

Residential Treatment
Neurobehavioral Program Handbook



Jewels
Falcons
Eagles

NEUROBEHAVIORAL PROGRAM INTRODUCTION

Dear Parents / Guardians,

We welcome you and your family to Meridell.

What we would like to see a child achieve at Meridell is to learn to control their own life. When they get here, their life has gotten out of control. And the more out of control it is, the more control they then turn over to others: to educational institutions, to psychiatric institutions, to legal institutions. Our job here is to have each child become again the hero of his or her own destiny and in control of their own life.

Our primary focus is your child's well-being and safety. Your child's program is staffed by a nurse 24/7. Our direct-care staff, Mental Health Techs, are trained in positive discipline techniques. Many of our patients have experienced trauma. We embrace a culture of Trauma-Informed Care. We pursue treatment with compassion. This reduces patients' fears and anxieties.

Your child's treatment environment, or "milieu," is neurobehavioral. We provide support and interventions that stabilize neurological functioning: behaviors which may be impulsive and explosive. We will help your child to develop skills and behaviors necessary for successful functioning at home, in school and in the community. We practice Positive Discipline: we provide incentives (positive consequences) to promote appropriate, pro-social behavior. We emphasize re-direction and rewards for safe, healthy behavior.

Neurobehavioral programming includes medications, psychotherapy, family therapy, recreational therapy, milieu groups, parent training, psychosocial training, and educational development. Your primary therapist will be your main point of contact and will coordinate your child's treatment. Your charge nurse will guide you regarding medications and all medical concerns.

Neurobehavioral programs are supervised by Clinical Program Managers. You are welcome to contact them. We look forward to working with you and your child.

Sincerely,

The Neurobehavioral Clinical Team

Trauma Informed Care

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

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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, and 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 University of Texas 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

Liberty Hall Units	Jewels	Eagles	Falcons
Nurses Office	512-528-2403, 2404	512-528-2411, 2412	512-528-2423, 2424

EMAIL address to contact the unit nurse:

Jewels: mac.jewels@uhsinc.com

Eagles: mac.eagles@uhsinc.com

Falcons: mac.falcons@uhsinc.com

MAIL

Patients can send and receive mail on the unit. 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 two 10 minute calls or 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. **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 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 the expectations required for their visit/pass. Unit expectations are to be followed while visiting on campus. **Patients should NOT use a cell phone to talk to people that are not on their approved phone list.** Patients will be searched for contraband upon returning from visit.

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.

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 the 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 the patient out and in from passes at the nurse's station. Patients will be searched for contraband upon returning from an on campus visit or off campus pass.

MONEY AND VALUABLES

Please do not bring valuable items on the unit, including jewelry. Meridell cannot be responsible for lost or stolen 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.

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.

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 4-5 times per week to talk about their issues and to give and receive support and feedback.
4. **Unit 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.

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.

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.

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.

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 informed about how to report suspected abuse or neglect or a violation of these rights. You have a right to make your report without fear of any consequences.

