

Adolescent Girls Residential Treatment
Program Handbook



Bunk House
Hacienda
Ranch House

March 2017

WELCOME

Welcome to Meridell Achievement Center. This will be your personal handbook to help you get to know the expectations and to help you get the most out of your treatment here.

Meridell is committed to providing a nurturing, consistently structured, therapeutic environment in which children and adolescents can develop the necessary skills and talents to deal successfully with life—growing in a sense of responsibility and improving judgment.

We are here to help you learn to have more positive interactions with your peer group, learn and use coping skills, and manage your anger and aggression.

You will be taught alternatives to socially unacceptable behaviors. The overall goal is to reduce the need for a restrictive environment and to return you to your highest level of productivity by fostering a healthy home environment, positive achievement in school, and successful peer relationships.

At Meridell, patients work with a number of mental health professionals. This is what we refer to as the “Treatment Team.” It is composed of a Psychiatrist, Therapist, Nurses, Teachers, Recreational Therapist, and Mental Health Techs. Their duties and responsibilities are detailed later in the Handbook. The patient’s family is an important member of the treatment team as well. Each child will work with the members of his or her treatment team on specific identified treatment issues. Families are a very important part of this process.

We are looking forward to working with you and your family. Placement in a psychiatric facility can be a stressful and confusing experience; we are hopeful that this handbook provides answers to some of your questions and information on the assessment and treatment that will be received while at Meridell.

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TRAUMA INFORMED CARE

We understand that our patients have experienced past trauma and we provide a safe, healing environment based on that knowledge.

PROGRAM OVERVIEW

The RTC units employ a “Biopsychosocial” model that examines the biochemical, psychodynamic and social-familial issues which underlie a patient’s behavior. The unit program is a combination of **Positive Peer Culture** and a **Relapse Prevention** approach. Patients work on identifying events that trigger inappropriate behaviors and developing alternative coping strategies when they encounter these triggers. Relapse Prevention combined with problem-solving in the Positive Peer Culture model helps patients develop coping skills and emphasizes the patient’s responsibility to the overall peer group.

THE TREATMENT TEAM

Patients have been admitted to this residential program to work on specific issues related to their sense of well-being, safety, their functioning at home, in society, in school, and their relationships with others. Their issues may relate to physical, emotional or behavioral problems. The Treatment Team is here to help a patient achieve his or her goals. They will meet at least twice a month to discuss the patient’s progress, review and update his/her treatment plan, and assign individual support programs. The Treatment Team consists of:

Psychiatrist: The primary doctor in charge of the patient’s treatment. The psychiatrist monitors each individual’s progress in weekly rounds, evaluating all aspects of treatment. Medications are monitored daily.

Therapist: General coordinator of the patient’s treatment. He or she makes sure the individual is in the appropriate therapies, provides individual therapy, group therapy and family therapy as indicated. The therapist also coordinates therapeutic passes and assists the family in developing viable discharge and aftercare plans.

Recreational Therapist: Will provide therapies which assist the patient in learning productive ways to plan and spend their free time, teach coping skills for stressful situations, encourage positive communication and problem solving. RT’s will help patient learn to develop safe and trusting relationships with others.

Nurses: Supervises and manages the milieu’s overall environment and daily routines 24 hours a day. The nurse coordinates the patient’s treatment with the other members of the Treatment Team. The nurse is responsible for medication administration and caring for health needs.

Mental Health Tech (MHT): Directly supervises patients 24 hours a day. MHTs are positive role models and ensure the unit is running safely and therapeutically.

Teachers: Teachers are employees of the John H Woods Charter School located on campus. Teachers and school staff work closely with patients, their families, and milieu staff to ensure the academic process is carried out in a therapeutic environment.

The Patient: Identifies the issues that he or she needs to work on, develops and uses coping skills, improves problem-solving and communication skills, participates in all activities, groups and recommended therapies, attends school and completes all school assignments, and meets with the psychiatrist regularly to discuss medications and progress in treatment.

Family: Participates in family therapy and works with the treatment team to identify treatment issues, treatment goals and discharge plans.

STAYING IN TOUCH

CONTACT INFORMATION

Mailing Address

Meridell Achievement Center
Patient's Name
C/O (Unit Name)
PO Box 87
Liberty Hill, TX 78642

Important Numbers

Main Number: 512-528-2100 or 1-800-366-8656
School Number: 512-528-2145

	Ranch House	Bunk House	Hacienda
Nurses Office	512-528-2159	512-528-2163	512-528-2196
Dayroom	512-528-2160	512-528-2162	512-528-2197

Email address to contact the unit nurse:

Ranch House: mac.ranchhouse@uhsinc.com
Bunk House: mac.rtcgirls@uhsinc.com
Hacienda: mac.hacienda@uhsinc.com

MAIL

Patients can send and receive mail on the unit. Stationary and stamps are not provided by Meridell. All mail will be opened in staff presence. Patients are encouraged to write supportive and positive friends and family during their stay. Therapists may monitor incoming and outgoing mail if therapeutically indicated.

