

Women's Inpatient Specialty Environment of Recovery Program

Commitment to Treatment Form

Understandings

1. I understand that I am a voluntary patient. Unless I am an *imminent* danger to myself or others, I may choose to leave this program at any time.
2. I understand that I am an inpatient on psychiatric unit and that there are restrictions that will be placed on me for my safety or for the safety of the unit.
3. I understand that there may be rules or policies that I disagree with, but I have been provided a copy of the unit rules and it is my responsibility to adhere to these rules during my stay.
4. I understand that WISER is not designed to treat or manage every chronic medical problem. I am not here to address issues outside of my mental health and well being.
5. I understand that this is a challenging program and that I will be asked to talk about and reflect on difficult topics.
6. I understand that I will be a member of a therapeutic community. My behaviors and actions affect others, and I am responsible for my actions and the choices I make.
7. I understand that if my statements or actions are creating an unsafe physical or emotional environment that I may be asked to leave the program.
8. I understand that I will only get as much out of this program as I put into it. If I am not completely honest or do not fully participate, I may not benefit from this program.

My Commitments:

1. I commit to my recovery and mental health by voluntarily enrolling in the WISER program.
2. I commit to attending (on-time) all WISER scheduled groups and activities.
3. I commit to **actively** participating in all group and individual therapy meetings and activities.
4. I commit to openly communicating with my treatment team and peers
5. I commit to challenging my beliefs and assumptions and accepting feedback from the staff and my peers. ******(does not refer to religious beliefs)
6. I commit to practicing the skills I will be learning and completing group assignments.
7. I commit to focusing on **my** mental health treatment. This is my primary purpose. I acknowledge that this is not a time to focus on other issues like compensation and pension claims, chronic medical issues, program rules, a peers' treatment, etc .
8. I commit to maintaining the physical and emotional safety of my peers, the staff and the unit by following all unit rules and policies. This includes not engaging in the following:
 - a. Violent behavior or threats of violence
 - b. self-harm behaviors
 - c. use of drugs or alcohol (including misuse of prescription medications)
 - d. sexual or romantic relationships with patients/ staff in the hospital
 - e. Bringing contraband onto the unit
 - f. Treatment interfering behaviors identified with the help of your team and community

Initials:

Treatment Team Commitments:

1. We commit to engaging in open communication within the team and with you regarding your care.
2. We commit to supporting a safe environment through
 - a. not using or endorsing the use of drugs, alcohol or violence on the unit
 - b. adhering to unit rules and policies
 - c. addressing all safety concerns which are raised to the best of staff ability
 - d. maintaining your confidentiality.
3. We commit to providing information regarding and the opportunity to use new skills, ways of thinking, ways of behaving, and emotion regulation which will aid Veterans in their recovery.

My Personal Goals while in the WISER program:

1. _____
2. _____
3. _____

Patient's Signature

Date

Patient's Printed Name

WISER Team Member Signature

Date

Initials: