor or your local health department for tests.

How Do You Get Tested for TB?

There are tests that can be used to help detect TB infection: a skin test or TB blood tests. The Mantoux tuberculin skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm. The TB blood tests measures how the patient's immune system reacts to the germs that cause TB.



What Does a Positive Test for TB Infection Mean?

A positive test for TB infection only tells that a person has been infected with TB germs. It does not tell whether or not the person has progressed to TB disease. Other tests, such as a chest x-ray and a sample of sputum, are needed to see whether the person has TB disease.

What is Bacille Calmette–Guèrin (BCG)?

BCG is a vaccine for TB disease. BCG is used in many countries, but it is not generally recommended in the United States. BCG

vaccination does not completely prevent people from getting TB. It may also cause a false positive tuberculin skin test. However, persons who have been vaccinated with BCG can be given a tuberculin skin test or TB blood test.

Why is Latent TB Infection Treated?

If you have latent TB infection but not TB disease, your doctor may want you to take a drug to kill the TB germs and prevent you from developing TB disease. The decision about taking treatment for latent infection will be based on your chances of developing TB disease. Some people are more likely than others to develop TB disease once they have TB infection. This includes people with HIV infection, people who were recently exposed to someone with TB disease, and people with certain medical conditions.

How is TB Disease Treated?

TB disease can be treated by taking several drugs for 6 to 12 months. It is very important that people who have TB disease finish the medicine, and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again; if they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat. In some situations, staff of the local health department meet regularly with patients who have TB to watch them take their medications. This is called directly observed therapy (DOT). DOT helps the patient complete treatment in the least amount of time.

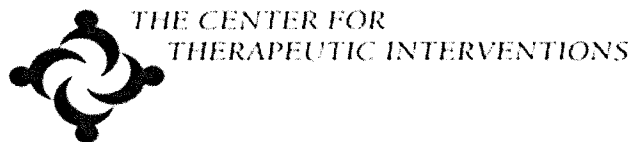
Additional Information

CDC. Questions and Answers About TB
<http://www.cdc.gov/tb/publications/faqs/default.htm>

<http://www.cdc.gov/tb>

TB testing for all age groups is conducted at the Central Regional Health Center, James O. Goodwin Health Center, and the North Regional Health and Wellness Center (see map). TB skin testing at these sites is available Monday - Wednesday 8:00 - 4:00 p.m. and Friday 8:00 - 3:00 p.m. (TB skin testing not available on Thursdays). A Spanish-speaking interpreter is available.

There is no charge for TB testing if you have been exposed to an active case, are considered at increased risk, or have symptoms. There is a charge for some TB testing. For more information, please call 918-595-4109.



Hep C & HIV referral information:

If you would like information on Hep C or HIV testing please contact our friends at HOPE!

HOPE is located at : 3540 E 31st St. Suite 6, Tulsa OK 74135

Main phone number: (918) 749-TEST (8378)

HIV/HEP C/ STD Testing hours :

Monday & Thursday 9AM-5 PM by appointment

Walk in Clinic : Monday & Thursdays 5pm -8pm

If you have tested positive and and have not been treated , you can contact one of the following clinics for more information.

Generations Family Medical Clinic

(918) 272-0033

OSU Internal Medicine

(918)382-5058

Oklahoma HIV /STD Hotline : 1-800-535 AIDS (2437)



TB Testing Information:

TB screenings are offered at CTI. This involves a small needle prick in the forearm, and you will need to return to CTI within 48-72 hours for the test to be read by the medical team.

Who should be tested?

- People who have spent time with someone who has TB disease
- People from a country where TB disease is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia)
- People who live or work in high-risk settings (for example: correctional facilities, long-term care facilities or nursing homes, and homeless shelters)
- Health-care workers who care for patients at increased risk for TB disease
- Infants, children and adolescents exposed to adults who are at increased risk for latent tuberculosis infection or TB disease

People who may have latent TB infection may never develop TB disease. However some individuals are more at risk:

- People with HIV infection
- People who became infected with TB bacteria in the last 2 years
- Babies and young children
- People who inject illegal drugs
- People who are sick with other diseases that weaken the immune system
- Elderly people
- People who were not treated correctly for TB in the past

Signs & Symptoms of TB include:

- a bad cough that lasts 3 weeks or longer
- pain in the chest
- coughing up blood or sputum (phlegm from deep inside the lungs)
- weakness or fatigue
- weight loss
- no appetite
- chills
- fever
- sweating at night

You can also contact the Tulsa Health Department for more info at 918-595-4109.