PHONE CALLS

Family contact and involvement is an important part of each patient's treatment. Patients and their family will make a phone list at the time of admission and choose two phone nights. Only family will be allowed on your phone list unless otherwise approved by the patient's guardians and treatment team. Two calls are permitted from patient's approved list, either incoming or outgoing on their phone night. Exceptions can be made with approval from the treatment team. Persons making incoming calls must have the correct phone code. Calls are limited to 10 minutes each or to one 20 minute call. Please ask the nurse, therapist, or MHT for the phone times on your child's unit. Phone calls should not include therapy issues unless directed by your therapist. Phone calls are generally in ear shot of staff. Patients will be prompted to terminate a call when they become abusive to the caller or emotionally dysregulated and disruptive to the milieu.

THE THERAPIST IS THE ONLY PERSON THAT CAN ADD PEOPLE TO A PHONE LIST WITH APPROVAL FROM GUARDIAN AND TREATMENT TEAM.

VISITS

Family and other selected individuals on patient's approved list may visit. Visits should be set up in advance with the nurse on the unit or with the patient's therapist. Visits should take place after school. Visits should take place off the unit (ask staff for designated visitation areas), unless special arrangements have been made with the unit charge nurse. The Treatment Team, depending on the patient's status and behavior, will determine the length of the visit. Unless other arrangements have been made with the therapist, visits end at 8:00 pm on Sunday - Thursday and at 9:00 pm on Friday and Saturday. Visitors should call the unit prior to visits to make sure the patient is still meeting expectations required for their visit/pass. Unit expectations are to be followed while visiting on campus.

If Meridell Achievement Center is assisting with the planning of a visit we ask that you contact your child's therapist at least seven days in advance of the visit.

If visiting on campus, please note;

- *Patients are to remain with their visitors at all times.
- *For safety reasons, children under the age of 18 years are not allowed onto the units.
- *Child visitors under the age of 18 are always to be directly supervised by an adult
- *Patients may not leave campus with knowledge, consent and an order by the physician.
- *Patients may not have access to any vehicles, even if supervised.
- *Patients are to be returned in person (preferably to the unit) to one of their staff members.
- *Patients are to wear a Campus Pass badge displayed on the upper chest/shoulder area.
- *All visitors, children especially, are to wear visitor identification labels while on campus
- *Use of cell phones by patients visiting should be strictly supervised and;

Patients should NOT use a cell phone to talk to people that are not on their approved phone list unless guardian is present.

PETS ARE NOT ALLOWED ON THE UNITS. THERE IS A DESIGNATED PET AREA BEHIND THE SCHOOL. THIS IS THE ONLY PLACE PETS ARE ALLOWED.

PASSES

Therapeutic day passes are utilized to practice skills learned in treatment and to provide an opportunity for each patient to transfer or generalize what is learned within the structure of the treatment setting to an off-campus environment. The treatment team recommends that the start of passes begin after patient is engaged in his/her treatment and having positive, productive family therapies. Under certain circumstances i.e. concern about ongoing violence in the home or the possibility of abuse or perpetration, passes may be postponed until the situation has been resolved.

Passes must be planned in advance and approved by a psychiatrist. At least **three days prior notice** is requested so that medication can be properly dispensed, travel arrangements can be finalized, and other details can be attended to properly. While the patient is off campus he or she will be working on preset goals that are identified in Family Therapy sessions. The best course of action is to maintain as normal a routine as possible and to treat the child as a regular member of the household. Please remember to sign patient out and in from home visits at the nurse's station. Patients will be searched for contraband upon returning from an on campus visit or off campus pass.

OFF CAMPUS OUTINGS

Off campus outings will be at the discretion of the Treatment Team. Appropriate and safe behavior is expected at all times. Outings are a privilege and a patient may be held back from an outing if there are concerns about his/her ability to be safe and/or follow directions.

GIFTS

Patients may receive gifts that are allowed on the unit. Please keep in mind that there is a limited amount of space in which to store personal items. Patients are not allowed to receive personal snacks or food items as gifts. Certain gifts may not be allowed if they are considered contraband, dangerous or disruptive to the milieu.

MONEY AND VALUABLES

Please do not bring valuable items on the unit, including jewelry. Meridell cannot be responsible for lost, stolen, damaged or gifted items. Patients are allowed to keep up to \$20 that will be kept in the business office and can be obtained as needed. Money will not be kept on the unit.

MEDICATIONS

Patients and their guardians will be given information about medications, and will be asked to give consent. It is important that patients understand and comply with the prescribed medication schedule. Education about medication will be completed when a new medication is ordered. Occasionally the doctor will order labs to be drawn. Patients will often be asked to learn to identify, name, and understand the medications they are on if they are able. Patients are encouraged to have a conversation with their nurse should they have any concerns regarding any of their medications.

RELIGIOUS PRACTICES

Meridell is not sponsored by any religious institution and does not endorse any particular religion. We ask that patients discuss issues about religion in Individual Therapy and Family Therapy. Talk about the religious practices of others in a negative or derogatory manner is not acceptable. Accommodations can be made to meet individual needs of various religions. Families are invited to coordinate a visit from a representative of their religion with patient's therapist.