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

- 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 good care and treatment that meets the child's needs in the most family-like setting possible;
- (2) The right to be free from abuse, neglect, and exploitation; and The right to fair treatment;
- (3) Family contacts, including the right to maintain regular contact with the child's parents and siblings, unless restrictions are necessary because of the child's best interest, the decision of an appropriate professional, or a court order;
- (4) Living a normal life, including:
- (5) 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, 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;
- (6) The right to receive educational services appropriate to the child's age and developmental level;
- (7) The right to have the child's religious needs met;
- (8) The right to participate in childhood activities, including unsupervised childhood activities away from the operation and the caregivers, that are appropriate for the child's age, maturity, and developmental level;
- (9) The right to privacy, including sending and receiving unopened mail, making and receiving phone calls, keeping a personal journal, and having visitors, unless the child's best interest, appropriate professionals, or court order necessitates restrictions;
- (10) The right to personal care, hygiene, and grooming equipment and supplies and training in how to use them;
- (11) The right to have comfortable clothing, which is suitable to the child's age and size and similar to the clothing of other children in the community. Teenagers should have reasonable opportunities to select the clothing;
- (12) The right to clothing that protects the child against the weather;
- (13) The right to have personal items in the child's room and to get additional items within reasonable limits;
- (14) The right to personal space in the child's bedroom to store the child's clothes and belongings;
- (15) The right to be informed of search policies and be free of unreasonable searches and unreasonable removal of personal items;
- (16) Depending on the child's age and maturity, the right to seek employment, keep the child's own money, have a bank account in the child's name, and get paid 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 the child's room, or other chores, or work assigned as a disciplinary measure;
- (17) The right to consent in writing before taking part in any publicity or fund raising activity for the operation, including the use of the child's photograph;
- (18) The right to refuse to make public statements showing gratitude to the operation;
- (19) The right to not be pressured to get an abortion, give up her child for adoption, or parent her child, if applicable;
- (20) The right to be free from any harsh, cruel, unusual, unnecessary, demeaning, or humiliating treatment or punishment. This means the child must not be:
 - (a) Shaken;
 - (b) Subjected to or threatened with corporal punishment, including spanking or hitting the child;
 - (c) Forced to do 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;
 - (d) Denied food, sleep, a bathroom, mail, or family visits as punishment;
 - (e) Subjected to remarks that belittle or ridicule the child or the child's family;

- (f) Threatened with the loss of placement or shelter as punishment; and
- (g) Subjected to demeaning behavior to embarrass, control, harm, intimidate, or isolate the child. "Demeaning behavior" may include using physical force, rumors, threats, or inappropriate comments;
- (h) The right to discipline that is appropriate to the child's age, maturity, and developmental level;
- (i) The right to have restrictions or disciplinary policies explained to the child at admittance and when the measures are imposed;
- (21) The right to have a comprehensive service plan that addresses the child's needs, including transitional and discharge planning;
- (22) The right to actively participate in the development of the child's service plan within the limits of the child's comprehension and ability to manage the information. The child has the right to a copy or summary of the plan. A child 14 years of age or older has the right to review and sign the service plan, unless there is a reason not to provide the plan;
- (23) Medical care and records,
- (24) The right to medical, dental, vision, and mental health care and developmental services that adequately meet the child's needs. The right to request that the care or services be separate from adults (other than young adults) who are receiving services;
- (25) The right to be free of unnecessary or excessive medication;
- (26) The right to confidential care and treatment, including keeping medical records and operation records private and only discussing them when it is about the child's care; and
- (27) Complaints, including the right to make calls, reports, or complaints without interference, coercion, punishment, retaliation, or threats of punishment or retaliation. The child may make these calls, reports, or complaints anonymously. Depending upon the nature of the complaint, the child has the right to call, report, or complain to:
 - (a) The DFPS Texas Abuse/Neglect Hotline at 1-800-252-5400;
 - (b) The HHSC Ombudsman for Children and Youth Currently in Foster Care at 1-844-286-0769;
 - (c) The DFPS Office of Consumer Affairs at 1-800-720-7777; or
 - (d) Disability Rights of Texas at 1-800-252-9108.

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	Charge Nurse
Consumer Services and Rights Protection	Patient Advocate
Texas Department of Mental Health and Mental Retardation	Meridell Achievement Center
P.O. Box 12668	P.O. Box 87
Austin, TX 78711-2668	Liberty Hill, TX 78642
800-315-3876	800-366-8656
Disability Rights Texas	Joint Commission
7800 Shoal Creek Blvd. Suite 171	One Renaissance Boulevard
Austin, TX 78757	Oakbrook Terrace, IL 60181
800-252-9108	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 and 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 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.

