Kids Helping Kids

an adolescent alcohol and drug treatment program

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GuideStar

We participate on GuideStar, the on-line standard for nonprofit accountability. Take a look at our listing.

Kids Helping Kids and Their Families

Helping teens 13-21 overcome drug abuse and alcohol problems and return t healthy, productive life style. One teen, one family at a time.

Fostering Life Changes Through Treatment

KHK incorporates a number of features that have been found to foster comprehensive and lasting behavioral changes. First, treatment makes use of positive peer influence through group discussions that challenge the clients' p beliefs and behavior with respect to drugs. Groups are *co-led by professionals* peer counselors, teens who have graduated from KHK and have been trained peer staff. All aspects of treatment are under the direct and continuous superv of clinically trained professional staff. Though the major emphasis is group the individual attention is given to each teenager. Each teen is assigned a primary counselor, a professional case manager, and an individual treatment plan is w

5 Treatment Phases

During each phase of treatment the teen experiences new emotional behavior insight, gaining a more positive relationship with himself/herself, the family, an significant others. At the same time, the client has achieved educational, occupational, and leisure goals. By completion of treatment, the teen has lear valuable insight that each individual is the cause of his/her own feelings and actions, and a set of principles (the Basics) that will help in the pursuit of the d affairs of drug-free living.

Spirituality and Recovery

While KHK does not advocate or promote any particular religious view, the underlying treatment philosophy does stress a concept of "spirituality". A new does occur as the teenager is reunited with his/her family and is given a secor chance to pursue meaningful, drug-free life goals. Each participant is encoura to give credit to a higher power for his change and is particularly encouraged t "seek through prayer and meditation to improve conscious contact with God a person understands Him, praying only for knowledge of His will and the power carry that out."

Click here for privacy notification

Click here for the KHK Ethics Policy

National Accreditation: CARF
Commission on Accreditation ofRehabilitation Facilities

Licensed by: ODADAS
Ohio Department of Alcohol and Drug Addiction Services

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Philosophy

At Kids Helping Kids, we believe the most accurate and functional definition o chemical dependency describes alcohol and drug dependency as a disease w genetic, psychosocial, and environmental factors influencing its development manifestations. We further believe that, with adolescents, chemical abuse is characterized by developmental arrest or deterioration which may be viewed i stages with characteristic physical, psychological, and social symptoms.

As a result of chemical abuse, the adolescent may experience inadequacies c personality, impairment of cognitive functioning, diminished motivation, interpersonal and social conflicts, emotional blocking and regression, and cas disregard for behavioral consequences.

Parenting styles and family interaction often affect and are affected by the chemically dependent adolescent and must be addressed in treatment. Each member may experience shame, guilt, conflict, and frustration as a result of th problem. We now know that the symptoms of chemical dependency during adolescence may be arrested and reversed if properly treated. To maximize effectiveness, adolescent chemical dependency treatment must focus on the primary problem - alcohol and drug use. Adolescent chemical dependency treatment programs which provide optimal opportunity for recovery and maintenance are those which provide: a long-term drug-free environment, pos peer pressure and support, family re-education, and the proper therapeutic ba of group/individual/family counseling. Ultimately, the individual must take responsibility for his/her own recovery and future drug-free life style.

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History of Kids Helping Kids

In the late seventies, early eighties, there were no beds in the Cincinnati area designated for treatment of chemically dependent adolescents. Drugs, howev had sifted down into the high schools and junior highs. Parents were beginnin see the behavioral symptoms that accompany adolescent poly substance abu psychologist who was working for a therapeutic community for adolescents in Florida did a presentation in a Northern Kentucky School Auditorium. It was w attended by parents who were having problems with their children. One Cinci couple enrolled their son in the Florida Program. Then another. Through word mouth, several families found their way to that program. They became convin that Cincinnati needed a program such as it.

Those parents organized as a 501 (C) 3 private, non-profit corporation , wrote Articles of Incorporation and Bylaws and did lots of fund raising. In July, 1981, eleven teens were transferred from the LIFE Program in Florida to Kids Helpir Kids which was then located in a leased facility in Northern Kentucky. By 198 there were several other programs for adolescents. These programs were loc in hospitals and modeled after the treatment programs for adult alcoholics. Te first went into detox for several days, then spent most of the day with a teache doing school work. These models usually allowed for one group a day to deal therapeutic issues and the clients often left the facility in the evening to go to meetings where they could connect with other teens. After 28 days they were discharged.