THERAPEUTIC ACTIVITIES, GROUPS, AND SCHOOL

Common therapeutic activities are:

1. **Individual Therapy** - Patients meet with a therapist to discuss their treatment issues.
2. **Family Therapy** –Patients and their families meet with a therapist to discuss family issues.
3. **Group Therapy** – Patients and their peers meet with a therapist at least three times per week to talk about their issues and to give and receive support and feedback.
4. **Unit/Milieu Groups** – Patients are expected to participate in all groups held on the unit to discuss unit goals, unit issues and their own personal issues. Patients give feedback to

their peers. Reflections Group and Goals Group are also held daily. Patients may call their own group after informing staff.

5. **Recreation Therapy** - The therapist will use recreation and group activities as a tool for therapy. Patients will increase self-esteem, social skills, coping skills, teamwork, and leisure awareness while working on personal growth.
6. **School** – Patients are expected to attend school Monday through Friday (except holidays and when illness prevents it) and work productively. Patients will be expected to follow the same expectations as they do on the unit.

GROUP EXPECTATIONS

- 1) Treat yourself, other group members, & group leaders with respect. This means listening when others are talking, not making fun of anyone, not talking negatively about yourself or others, and participating to the best of your ability.
- 2) Give others positive feedback or kind suggestions for improvement. If you have something to compliment someone else on, please say it! If you have a suggestion, make sure the time & content is appropriate & be kind.
- 3) Work together. We are a team and we will all work together!! Please do not form “cliques”/alliances or leave others out.
- 4) Raise your hand to speak. This is so you don’t interrupt others. Please do not side talk in group.
- 5) Only bring yourself & what you are asked to bring to group. Please no pillows, blankets, stuffed animals, journals, books, etc. in group. If you feel you need a certain item (such as a journal) for a good reason, please talk to staff beforehand to get permission. If you are cold, wear a sweatshirt and/or pants.
- 6) Ask permission before leaving group. Please do not walk out without talking to staff first. You may take some personal time if necessary; then return to group as soon as possible so you don’t miss too much info!
- 7) Whine Rule. You may be given 30 seconds per group to whine & complain. Then, it’s time to move on! You can either ask for this time or the leader will offer it.
- 8) Keep content appropriate. No talking about suicide/self-harm or attempting during group.

ROUTINE MEDICAL CARE

Medical care incidental to the patient’s stay at Meridell can be coordinated with the unit nurse. Generally, these appointments should be coordinated during a pass when the parent can provide the transportation. Examples of this include purchasing eyeglasses, dental cleaning and general checkups. Please talk to the unit nurse if you have any questions.

DISCHARGE

Discharge planning begins the day of admission. However, as each patient nears completion of treatment, plans for discharge will be finalized. The Treatment Team makes all reasonable efforts to assure that discharges occur with adequate pre-planning, including provision for aftercare. The parent(s) are a vital part of this process, including contacting aftercare therapists or applying to after care placements. Frequently the referring therapists will be considered for provision of

aftercare services. Otherwise, local, qualified therapists may be utilized in accordance with the preferences of both parents and child.

CONFIDENTIALITY

Each patient's treatment is kept confidential. Only people involved in a patient's treatment will have access to information about them. Meridell will not give out any information about a patient without written consent from patient and/or guardians.

Because of the nature of this therapeutic community, patients and possibly family will know confidential information about other patients. It is important that this information stay in the group and on the unit. Personal information about other patients must never be shared with anyone outside the unit.

PATIENT RIGHTS AND RESPONSIBILITIES

AS A PATIENT AT MERIDELL ACHIEVEMENT CENTER, YOU HAVE A RIGHT:

- To be cared for and treated in the Program that is best suited to your treatment needs.
- To be treated in a manner that respects you and your values and your beliefs.
- To have your physical, emotional, developmental, educational, social and religious needs met.
- To be free from abuse, neglect and any other unusual punishment.
- To receive consequences that are described in your Program Handbook if you do not meet the Program expectations.
- To receive an explanation if you receive any consequences.
- To be in an environment that keeps you safe and respects your need for personal privacy.
- To receive educational services that are appropriate to your age and your education level.
- To have staff assist you and provide training in personal care and hygiene.
- To have and wear personal clothing like peers in your community.
- To have personal possessions that meet the guidelines in your Program Handbook.
- To be provided with clothes that will protect you in any kind of weather.
- To maintain regular contact with your family, unless your Treatment Team or the court decides it is not in your best interest.
- To send and receive personal mail, to have telephone conversations and to have visitors, unless your Treatment Team or the court decides it is not in your best interest.
- To have mental health or medical professionals that are not on Meridell's staff be involved in your treatment at the expense of you and your family.
- To have your family refuse treatment on your behalf and the right to an explanation of the consequences of that decision.
- To contact an attorney or your legal representative.
- To have Meridell use its best efforts to meet your specific communication needs.
- To receive confidential care and treatment.
- To give Meridell your written approval if we ask to use your photograph or we ask you to be a part of our public relations activities.
- To never be required to make any public statement about Meridell or your treatment at Meridell.
- To receive only the medications your physician determines you need for treatment.
- To have a personal Treatment Plan that describes the treatment you will receive to help you meet your personal treatment objectives while at Meridell, and the plan for what your continued treatment will be after you are discharged.
- To be involved in developing and reviewing your Treatment Plan.
- To receive care for any physical problems you have that affect your treatment at Meridell or your personal safety.
- To be educated regarding your responsibility to report to staff any verbal/physical sexual behavior – threats of/forced sexual behavior, perceived or real from patients or staff as well as legal consequences of possible civil proceedings, involvement of local/state police or state agencies.