NEUROBEHAVIORAL PROGRAM OVERVIEW

Meridell Achievement Center's neurobehavioral residential treatment programs offer a composite of therapeutic approaches specific for children (5-11) and adolescents (12-17) with neurobehavioral disorders. Neurobehavioral refers to behavioral problems that are associated with brain disorders. Neurobehavioral problems can include (but are not limited to):

- Explosive rage behavior
- Impulse control problems
- Mood swings
- Poor judgment

At Meridell, our treatment approach is based on a thorough assessment of brain function and psychosocial issues. With accurate assessment of correctable brain disorders, appropriate medication interventions and modified methods of therapy, it is possible to effectively manage neurobehavioral problems. Re-socialization and integration back into the family and school can then occur because the patient is more manageable.

The treatment focus of a neurobehavioral unit is **positive**. Emphasis is placed on successes, and behavioral changes are made gradually through multiple modalities.

The Safe Behavior System primarily focuses on safe behaviors and then progresses to a focus of more advanced individualized treatment goals. Following this explanation, you will find a visual diagram of the system.

POSITIVE DISCIPLINE FIRST AND THE SAFE BEHAVIOR SYSTEM

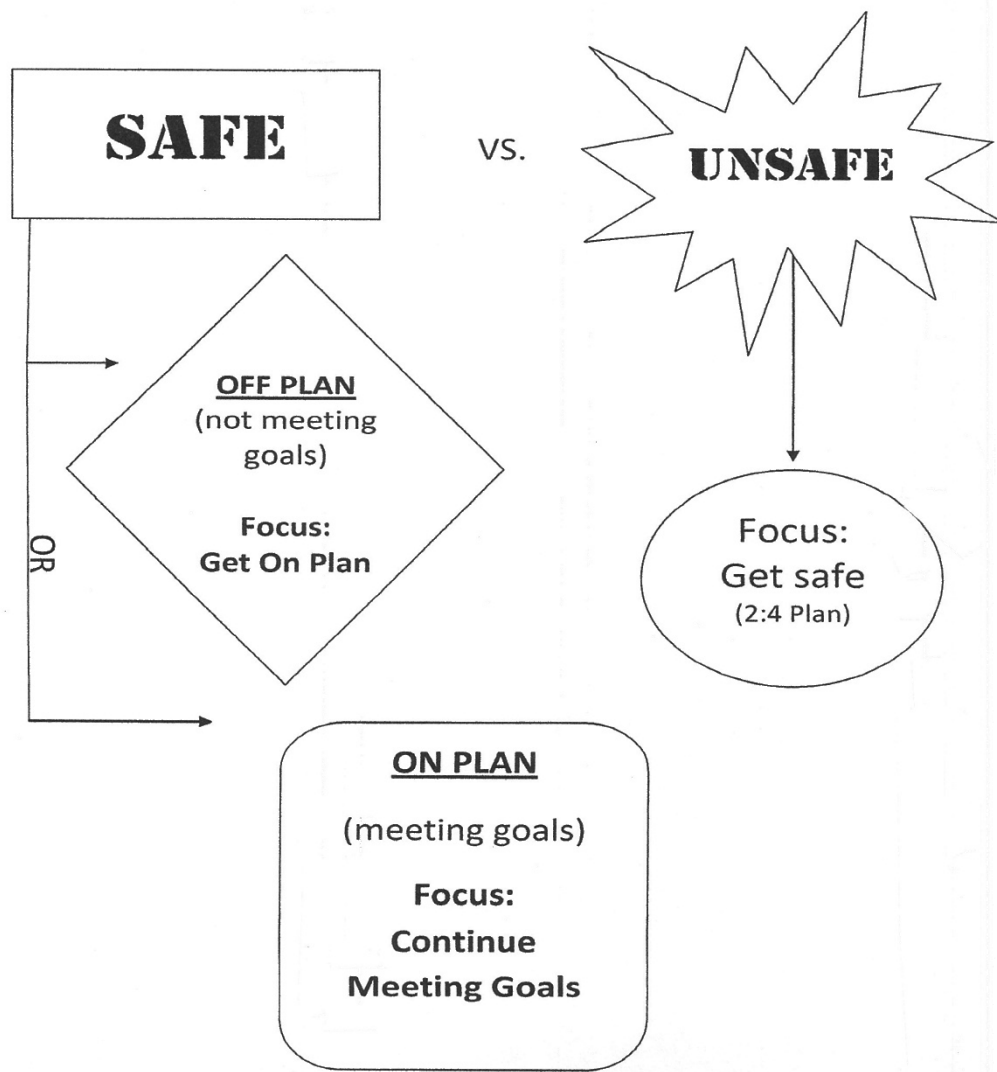
Positive Discipline First and the **Safe Behavior System** are evidence based and supported by research in brain based emotional and behavioral disorders and trauma informed practices in residential treatment. If you would like further information or to review research supporting our programming please contact the Clinical Program Manager who would be happy to talk to you or provide further reading recommendations.