FREE Contraception Birth Control Services for Tulsa County Residents

Consider a Method

If you are considering a birth control method, it's always important to learn about all the options. Read about the different methods [here](#) or select your insurance situation below. Most birth control methods are either free or low-cost. If you know you want an IUD or arm implant, confirm that you meet our qualifications to receive one for free.

We offer the following free clinical services to eligible women:

- Highly effective, reversible contraception – choose between a [Hormonal IUD](#), a [Non-Hormonal IUD](#) or an [Arm Implant](#)
- Insertion and removal of device
- Pregnancy and STI testing (when necessary)
- Transportation to a participating clinic
- All other methods of birth control at no or low cost through [partner health centers](#)

Have private insurance?

Check with your provider/plan about deductibles and co-pays. If your deductible is too high and you meet our income guidelines, contact us to see if you qualify for free birth control through TCI.

What's Next?

Call one of our [participating clinics](#) and ask for a “family planning appointment.” If you know what method you are interested in, let them know on the phone. If you don't, a healthcare provider will walk you through all the options and help you come to a decision. Let them know whether or not you have insurance, and if you want a free IUD or arm implant through the Take Control Initiative. Make sure to write down the date and time of your appointment!

Need a ride?

If you need a ride, text or call **(539) 302-3615** to set up a free Lyft ride to your appointment. An agent will collect your name, phone number, and pick up and drop off location.

What to expect

Don't forget to bring a Photo ID (School ID works!) to your appointment. Let the front desk and nurse know (again) you are interested in receiving an IUD or Implant through Take Control. If you have questions about the IUD or Implant, ask your nurse or provider! They are there to help you and address any concerns you may have.

Have questions?

Call or text us at **(539) 302-3615**, and we will get back to you with help and answers! If you're a teen, learn about your sexual health rights, find helpful resources, and where you can go for confidential, teen-friendly services.

Participating Facilities & Locations:

Sand Springs Health Center
306 East Broadway
Sand Springs, OK 74063
(918) 591-6100

OU Physicians | Women's Health Care
4444 East 41st Street
Tulsa, OK 74135 (918) 660-4203

OU Physicians | Family Medicine
1111 South Saint Louis Avenue
Tulsa, OK 74120 (918) 619-4622

OSU Women's Health Center
2345 Southwest Blvd
Tulsa, OK 74107 (918) 561-8543

OSU Physicians | Obstetrics & Gyn
717 South Houston Ave, Suite 200
Tulsa, OK 74127 (918) 586-4500

North Regional Health Center
5635 N. Martin Luther King Jr. Avenue
Tulsa, OK 74126 (918) 582-9355

Morton Comprehensive Health Services
1334 North Lansing Avenue
Tulsa, OK 74106 (918) 587-2171

James Goodwin Health Center
5051 South 129th East Avenue
Tulsa, OK 74134 (918) 582-9355
Tuesday – Friday: 7am – 5:30pm

Indian Health Care Resource Center
550 S Peoria Avenue
Tulsa, OK 74120 (918) 588-1900

East Tulsa Family Health Clinic
11511 E 21st. Street
Tulsa, OK 74129 (918) 295-6185

Community Health – Kendall-Whittier
2321 East 3rd Street
Tulsa, OK 74104-3327(918) 622-0641
Teen Clinic: Friday: 1:30pm – 6pm

Community Health Connection – Eastside
9912 E. 21st St
Tulsa, OK 74129 (918) 622-0641
Teen Clinic: Monday: 1:30pm – 6pm

Collinsville Community Health Center
1201 West Center
Collinsville, OK 74021 (918) 596-8650
Monday: 1pm – 5pm

Central Regional Health Center
315 South Utica
Tulsa, OK 74104 (918) 582-9355
Monday: 8am – 12pm
Tuesday – Friday: 8am – 5pm

Alternative & Complementary Therapies

Complementary & alternative therapies can be used to help with pain. These methods draw your attention away from the pain and release muscle tension caused by pain. They can help you relax. Some may work by releasing natural opioids within the body that can enhance the effects of pain medicine and medical therapies.