AS A PATIENT AT MERIDELL, YOU AND YOUR PARENTS/GUARDIANS HAVE THE RESPONSIBILITY:

- To provide accurate and complete health information and to understand your plan of care.
- To follow the agreed-upon plan of care.
- To accept responsibility for the outcomes of refusing treatment or for not following the agreed-upon plan of care.
- To fulfill your financial obligations.
- To follow Meridell's expectations about patient care and conduct.
- To be considerate and respectful of the rights and property of other patients and Meridell and its staff.

Meridell Achievement Center 10/2012

PATIENT RIGHTS

- (1) The right to appropriate care and treatment in the least restrictive setting available that can meet the child's needs;
- (2) The right to be free from discrimination on the basis of gender, race, religion, national origin, or sexual orientation;
- (3) The right to have physical, emotional, developmental, educational, social, and religious needs met;
- (4) The right to be free of abuse, neglect, and exploitation as defined in Texas Family Code, §261.401;
- (5) The right to be free from any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment, which includes:
 - (A) Shaking the child;
 - (B) Subjecting the child to corporal punishment;
 - (C) Threatening the child with corporal punishment;
 - (D) Any unproductive work that serves no purpose except to demean the child, such as moving rocks from one pile to another or digging a hole and then filling it in;
 - (E) Denying the child food, sleep, toileting facilities, mail, or family visits as punishment;
 - (F) Subjecting the child to remarks that belittle or ridicule the child or the child's family; and
 - (G) Threatening the child with the loss of placement or shelter as punishment;
- (6) The right to discipline that is appropriate to the child's age and developmental level;
- (7) The right to have restrictions or disciplinary consequences explained when the measures are imposed;
- (8) The right to a humane environment, including any treatment environment that provides reasonable protection from harm and appropriate privacy for personal needs;
- (9) The right to receive educational services appropriate to the child's age and developmental level;
- (10) The right to training in personal care, hygiene, and grooming;
- (11) The right to reasonable opportunities to participate in community functions, including recreational and social activities.
- (12) The right to have adequate personal clothing, which must be suitable to the child's age and size and comparable to the clothing of other children in the community;
- (13) The right to have personal possessions at the child's placement and to acquire additional possessions within reasonable limits;
- (14) The right to be provided with adequate protective clothing against natural elements such as rain, snow, wind, cold, sun, and insects;
- (15) The right to maintain regular contact with family members unless the child's best interest, appropriate professionals, or court necessitates restrictions;
- (16) The right to send and receive uncensored mail, to have telephone conversations, and to have visitors, unless the child's best interest, appropriate professionals, or court order necessitates restrictions;
- (17) The right to hire independent mental health-care professionals, medical professionals, and attorneys at the child's own expense;
- (18) The right to be compensated for any work done for the operation as part of the child's service plan or vocational training, with the exception of assigned routine duties that relate to

the child's living environment, such as cleaning his room or other chores, or work assigned as a disciplinary measure;

(19) The right to have personal earnings, allowances, possessions, and gifts as the child's personal property;

(20) The right to be able to communicate in a language or any other means that is understandable to the child at admission or within a reasonable time after an emergency admission of a child, if applicable, such as having a plan for an interpreter, having at least one person at the operation at all times who can communicate with the child in the child's own language, or other means to communicate with the child in the child's own language;

(21) The right to confidential care and treatment;

(22) The right to consent in writing before performing any publicity or fund raising activity for the operation, including the use of his photograph;

(23) The right not to be required to make public statements acknowledging his gratitude to the operation;

(24) The right not to receive unnecessary or excessive medication;

(25) The right to have a comprehensive service plan that addresses the child's needs, including transitional and discharge planning;

(26) The right to participate in the development and review of the child's service plan within the limits of the child's comprehension and ability to manage the information;

(27) The right to receive emotional, mental health, or chemical dependency treatment separate from adults (other than young adults) who are receiving services;

(28) The right to receive appropriate treatment for physical problems that affect the child's treatment or safety; and

(29) The right to report abuse, neglect, exploitation, or violation of personal rights without fear of punishment, interference, coercion, or retaliation.

Meridell is determined to protect your rights. The only reason these rights can be limited is if your doctor thinks you may hurt yourself or someone else, or if the doctor thinks the limitation is necessary for your treatment. Any time your rights are restricted your doctor will tell you why and for how long. The doctor has to reconsider this restriction on a regular basis so that you can have all your rights back as soon as possible.