For the most part, these programs were expensive and ineffective. There was almost no outcome research done. Businesses and insurance companies tool close look at the services and became very controlling about what they would for. Almost all those programs have subsequently closed.

While Kids Helping Kids was modeled after the Florida Program, KHK is comp independent and has changed and grown into the program it is today without collaboration with any other program. Kids Helping Kid's model is effective for adolescents for a number of reasons but the three that distinguish it from othe Length of time, Peer Support/Peer Counselors and intense family involvemen including the utilization of host homes. KHK moved into its permanent facility i Ohio in November, 1993.

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Our Program

In day treatment, kids help kids learn to apply a set of principles that will enab them to better manage their emotional and behavioral responses to life's situa Most teens who abuse chemicals use a kaleidoscope of drugs in their attempt get high. While not usually physically addicted to any one drug, the child deve very intense belief system that supports drug and/or alcohol use. A variety of harmful effects can be observed in their young lives - deterioration of school performance, disruption of family relationships, arrests, depression, and withd Removing teenagers temporarily from access to drugs will not change their us when they return to their regular environment.

KHK incorporates a number of features that have been found to foster comprehensive and lasting behavioral changes. First, treatment makes use of positive peer influence through group discussions that challenge the clients' p beliefs and behavior with respect to drugs. Groups are co-led by professionals peer counselors, teens who have completed KHK treatment and have been tr as peer staff. All aspects of treatment are under the direct and continuous supervision of clinically trained professional staff.

Though the major emphasis is group therapy, individual attention is given to e teenager. When a teen enters treatment, he/she is called a newcomer and is assigned to an oldcomer, someone who is further along in treatment and who responsibility for talking individually with that teen and teaching him/her about treatment. Each teen is also assigned a primary peer counselor, a professiona case manager, and an individual treatment plan is written.

Treatment is divided into five phases. During First Phase, the teen is in treatm for 10.5 hours per day and lives at night in a temporary home with an oldcome his/her family. It is during this phase that a teen is taught the basics: AA's 12 S the Five Criteria for Rational Thinking, the Three Signs, and the Serenity Pray part of the 12-steps, the teen also learns to write moral inventories (MIs), an instrument designed to develop insight, set goals, and develop self esteem. E teen writes an MI nightly throughout the program. It is during First Phase that teenager experiences the awareness and commitment stages of rehabilitation she/he is encouraged to be honest about feelings and past behavior. Honesty reinforced by rewarding the teenager with permission to talk to his/her parents the privilege of responsibilities.

When a teen progresses to Second Phase, he/she returns home and practice using the basics while rebuilding family relationships. As he/she progresses th each phase of treatment, faulty, dysfunctional styles of thinking are challenge replaced with rational, functional thinking. On Third Phase, he/she goes back school and focuses on achievement. On Fourth Phase, the teen earns leisure and concentrates on friendships and the appropriate use of leisure time. The f of Fifth Phase is on sharing awareness and serving as role models to group members and the community.

During each phase of treatment, the teen experiences new emotional behavio insight, gaining a more positive relationship with himself/herself, the family, ar significant others. At the same time, the client has achieved educational, occupational, and leisure goals. By completion of the Fifth Phase of treatment teen has learned valuable insight that each individual is the cause of his/her o feelings and actions, and a set of principles (the Basics) that will help the pers accountable for himself/herself and others in the pursuit of the daily affairs of l

The families, also victims of the drug problem, become involved in the rehabili process. Parents are expected to attend Parent Groups and Open Meetings e Friday evening. Through these meetings, parents learn the same Basics that taught to their children and are encouraged to apply these basics in their own Parents also learn a series of skills to better understand the basis of their thou and feelings and to communicate more effectively with their children. All parer expected to serve as temporary host parents for new children entering the prc Special groups are also provided for siblings during the Parent Group meetinç Friday night.

While KHK does not advocate or promote any particular religious view, the underlying treatment philosophy does stress a concept of "spirituality." A new does occur as the teenager is reunited with his/her family and is given a seco chance to pursue meaningful, drug-free life goals. Each participant is encoura to give credit to a higher power for this change and is particularly encouraged "seek through prayer and meditation to improve conscious contact with God a person understands Him, praying only for knowledge of His will and the powe carry that out."