- **Acupuncture**

Acupuncture is an energy therapy that is part of traditional Chinese medicine. It uses very thin needles inserted through the skin at certain points to help restore the flow of energy in the body.

- **Biofeedback**

Biofeedback uses monitoring devices to help you learn how to consciously control certain body functions, such as heart rate, blood pressure, temperature, sweating or muscle tension.

- **Energy therapies**

Energy therapies are based on the belief that there are energy fields that flow through and around your body.

- **Guided imagery and visualization**

Guided imagery is the use of images that help you think of and reach a specific goal. Visualizing happy, relaxed, or pleasant pictures may help you overcome some pain.

- **Heat or cold**

Heat, such as warm baths, warm water bottles and heating pads, may be used to treat aches or persistent muscle pain. Heat can help reduce stiffness in joints, relax muscles, ease muscle spasms, and increase blood supply to the area. Heat should not be used on areas of skin that have received radiation therapy.

Cold, such as running cold water over or applying ice to an area, can be used to treat muscle spasms or headaches.

- **Hypnosis**

Hypnosis is a state of relaxed and focused attention in which you concentrate on a certain feeling, idea, or suggestion. Hypnosis can be used to block the awareness of pain or to substitute another feeling for pain.

- **Massage**

Massage is a form of touch therapy. Depending on where your pain is, you may massage yourself or get help from a family member, friend, or massage therapist. Massage can make you feel more comfortable and give you a sense of well-being. It can also be a soothing connection between you and a loved one. It may involve brief contact, such as holding hands or rubbing a shoulder, or it may involve longer contact.

- **Meditation**

Meditation is the practice of concentrating or focusing your attention to increase mental awareness and calm your mind and body.

- **Music therapy**

Music can help ease pain, lift your mood and work against depression. It can make you feel like moving and doing physical activities or it can help you relax and go to sleep. Music can also provide distraction from pain.

- **Reiki**

Reiki is an energy therapy that is part of a spiritual practice. It is also commonly called hands-on healing. It involves using the hands to transfer energy to promote healing and relieve pain. During a reiki session, the practitioner places hands on different

- **Tai chi**

Tai chi is an ancient Chinese martial art that combines slow, focused body movements, meditation, and deep breathing.

- **Transcutaneous electrical nerve stimulation (TENS)**

Transcutaneous electrical nerve stimulation (TENS) is a non-invasive treatment that may reduce pain. TENS is believed to interrupt the pain signals sent to the brain. It may also work by promoting the release of endorphins, which are the body's natural painkillers. TENS may help treat headaches, muscle aches or pains or nerve pain. During TENS, wires and electrodes attached to a small battery-powered device are placed on the skin, usually on either side of the area where you feel pain. The electrodes carry electrical impulses to the nerves.

- **Yoga**

Yoga involves stretches and poses with special focus given to breathing. It can be used to calm the nervous system and balance the body, mind, and spirit.



The Center for Therapeutic Interventions

Peer Recovery Support Specialist Guidelines

Center for Therapeutic Intervention's (CTI) Ethical Guidelines and Practice Standards for PRSS