If you think your rights aren't being protected, or you just want to talk to someone about your treatment, there are several ways you can do this. Below is a list of resources available to you and your family or guardian.

Unit Nurse

Consumer Services and Rights Protection

Texas Department of Mental Health and Mental Retardation
P.O. Box 12668
Austin, TX 78711-2668
800-315-3876

Disability Rights Texas

7800 Shoal Creek Blvd. Suite 171
Austin, TX 78757
800-252-9108

Charge Nurse

Patient Advocate

Meridell Achievement Center
P.O. Box 87
Liberty Hill, TX 78642
800-366-8656

Joint Commission

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
800-994-6610

EXPECTATIONS

There are a number of basic expectations in place to keep our treatment environment safe and therapeutic. If these expectations are met, expect positive consequences and increase in responsibility. Expectations will be added or modified, based on the needs of the unit. If added or modified, the new expectations will be explained so everyone has a clear understanding.

FIVE BASIC SAFETY AGREEMENTS

1. No self-harm and no verbal or physical aggression towards others.
2. No acting out on sexual thoughts and feelings.
3. No property destruction – Including patients' own belongings.
4. No contraband—This includes cheeking of meds and use of any drugs other than those ordered by your physician.
5. No running away.

GENERAL EXPECTATIONS

1. Be respectful and honest to yourself and others.
2. Use a respectful tone and volume of voice. Cursing, name calling, racial remarks, intimidating or threatening is disrespectful and not acceptable.
3. Have appropriate boundaries with both staff and peers. At least one arm length.
4. The following are unacceptable: borrowing, trading, lending or giving gifts to other patients or staff, note passing, and sharing personal contact information.
5. Attend and participate in all groups, therapies and activities.
6. Attend school daily and meet school expectations.
7. Personal hygiene needs to be completed daily when scheduled.
8. Patients are expected to do their own laundry. Each unit has several washers and dryers.
9. Rooms and bathrooms will be locked after morning hygiene until evening hygiene time.
10. Patients will use the community restroom in the dayroom during the day unless otherwise directed by a staff member.
11. Patients will change clothes in a restroom. Only the person changing is allowed in the room at that time.
12. Patients are expected to inform staff of location at all times.
13. Patients are only allowed in their assigned room.
14. Lying on the floor should be avoided.
15. Hygiene boxes and hygiene items must remain in the hygiene closet when not in use.
16. Slippers, socks or shoes are to be worn in all areas. Shower shoes should be worn in the bathroom.
17. Issues talked about with peers on the unit should be kept confidential and should not be talked about with people who do not work or live on the unit. This includes family, friends, and patients on other units.
18. The unit must be clean prior to leaving.
19. Snacks are provided by Meridell. For health and safety reasons, no outside food or personal snack items are allowed on the unit.
20. Food should not be taken out of the cafeteria unless approved by staff.

21. PG 13 movies or less are allowed during scheduled movie times. Movies must be approved by the Recreational Therapist or the Charge Nurse.
22. Books must be appropriate in theme and content. Books deemed inappropriate will be sent home or placed in patient's personal storage.
23. Items containing alcohol, electric razors and other potentially dangerous items will be locked up by staff and may be available to patients as behavior indicates.
24. Symbols, drawings, posters, clothing, and talk about drugs, sex, alcohol, tobacco or Satanism are not allowed outside of therapies with a therapist.
25. Female patients may wear earrings in ears.
26. Meridell is a tobacco free environment. There is no smoking on Meridell Campus.
27. Patients may not tattoo, dye hair an unnatural color or have themselves pierced while a patient of Meridell Achievement Center. This includes enlarging existing piercings.
28. Patients returning from a pass or on campus visits will be searched for contraband.
29. Interaction between programs or units will be approved and supervised by the treatment team.
30. Sharing/reading another peer's journal or mail is not appropriate and is not allowed.
31. Communication between patients should be open and honest. Secretive communication such as whispering and passing notes is not allowed.
32. Passing notes of any kind with other Meridell patients is not allowed.
33. Patients' home contact information should not be exchanged between Meridell patients.
34. Patients will be quiet and respectful during medication administration.

CONSEQUENCES

One of our program's goals is to help patients make the connection between their behavior and its consequences.

Consequences for appropriate behavior:

- Praise
- Trust
- Privileges
- Level Increase
- Passes/Visits
- Discharge

Consequences for inappropriate behavior:

- Re-focus assignments
- Early bed time
- Level freeze
- Loss of privileges
- Loss of activities
- Level Suspension
- Loss of level
- Restitution
- Loss of trust
- Social Restrictions
- Process Papers

INTERVENTIONS

Time Outs:

Patients may be asked, and are allowed, to take a personal time out as a coping skill. A time out is a voluntary quiet time away from others to regain composure and control. This may be done at an assigned table or in your room if you are safe and away from your peers. Time-outs are short in duration and you are expected to rejoin the group or activity and process after time out.

Freeze:

Used if patients are unable to meet the expectations of Level Two. Patients will complete refocus assignments instead of participating in activities. Patients may go to school, eat meals on the unit, and attend groups and group therapies. The decision to remove freeze is made by unit staff as a team after you have completed all refocus assignments and processed in group. Freeze may be reviewed every shift or every 24 hours as determined by the team.