After graduating from the 5-phase KHK program, clients transition to a four-m aftercare program. They are expected to follow a structured contract with rule consequences which they developed with their family. The KHK After Care pr asks graduates to spend 10 hours per week at the program participating in gr sessions with clients. This commitment instills a sense of responsibility and accountability to each other and each group member continues to earn privile as they progress through the structured after-care program.

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Outcome Research

Our outcome data suggests that Kids Helping Kids is one of the most successfu drug rehabilitation programs in the United States. Nearly three out of four KHK graduates have remained completely drug and alcohol free, and of those who h lapsed or relapsed since graduation, better than half have returned to a drug an alcohol free lifestyle. Completion rate for this long-term treatment program (aver length of stay is 12 months) is approximately 50%. Nearly 98% of all parents of graduates would (and do) recommend KHK to families with at risk kids.

Running averages for the KHK Bi-Annual Outcome Studies for the years 1987 - are shown below. Research data have been collected by different independent marketing companies over the years. Graduates of the program from the prece months are used in each study.

Primary Measure	1987 through 2004
Presently Leading A Sober Lifestyle	82 %
Abstinent Since Graduation	72 %
No More Trouble With the Law	85 %
In School or Graduated	82 %

On a Scale from 1-10 (1 Being Poor, 10 BeingExcellent)	Before KHK	After KH
Relationship with Parents	2.1	7.8
Relationship with Productive Peers	2.6	7.8
Self Esteem	2.5	7.3

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Admission Process

Process begins with a parent's call. When appropriate, an assessment appoin is scheduled. Through this session, it is determined if the child is appropriate f placement and is either immediately admitted to the program, admitted for a C Week assessment, or an intake date is set. A referral is made for a more prop placement when indicated by assessment that the child is not appropriate for Kids Helping Kids level of care.

During the Preadmission, the parent(s) will receive information about Kids Hel Kids and their child will receive a thorough assessment by our Clinical Staff. T assessment consists of clinical interview, an on-site drug screen, and the pers experience inventory computerized assessment test. A KHK Therapist will rep back to the parents regarding their findings and present recommendations for child.

Cost: $200

All appointments pay out-of-pocket. Kids Helping Kids does not bill insurance this appointment/assessment. However, this fee will be applied towards the treatment costs whenever a child is admitted for treatment at Kids Helping Kic

Insurance Coverage for Treatment

Many of the referrals require PRIOR authorization by your insurance company Your insurance company may reject these costs unless they provide approval advance. MOST INSURANCE CARRIERS NO LONGER ALLOW YOU TO OI THE CARE AND GET AUTHORIZATION LATER. They are denying so-called "retroactive authorization."

Not only do virtually all the insurance companies differ in their requirements a coverage, but their policies and procedures are constantly changing. While we our best to keep current with all developments in the health insurance area, th ultimate responsibility of knowing the specifics of your particular policy must re with you.

Please review your policy and become familiar with all requirements, and CAL YOUR INSURANCE CARRIER if you have any questions.

Ohio Medicaid

Kids Helping Kids will gladly accept Ohio Medicaid payments for treatment.

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Therapeutic Community

The Therapeutic Community (TC) has proven to be a powerful treatment appr for substance abuse and related problems in living. Fundamentally, the TC is help approach which evolved in the 1960s primarily outside of mainstream psychiatry, psychology, and medicine.

Professionals *provide*, oversee, guide and supervise treatment. Support and feedback of one's peers is an important tool. Treatment also addresses the wl person. Honesty is stressed as the cornerstone of recovery. In the 24-hour community of the TC, teens can be observed in all areas of their lives: how th work, relate to peers and staff, study for school, maintain their surroundings a personal hygiene, and participate in group and community living. These are th everyday behaviors and attitudes that can be addressed and modified throug continuous interaction with a community of others.

The therapeutic community extends to the family members. Parents and siblir support one another through family groups, open meetings and hosting. Heali takes place as people share their painful experiences and successes. Relatio lasting a lifetime are formed.