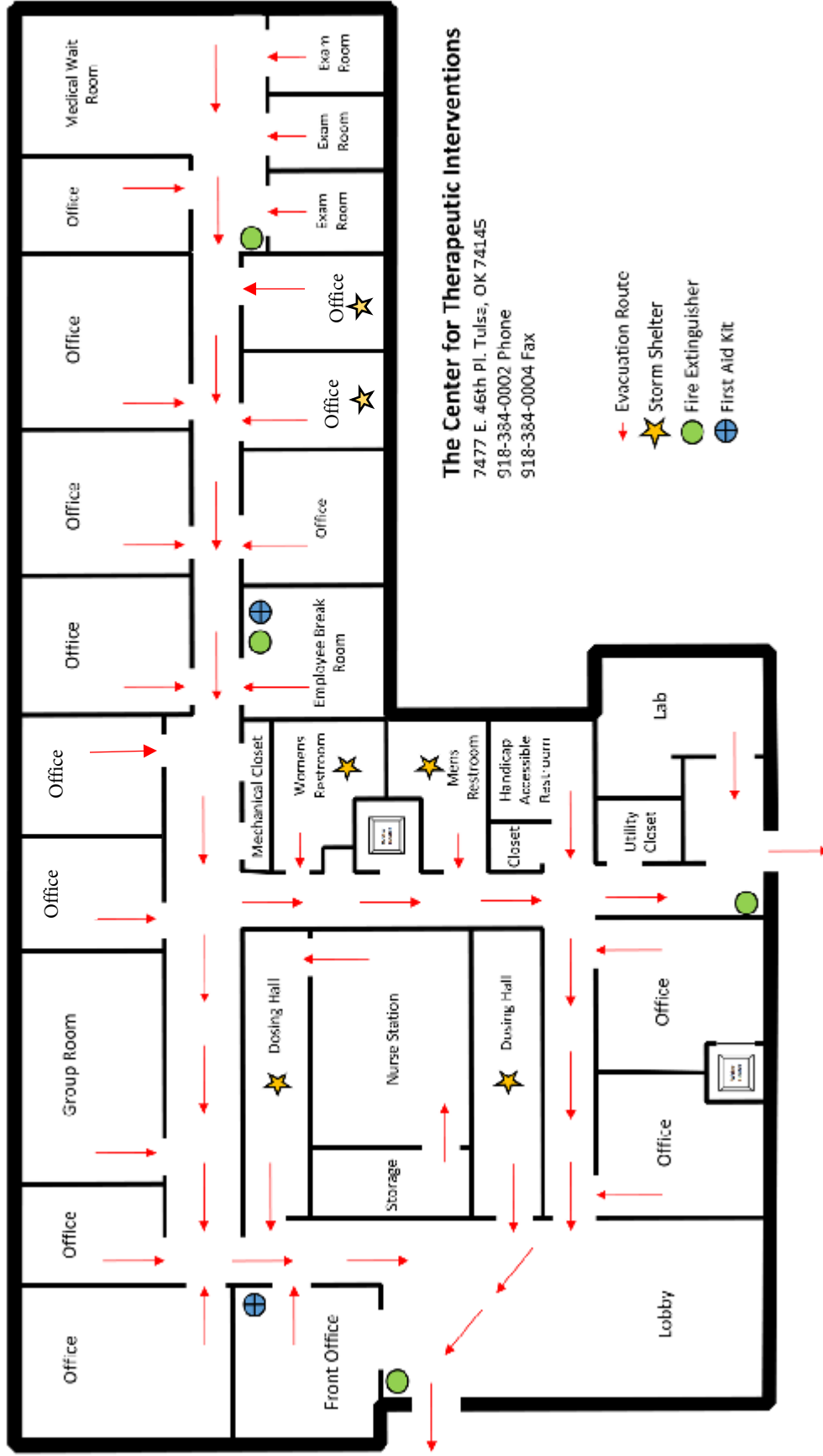
The following core values have been ratified by peer supporters across the country as the core ethical and practice guidelines for Peer Recovery Support Specialists:

Ethical Guidelines	Practice Guidelines
<p>Peer support is voluntary</p> <p>Recovery is a personal choice. The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced or pressured is against the nature of genuine peer support. The voluntary nature of peer support makes it easier to build trust and connections with another.</p>	<p>Practice: Support choice</p> <ol style="list-style-type: none"> 1) Peer supporters do not force or coerce others to participate in peer support services or any other service. 2) Peer supporters respect the rights of those they support to choose or cease support services or use the peer support services from a different peer 3) Peer supporters also have the right to choose not to work with individuals with a particular background if the peer supporter's personal issues or lack of expertise could interfere with the ability to provide effective support to these individuals. In these situations, the peer supporter would refer the individuals to other peer supporters or other service providers to provide assistance with the individuals' interests and desires. 4) Peer supporters advocate for choice when they observe coercion in any mental health or substance abuse service setting.
<p>Peer supporters are hopeful</p> <p>Belief that recovery is possible brings hope to those feeling hopeless. Hope is the catalyst of recovery for many people. Peer supporters demonstrate that recovery is real—they are the evidence that people can and do overcome the internal and external challenges that confront people with mental health, traumatic or substance use challenges. As role models, most peer supporters make a commitment to continue to grow and thrive as they “walk the walk” in their own pathway of recovery. By authentically living recovery, peer supporters inspire real hope that recovery is possible for others.</p>	<p>Practice: Share hope</p> <ol style="list-style-type: none"> 1) Peer supporters tell strategic stories of their personal recovery in relation to current struggles faced by those who are being supported. 2) Peer supporters model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work. 3) Peer supporters help others reframe life challenges as opportunities for personal growth.
<p>Peer supporters are open minded</p> <p>Being judged can be emotionally distressing and harmful. Peer supporters “meet people where they are” in their recovery experience even when the other person's beliefs, attitudes or ways of approaching recovery are far different from their own. Being nonjudgmental means holding others in unconditional positive regard, with an open mind, a compassionate heart and full acceptance of each person as a unique individual.</p>	<p>Practice: Withhold judgment about others</p> <ol style="list-style-type: none"> 1) Peer supporters embrace differences of those they support as potential learning opportunities. 2) Peer supporters respect an individual's right to choose the pathways to recovery individuals believe will work best for them. 3) Peer supporters connect with others where and as they are. 4) Peer supporters do not evaluate or assess others.