Level Suspension (Used for Levels Three and Four):

Level may be suspended failure to meet Level 3 or 4 expectations. Level suspension is used to help patients refocus and get back on task. Temporarily, the privileges of the next lower level will be in effect until refocus assignments are completed. Patient's that are suspended will not attend the next level outing. Patients will process behaviors, without prompting, within twenty-four hours or their level will be moved back to the previous level. If a patient is suspended twice they will be moved back to the previous level.

Safety Precautions:

Patients will be placed on safety precautions if they are unable to meet the five safety agreements. Patients on safety will be excluded from social interactions until the Treatment Team feels they are safe to continue programming. Patient will consistently work on therapeutic refocus assignments, processing unsafe behaviors. After demonstrating safe behavior, completing re-focus assignments, and processing, patients may return to normal programming. Safety precautions require a physician's order. Patients on Safety will be restricted to unit in view of staff, no exceptions. Safety precautions are reviewed by the Physician every 24 hours. A patient on safety may sleep in view of staff if physician's order specifies. Patients on safety may attend therapist led groups at that therapist's discretion. Patients will not have access to make-up/nail polish/straighteners for safety reasons.

Social Restrictions:

Patients may be placed on social restriction for repeated disruption of their peers' treatment or if patient has demonstrated an inability to treat peers respectfully. Examples of actions that may lead to social restriction are poor boundaries, note passing, gift giving, undermining treatment, unsafe talk, gossip, etc. The decision to put a patient on social restriction is made by the Treatment Team, including the therapist. Patients placed on social restriction may not participate in groups unless instructed by a therapist. Patients may or may not go to the cafeteria based on the patient's behavior. If the patient does go to the cafeteria, they will sit at a separate table. The patient will process with staff and willingly demonstrate socially acceptable behaviors prior to being removed from social restriction. While on social restriction, patients will have no social interactions with peers. Patients will engage in therapeutic refocus assignments instead of social activities. Patients on social restriction may attend therapist led groups at that therapist's discretion.

Elopement Precautions:

Patients placed on elopement precautions will remain on the unit at all times and in view of staff, without exceptions. Patients may be placed on elopement precautions for running away, talking about running away or attempting to run away. Elopement precautions may also be used if a patient has a history of running away. If a patient is a risk his/her shoes will be taken up. Elopement precautions will be reviewed by the Treatment Team every 24-hours. While on

elopement precautions on the unit, a patient will engage in therapeutic refocus assignments. Patients must have a written contract to meet safety expectations before elopement precautions are discontinued.

Close Observation:

The patient will be in staff eyesight at all times, including while sleeping, WITHOUT EXCEPTIONS. Close Observation is reviewed by Doctor every 8-24 hours. Close Observation will be in place if you are at risk of hurting yourself or if you have demonstrated suicidal behaviors. Potentially dangerous items will be taken for safe keeping. A patient on Close Observation may participate in activities as behavior dictates.

Community Re-Build:

Community Re-Build is used when the unit is off task or unsafe. While on Community Re-Build, patients will be restricted to the dayroom to process negative/unsafe actions, appropriate breaks are given. All social interactions will be done in group format. Patients may have their journal and pen/pencil while processing. All meals, school, and therapies will be held on the unit. Therapies will be at the treatment team's discretion. School staff will provide support. All patients need to be dressed appropriately, including shoes. Only basic hygiene will be done. Breaks will be ten minutes out of every hour to express medical concerns, use the bathroom, and get water and stretch. Community Re-Build is reviewed as needed by treatment team. This intervention is designed to help peers get their own behaviors under control and to build a stronger, healthier unit community.

LEVEL SYSTEM

The level system is a level of trust designed to allow patients more respect and freedom, as they progress in treatment. It allows patients to practice new social and coping skills in a less structured and supervised manner. It promotes a positive peer culture by allowing higher level patients to show positive leadership and to function as role models.

Level One

A patient may be placed on level one when their behavior indicates they are not willing to be compliant or cooperative in their treatment for an extended period of time. This intervention is decided by the treatment team and is designed to give the patient time to re-focus and evaluate her treatment goals and needs.

Expectations:

- Will meet general expectations and begin to comply with Level Two expectations.
- Will work on refocus work in an attempt to regain focus of treatment.
- Will process negative actions and explain what he/she is willing to do to get on task.
- Must have positive behavior and be meeting expectations.
- Will earn a check for positive shifts.
- Will have three positive consecutive awake shifts to resume programming.

Patients are to comply with expectations. A patient will remain on level one until he/she is willing to engage in treatment. Staff will positively support patient to meet expectations. Patients must have 3 consecutive and positive day and evening shifts to return to normal programming. The staff will give the patient a check if the patient is on task and meeting level one expectations. If not, staff will not give a check but will give supportive feedback. Getting checks will demonstrate the patient's positive behavior consistently and his/her engagement in treatment.