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Fundraising Efforts

Annually KHK needs to raise over $400,000 through grant writing, public supp and fund raising efforts in some manner. The Bowl-a-thon is the primary fundr through which parents can help raise money. The other events are the primar responsibility of the Kids Helping Kids Board or other social groups. We will n volunteers to run all of the events. The Development Director will keep the pa group informed at all times as to which event is taking place and how you can Other events are The Magic of Kids, and the KHK Golf Outing.

The Magic of Kids

On Friday, October 14th, 2005, The KHK Board of Directors will host the 2005 Magic of Kids celebration at the Kenwood Country Club, Cincinnati, Ohio

If you would like to attend or donate to Magic 2005, please contact Joyce Bry Development Director, at (513) 575-7300.

Thanks to the generosity of the community, both public and private, the Magic Kids 2004 event reached the goal of raising $100,000 (net). We are overwhel and grateful to have such loyal supporters.

Golf Outing

The Golf Outing was held on May 2nd @ Four Bridges. Thanks to all our golfe and sponsors. If you would like information on next year's golf outing email jbryant@khk.cc.

Bowl-a-thon

The 18th Annual Bowl-A-Thon was held Saturday, March 12th. Thanks to our bowlers and volunteers! We raised over $17,000!

The Bowl-a-thon is an annual KHK fundraiser held every March since 1987. C current goal is to raise over $20,000, with an average of 400 bowlers particip The event takes place at several bowling alleys located in Cincinnati, Northern Kentucky, Indiana, and Dayton. Bowling teams consist of five bowlers who co donations or pledges based on the average of the three games bowled that d Incentive prizes are given to individuals based on how much money they are to collect. Companies are encouraged to participate by organizing teams or b becoming a sponsor. Bowling, shoe rental, event t-shirt and snacks are free t participants. Approximately 80% of the money raised comes from bowler pled collections.

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Donate today!

Individuals, corporations and community organizations are increasingly becoming sources of financial support for Kids Helping Kids. We rely on gifts, contributions and donations to keep our program working to support teens and families who have been affected by substance abuse.

It's commendable that you want to contribute to a worthwhile cause. In many w can enrich you as much as the recipients.

Kids Helping Kids is a 501(c)(3) nonprofit organization, which means that the r you give to Kids Helping Kids is tax-deductible to the extent allowed by law.

The majority of the money raised each year directly supports our programs an services. These donations and contributions help us to meet treatment costs, s qualified families through scholarship, and cover administrative and operating

Kids Helping Kids must raise over $300,000 every year. Since 1981, we have almost 1200 teens and their families, and have helped them to return to a prod life style free of drugs and alcohol.

Your donation counts.
Here's how you can make a difference:

- Annual Giving through your company or business
- Private Donation
- In Memoriam Donation
- Sponsorship of Events
- Scholarship Fund
- Estate Planning
- www.iGive.com/khk

Help us to make a difference - one kid, one family at a time.

Send your tax-deductible donations to:
Kids Helping Kids
P.O. Box 42398
Cincinnati, OH 45242

Support Kids Helping Kids at

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Be a part of the largest network of shoppers, over 400 on-line stores and web s
who are dedicated to turning everyday on-line shopping into philanthropy. Up t
from every purchase you make through iGive.com will go directly to Kids Helpi
Kids. It's free. Sign up today!

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Resources

Link to KHK Drug Abuse information Sheets

Signs and Symptoms of Drug abuse
This pdf file contains information about Knowing the Signs and Stages of Teer Substance Abuse.

Marijuana
This pdf file contains information about Marajana Abuse.

Underage Drinking
This pdf file contains information about Underage Drinking.

Drugged Behind The Wheel
This pdf file contains information about Drinking and Driving.

Prescription Drug Abuse
This pdf file contains information about Prescription Drug Abuse.

Methamphetamine
This pdf file contains information about Methamphetamine alert.

Cough and Cold Medicine Abuse
This pdf file contains information about DXM Abuse.

Inhalants / Huffing
This pdf file contains information about Silent Epidemic: Huffing Still Inexpens Way to get High.