<p>Peer supporters are empathetic</p> <p>Empathy is an emotional connection that is created by “putting yourself in the other person’s shoes.” Peer supporters do not assume they know exactly what the other person is feeling even if they have experienced similar challenges. They ask thoughtful questions and listen with sensitivity to be able to respond emotionally or spiritually to what the other person is feeling.</p>	<p>Practice: Listen with emotional sensitivity</p> <ol style="list-style-type: none"> 1) Peer supporters practice effective listening skills that are non-judgmental. 2) Peer supporters understand that even though others may share similar life experiences, the range of responses may vary considerably.
<p>Peer supporters are respectful</p> <p>Each person is valued and seen as having something important and unique to contribute to the world. Peer supporters treat people with kindness, warmth and dignity. Peer supporters accept and are open to differences, encouraging people to share the gifts and strengths that come from human diversity. Peer supporters honor and make room for everyone’s ideas and opinions and believe every person is equally capable of contributing to the whole.</p>	<p>Practice: Be curious and embrace diversity</p> <ol style="list-style-type: none"> 1) Peer supporters embrace diversity of culture and thought as a means of personal growth for those they support and themselves. 2) Peer supporters encourage others to explore how differences can contribute to their lives and the lives of those around them. 3) Peer supporters practice patience, kindness, warmth and dignity with everyone they interact within their work. 4) Peer supporters treat each person they encounter with dignity and see them as worthy of all basic human rights. 5) Peer supporters embrace the full range of cultural experiences, strengths and approaches to recovery for those they support and themselves.
<p>Peer supporters facilitate change</p> <p>Some of the worst human rights violations are experienced by people with psychiatric, trauma or substance use challenges. They are frequently seen as “objects of treatment” rather than human beings with the same fundamental rights to life, liberty and the pursuit of happiness as everyone else. People may be survivors of violence (including physical, emotional, spiritual and mental abuse or neglect). Those with certain behaviors that make others uncomfortable may find themselves stereotyped, stigmatized and outcast by society. Internalized oppression is common among people who have been rejected by society. Peer supporters treat people as human beings and remain alert to any practice (including the way people treat themselves) that is dehumanizing, demoralizing or degrading and will use their personal story and/or advocacy to be an agent for positive change.</p>	<p>Practice: Educate and advocate</p> <ol style="list-style-type: none"> 1) Peer supporters recognize and find appropriate ways to call attention to injustices. 2) Peer supporters strive to understand how injustices may affect people. 3) Peer supporters encourage, coach and inspire those they support to challenge and overcome injustices. 4) Peer supporters use language that is supportive, encouraging, inspiring, motivating and respectful. 6) Peer supporters help those they support explore areas in need of change for themselves and others. 7) Peer supporters recognize injustices peers face in all contexts and act as advocates and facilitate change where appropriate