Restrictions:

- Rather than participating in unit recreational or leisure activities, including socializing with peers patient will consistently work on refocus assignments.
- Patient will be assigned a designated area, away from peers, in staff sight.
- Patient may go to school depending on behavior. She will sit at designated area away from peers while in class.
- Patient will eat all meals on the unit unless otherwise indicated by the treatment team.
- Patient may only attend groups led by a therapist, at the treatment team's discretion.
- Patient will have all therapies on the unit unless otherwise determined by the treatment team.

Level Two

Entry level for all patients unless otherwise indicated by the treatment team upon admission.

Expectations:

- Follow the daily routine, which includes; participating in groups, activities and therapies.
- Meet all general expectations.
- Follow staff limits and redirection consistently.
- Begin to develop a positive, trusting relationship with staff and peers.
- Begin talking about your issues and begin to work on them in groups and therapies.
- Meet school expectations.
- Inform staff of your whereabouts at all times and be directly supervised by staff during all waking hours.
- Must be supervised by staff and at all times.

Privileges:

- Eat in cafeteria.
- Participate in all leisure activities if behavior dictates.
- Participate in normal programming if behavior dictates.
- May have off campus passes with family if approved by treatment team.
- Access to your make-up/hair/nail products.

Level Three

Expectations:

- Maintain all of Level Two expectations.
- Identify treatment goals and actively work on them.
- Begin to develop awareness of who you are, why you are here and what you need to change to be more successful and discuss this in groups and therapies.
- Have knowledge of present medications, reason for use, and possible side effects.

- Present, in your own format, treatment issues, triggers, treatment goal, and medications to the Treatment Team.
- Prompt and redirect negative peer behavior in a positive manner and accept responsibility for your own actions.
- Demonstrate willingness to process conflicts with peers and staff in groups.
- Present a relapse prevention plan (RPP).
- Act as a positive leader and role model.
- Demonstrate that you are genuine and can be trusted.
- Accept and respond appropriately to feedback from peers and staff.
- Take time-outs on your own as needed. Be able to process the need for the time out.
- Work diligently in school, activities and therapies.
- Staff must be aware of your location at all times.

Privileges:

- All level two privileges.
- Approved off-campus outings.
- May play unit video games during scheduled times.
- One late night on Friday or Saturday with snacks provided by recreation therapist.
- An increased level of trust from staff.
- Primary room privileges.
- Quiet Time on the front porch.
- May play or practice with instrument during free time.

Level Four

Expectations:

- Maintain all Level Two and Three expectations consistently.
- Act as a positive leader and role model consistently.
- Confront negative behavior of peers.
- Be positive and genuine consistently.
- Consistently accepts responsibility for your behaviors and be willing to talk about solutions in groups.
- Actively call and talk in groups.
- Inform staff of location at all times.

Privileges:

- All Level Two and Three privileges.
- Friday and Saturday night late nights with snacks provided by recreation therapist.
- Vending machine privileges.
- May be on grounds unsupervised with staff permission.
- May petition for specific privileges through team.
- One friend (approved by parents and therapist) may be added to your phone list. The patient must continue to make their family the priority on phone nights.

Individual Support Program (ISP)

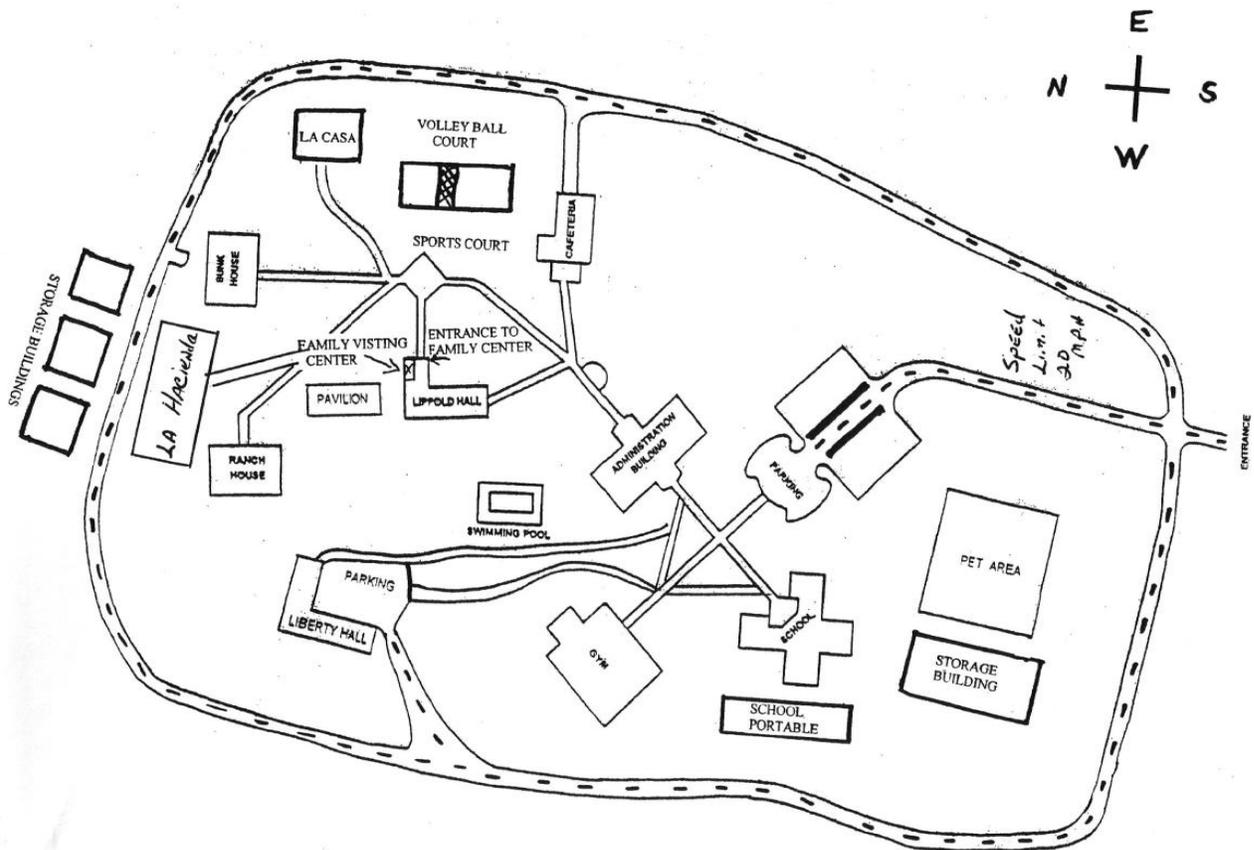
This program is designed to encourage target behaviors through support and refocus opportunities. The treatment team will decide if an ISP is needed. The program may be