Links to Drug Treatment Resources

www.monitoringthefuture.org

Ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults.

www.soberrecovery.com Recovery Resources on line

www.casacolumbia.org National Center on Addictions and Substance Abus

www.healthfoundation.org The Health Foundation of Greater Cincinnati

www.nida.nih.gov National Institute on Drug Abuse

www.npin.org National Parent Information Network

www.samhsa.gov Substance Abuse and Mental Health Services Administrat

www.seek-ohio.com

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Greetings! All who have been a part of the Kids Helping Kids family ar who have been grateful for the blessing that it is in their lives. You are invited to join us at http://groups.msn.com/pkhk

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This group is to help us communicate and keep track of each other, to s information about our "phasers" with all those who loved him (or her) c and after treatment, and in general to allow us to stay connected!

Sign the address book. Add pictures of your family and/or phaser. Add note to the Phaser Update page, or ask them to add their own! Put your family news in the Family Update page. And then check both to find Kl friends. Start a discussion on the Messages bulletin board. Ask for information or advice or support on the Help page.

Information and current news about KHK will be posted here - fundrais info, and program needs and news.

The activities of the Parent Helping Kids Helping Kids (PKHK) group be posted here. This group supports the KHK organization with their tir talents, and resources. Support and join their efforts with a message, on Sign Up List, or by an email.

Send the email addresses of other family members or KHK friends who should be invited to join this site to sandi@timeomatic.com.

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Frequently Asked Questions

How do I know if my teen is on drugs?
Their behavior is a key indicator. *See the checklist*

How can this happen to a family like ours?
Drugs have no boundaries - parents are not to blame for their child's chemical dependency.

What if my kid doesn't want help?
Most teens do not think they have a problem. KHK has treated hundreds of kids who†"didn't want help".

What kind of kids are at KHK?
These are *good* kids with great parents and families. Many parents are shocked that this could be happening to them and their child.

How long does this treatment program take?
Average treatment time is 11-12 months, with 4 months of follow-up.

What if my teen has ADD, OCD, depression, anxiety, bipolar, or another disorder?
KHK has a staff psychiatrist and medical director to assist in diagnosis and treatment of dually-diagnosed clients.

What about school?
On 1st and 2nd phase the KHK Educational Staff Coordinator assists, plans and supervises your child's individual education needs and goals. Once the child reaches 3rd phase, he or she will return to school.

Why is your program called Kids Helping Kids?
Our Peer Staff are all graduates of KHK, trained as peer counselors. They work with the teens in group therapy sessions and individually to motivate, role model and provide a positive peer influence. These kids†"have been" exactly where your child has been. They can relate and offer hope.

Why is KHK more effective than other programs
KHK knows that every member of the family is affected by this disease. We tr
the whole family including siblings.
Long-term, intensive treatment allows a client to internalize new skills, and giv
time to enable a client to rebuild every area of their life.
Therapy groups are made up of clients in various stages of recovery and can
great feedback.

How does treatment at KHK affect my family?
KHK takes time and commitment, and everyone in the family is involved inclu siblings.

Out-Of-Town Families
Your child may come home some weekends after reaching Second Phase. You must return the child on Sunday, and often provide relief to that host family by staying at their home for a few hours.

Is KHK covered by Insurance?
KHK is often covered by insurance, and offers flexible payment plans. Scholarships may be available for qualified families. Ohio Medicaid accepted.

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Warning Signs

How do I know if my teen is on drugs?
Their behavior is a key indicator. See the checklist.

Has your child...(Check all that apply)

- ☐ seemed depressed
- ☐ become rebellious and defiant
- ☐ had trouble with the law
- ☐ had a bad attitude
- ☐ avoided you upon arriving home
- ☐ become increasingly isolated
- ☐ had a drop in grades
- ☐ required extra sleep
- ☐ dropped out of favorite activities
- ☐ changed friends
- ☐ started looking unkempt or unhealthy
- ☐ changed image/clothes/personal style
- ☐ been caught lying
- ☐ possessed unexplained money
- ☐ threatened or attempted suicide
- ☐ frequently broken curfew
- ☐ been fired from work
- ☐ come home high or drunk
- ☐ destroyed car or property

Do you...

- ☐ argue with your spouse about your child's behavior
- ☐ feel anger or dislike for your child
- ☐ fear you are a failure as a parent
- ☐ "bargain" with your child to change
- ☐ compromise your own values
- ☐ lower your expectations
- ☐ feel frustrated because nothing seems to change your child's behavior
- ☐ cover up for your child
- ☐ make excuses for your child
- ☐ feel relieved when your child leaves the house
- ☐ give money to your child

- ☐ fear your child might injure him/herself
- ☐ fear your child might injure others
- ☐ desire to spend less time at home
- ☐ fear your child is out of control

You have checked boxes

If you have checked 4 or more boxes, click here to get help now!