<p>Peer supporters are honest and direct</p> <p>Clear and thoughtful communication is fundamental to effective peer support. Difficult issues are addressed with those who are directly involved. Privacy and confidentiality build trust. Honest communication moves beyond the fear of conflict or hurting other people to the ability to respectfully work together to resolve challenging issues with caring and compassion, including issues related to stigma, abuse, oppression, crisis or safety.</p>	<p>Practice: Address difficult issues with caring and Compassion</p> <ol style="list-style-type: none"> 1) Peer supporters respect privacy and confidentiality. 2) Peer supporters engage, when desired by those they support, in candid, honest discussions about stigma, abuse, oppression, crisis or safety. 3) Peer supporters exercise compassion and caring in peer support relationships. 4) Peer supporters do not make false promises, misrepresent themselves, others or circumstances. 5) Peer supporters strive to build peer relationships based on integrity, honesty, respect and trust.
<p>Peer support is mutual and reciprocal</p> <p>In a peer support relationship each person gives and receives in a fluid, constantly changing manner. This is very different from what most people experience in treatment programs, where people are seen as needing help and staff is seen as providing that help. In peer support relationships, each person has things to teach and learn. This is true whether you are a paid or volunteer peer supporter.</p>	<p>Practice: Encourage peers to give and receive</p> <ol style="list-style-type: none"> 1) Peer supporters learn from those they support and those supported learn from peer supporters. 2) Peer supporters encourage peers to fulfill a fundamental human need -- to be able to give as well as receive. 3) Peer supporters facilitate respect and honor a relationship with peers that evokes power-sharing and mutuality, wherever possible.
<p>Peer support is equally shared power</p> <p>By definition, peers are equal. Sharing power in a peer support relationship means equal opportunity for each person to express ideas and opinions, offer choices and contribute. Each person speaks and listens to what is said. Abuse of power is avoided when peer support is a true collaboration.</p>	<p>Practice: Embody equality</p> <ol style="list-style-type: none"> 1) Peer supporters use language that reflects a mutual relationship with those they support. 2) Peer supporters behave in ways that reflect respect and mutuality with those they support. 3) Peer supporters do not express or exercise power over those they support. 4) Peer supporters do not diagnose or offer medical services, but do offer a complementary service.
<p>Peer recovery support is strengths-focused</p> <p>Each person has skills, gifts and talents they can use to better their own life. Peer support focuses on what's strong, not what's wrong in another's life. Peer supporters share their own experiences to encourage people to see the positive things they have gained through adversity. Through peer support, people get in touch with their strengths (the things they have going for them). They rediscover childhood dreams and long-lost passions that can be used to fuel recovery.</p>	<p>Practice: See what's strong not what's wrong</p> <ol style="list-style-type: none"> 1) Peer supporters encourage others to identify their strengths and use them to improve their lives. 2) Peer supporters focus on the strengths of those they support. 3) Peer supporters use their own experiences to demonstrate the use of one's strengths, and to encourage and inspire those they support.