implemented when the patient is unwilling or unable to meet Level Two expectations on a consistent basis. The targeted behavior of the patient in each activity determines whether he/she may participate in the next activity. If the patient misses an activity, a refocus opportunity will be given to help patient get back on task. Patients with an ISP are allowed level two privileges while following her ISP expectations. Patients placed on an ISP may petition to be taken off their ISP on their level request for staffing once per week. Patients must have at least one full week of compliance with their ISP to move to another level.

Level Requests

With the exception of Level One, patients may petition for increase in level or feedback from the treatment team weekly. Every patient will fill out a level request form the day before staffing. Treatment team may freeze or suspend or revoke levels if patient is displaying inappropriate behaviors. The decision to formally rescind a level should be made by the treatment team.

CAMPUS MAP



“WHAT TO BRING”

Items to bring in with you to start the Admission process:

- Birth certificate
- Social Security card
- Immunization records
- Documentation of dental exam (if completed within the past 12 months)
- Last report card
- Insurance cards
- Any court documents applicable to custody rights of parents/guardians
- **All** of current meds, we will review and return to you those we don't need.
- The most recent Discharge paperwork (if applicable), specifically regarding medications

Items to pack:

- Seven shirts/blouses (no midriff, sleeveless, tank tops or band shirts)
- Seven pair of pants/shorts (no ripped or torn pants, no leggings, shorts must cover entire thigh)
- Seven pair of underwear/bras (no underwire)
- Several pair of comfortable slip-on or Velcro shoes (athletic/flip flops/shower shoes)
- Pajamas/shorts/tee shirts for sleeping
- Coat/raincoat/light jacket/hoodies without draw strings
- Personal hygiene products (shampoo/conditioner/body wash, mouth rinse/toothbrush/toothpaste)
- Stamps, envelopes, stationary (optional)
- Summer only, through May-Sept.- swim shoes, one piece swimming suit

Items you **MAY** bring: Treatment teams maintain the right to determine the appropriateness of all items

- Hair dryer, cordless electric shavers (rechargeable is recommended)
- Make-up (see exceptions below)
- Cards (basic only, not trading or character cards) puzzles,
- Sunglasses, hat
- Up to 2 toys or stuffed animals (no Legos, battery operated or magnetic toys or items)
- Books (with therapist approval), journals, coloring books, sketch pads, (no metal spirals or magazines)
- Up to \$20.00 (will be kept in Business Office)
- Personal pillow, blanket, bedspread (no bed sheets)

Please **DO NOT** bring at Admission:

- Cell phones, radios, mp3 players, cameras, flashlights, or any electronics devices
- CDs, DVDs, videos or tapes, video games or any battery operated items, including watches
- Expensive, excessive or irreplaceable jewelry or musical instruments
- Razors, knives, sharp edge objects or weapons, false nails or metal barrettes
- Matches, lighters, vapors or any type of tobacco products or accessories
- Glass items, i.e. – compacts or mirrors
- Hard plastic or metal items, picture frames, watches
- Steel-toed or cowboy boots
- Posters, clothing or books with drug, gang, bands, sexual or demonic connotations/content
- Snacks or foods unless on a special diet arranged with campus dietitian
- Aerosols, nail polish/remover, cologne/perfume or any items containing alcohol,
- Crayons, markers, pens or permanent marking items
- Belts, shoe laces, clothing with ties, paracords/survival bracelets, bandanas, scarves, or ligature items
- Body or facial piercings, tongue studs, loops or gauges