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Staff

Professional Staff

Penny Walker, M.S., LICDC — Executive Director M.S. in Clinical Psycholog University of Wisconsin, Oshkosh; Licensed Independent Chemical Depender Counselor, State of Ohio. Responsible for the overall administrative and clinic operation of KHK. Executive Director of KHK since 1984. Experience in hospit and agency administration, social services, crisis counseling, individual and gi counseling, case management.

Sean Smith, M.A., LICDC — Program Director M.A. in Clinical Psychology, Western Kentucky University, B.A. Psychology. Licensed Independent Chemi Dependency Counselor, State of Ohio. Responsible for overall treatment prog management and clinical supervision. Experience in case management, thera and education to clients and family members through family, group and indivic counseling.

Jayme Smith, M.A., LICDC — Clinical Staff M.A. in Clinical Psychology, Wes Kentucky University, B.A. Psychology. Licensed Independent Chemical Dependency Counselor, State of Ohio. Provides case management, therapy a education to clients and family. Provides clinical supervision.

Michelle Dool, M.A., CCDC I — Clinical Staff M.A. in Community Counseling, University of Cincinnati, B.A. Psychology and English. Certified Chemical Dependency Counselor, State of Ohio. Provides case management, therapy, education to clients and family members through family, group and individual counseling.

Lara Wenzel, RC — Clinical Staff AAS in Mental Health Technology, Sinclair Community College. Registered Candidate in Chemical Dependency Counsel State of Ohio. Pursuing BS in Social Work. Provides case management, thera and education to clients and family members through family, group and indivic counseling.

Tracy Wheatley, CDCA —Admissions Coordinator B.S. in Criminal Justice, i in Addictions, University of Cincinnati. Chemical Dependency Counseling Ass Responsible for informational calls and conducting preadmission meetings wit prospective families.

Michele Walton Hoehn, M.A., LICDC — Outcomes Management M.A. in Counseling Psychology, Radford University. Licensed Independent Chemical Dependency Counselor, State of Ohio. Responsible for the overall clinical qua assurance management at KHK and Outcomes Management Services.

Junior/Senior Staff – CDCA (Graduates of KHK) Peer Counselors: Chemical Dependency Counseling Assistants, State of Ohio. Selected to join staff for th strong example and commitment to the program. Lead group, conduct intake interviews and participate in treatment.

Richard Heyman, M.D. — Medical Director Pediatrician, private practice. Associated with Adolescent Clinic of Children's Hospital; Associate Clinical Professor, Department of Pediatrics, University of Cincinnati College of Medic Chairperson of the American Academy of Pediatrics' National Committee on Substance Abuse. Provides medical supervision and sets KHK medical policy

Marlene J. Schmidt, M.D. — Staff Psychiatrist M.D. University of Cincinnati, College of Medicine; B.A. in Biological Sciences, University of Chicago Provid psychiatric evaluations, consultation, and medication management for clients.

Julie Malkin, R.N., M.S.N., C.P.N.P. — Nurse Practitioner Master in Nursing, University of Cincinnati; Certified Pediatric Nurse Practitioner; Suburban Pedi Associates, Forest Park and Mason, OH Provides routine healthcare to KHK clients.

Sara Flora, LPN - Nurse Provides routine health care to KHK clients. She alsc manages medication.

Cindy Ellis, M.Ed. — Education Coordinator Coordinates educational and occupational goals. Acts as liaison between KHK and area schools.

Executive Staff:

Development: Joyce Bryant

Administrative Assistant: Tracy Wheatly

Bookkeeper/Insurance Claims: Kelly Vance

Facilities Services: MaryLou Stanforth

Facilities Manager: John Stinson

Building Maintenance: Frank Stanforth

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Get Help Now

Admissions

Jayme Smith
jsmith@khk.cc
(513) 575-7300 ext. 30

For More Information, Referral Resources and Marketing contact:
Summer Rhodes
srhodes@khk.cc
(513) 575-7300 ext. 26

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www.kidshelpingkids.com