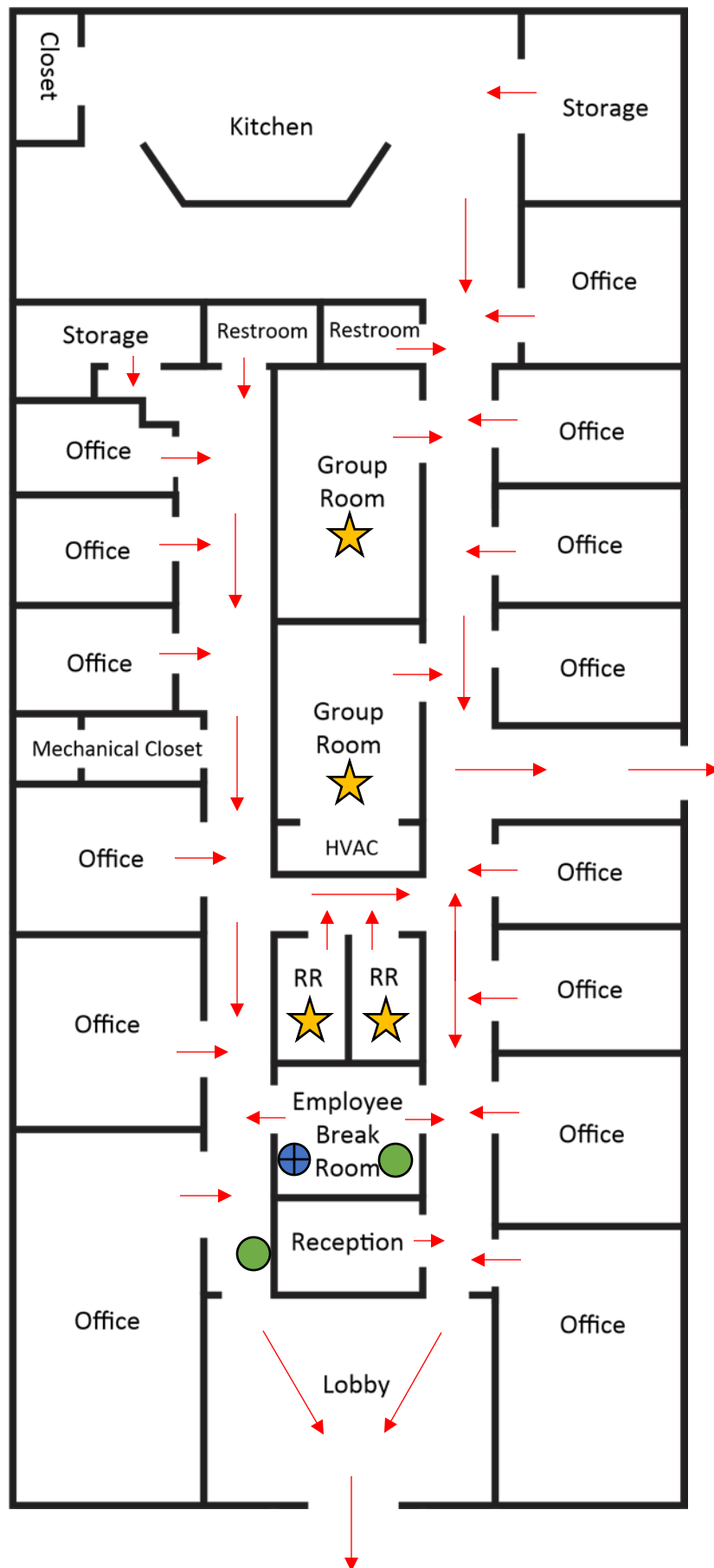
	<ol style="list-style-type: none"> 4) Peer supporters encourage others to explore dreams and goals meaningful to those they support. 5) Peer supporters operate from a strength-based perspective and acknowledge the strengths, informed choices and decisions of peers as a foundation of recovery. 6) Peer supporters don't fix or do for others what they can do for themselves.
<p>Peer support is transparent</p> <p>Peer support is the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic or addiction challenges. Peer supporters are <i>experientially credentialed</i> to assist others in this process. Transparency refers to setting expectations with each person about what can and cannot be offered in a peer support relationship, clarifying issues related to privacy and confidentiality. Peer supporters communicate with everyone in plain language so people can readily understand and they “put a face on recovery” by sharing personal recovery experiences to inspire hope and the belief that recovery is real.</p>	<p>Practice: Set clear expectations and use plain language</p> <ol style="list-style-type: none"> 1) Peer supporters clearly explain what can or cannot be expected of the peer support relationship. 2) Peer supporters use language that is clear, understandable and value and judgment free. 3) Peer supporters use language that is supportive and respectful. 4) Peer supporters provide support in a professional yet humanistic manner. 5) Peer supporter roles are distinct from the roles of other behavioral health service professionals. 6) Peer supporters make only promises they can keep and use accurate statements. 7) Peer supporters do not diagnose nor do they prescribe or recommend medications or monitor their use.
<p>Peer support is person-driven</p> <p>All people have a fundamental right to make decisions about things related to their lives. Peer supporters inform people about options, provide information about choices and respect their decisions. Peer supporters encourage people to move beyond their comfort zones, learn from their mistakes and grow from dependence on the system toward their chosen level of freedom and inclusion in the community of their choice.</p>	<p>Practice: Focus on the person, not the problems</p> <ol style="list-style-type: none"> 1) Peer supporters encourage those they support to make their own decisions. 2) Peer supporters, when appropriate, offer options to those they serve. 3) Peer supporters encourage those they serve to try new things. 4) Peer supporters help others learn from mistakes. 5) Peer supporters encourage resilience. 6) Peer supporters encourage personal growth in others. 7) Peer supporters encourage and coach those they support to decide what they want in life and how to achieve it without judgment.



The Center for Therapeutic Interventions

7477 E. 46th Pl. Tulsa, OK 74145
 918-384-0002 Phone
 918-384-0004 Fax

- Evacuation Route
- ★ Storm Shelter
- Fire Extinguisher
- ⊕ First Aid Kit



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