Behavior management and behavior shaping on a neurobehavioral unit is **positive**. Emphasis is placed on successes, and behavioral changes are reinforced gradually using the following principles for behavior management.

POSITIVE DISCIPLINE FIRST

- Use positive discipline first. Tell them what to do, not what to stop doing. Always use eye contact to increase chances of compliance
- Use mild and brief consequences. Use consequences only if positive discipline fails after several tries. Then, redirect--what should they do next time?
- Use praise and reward compliance after redirection and anytime they are behaving well.
- Use the goal of 80% praise/reward and 20% mild consequences.
- Use collaborative problem solving for impulsive misbehaviors (after they are calm)
- Use SAMA for crisis management only for dangerous aggressive behaviors

SAFE BEHAVIOR SYSTEM



SAFE BEHAVIOR SYSTEM

This system is a simple program based on assessing and supporting SAFETY and TREATMENT PLAN GOALS

- A. When a young person has unsafe behavior the only focus for intervention should be on helping them to be safe.
 - a. Define “safety” clearly and concretely – describe words and actions expected.
 - b. If behavior was unsafe such that criteria for “imminent danger” was met. Use the 2/4 rule of thumb (1/2 on Hacienda). Away from peers for 2 hours and on unit for 4 hours (total).
- B. When a young person is safe, evaluate whether he/she is off plan: not meeting basic expectations and individualized treatment goals, or on plan: meeting basic expectations and individualized goals.
 - a. When off plan the only focus is getting back on plan.

- b. Staff support patients by:
 - (1) Review basic expectations and/or treatment goals.
 - (2) Define these concretely, simply, clearly.
- a. When on plan the focus is to stay on plan.
- b. Staff support patients by:
 - (1) Use point sheets to reward progress and effort.
 - (2) Reinforce with praise, “way to go,” etc.

BASIC EXPECTATIONS FOR PATIENTS

1. Safe Behavior—Hands and feet, to yourself, personal space
2. Respectful words—be positive and use a nice tone of voice
3. Participate—follow your daily schedule and routine
4. Cooperate—follow directions from staff and teachers

If you remember these 4 basic guidelines you will make more progress in your treatment and have more fun!!!!

BEHAVIOR SHAPING INTERVENTIONS

Positive Reinforcement and Praise:

Mental Health Technicians and other clinical staff find frequent opportunities to point out positive behaviors and reinforce these with praise and encouragement. Staff may also offer a tangible reward such as “bonus points” or a reward slip. Staff let youth know what behavior is desirable and expected; they tell them what to do instead of what not to do.

Redirection:

Redirection is used to decrease inappropriate behavior. The patient is informed that the behavior in question is unsafe, disrespectful or ineffective (limit setting), and the staff suggests a more socially effective or safe behavior (redirection) to meet that person’s need or situation. The staff then rewards with praise when redirection is successful.

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 away from your peers, or in the calming room if the patient is safe. Time outs are short in duration, and the patient is expected to rejoin the group or activity and process after time out.

Collaborative Problem Solving:

This is used to involve staff and patients in a problem-solving process to address repetitive problematic behaviors. The patient is approached when they are calm and receptive (not during agitated or disruptive behavior). Staff use methods developed by Dr. Ross Greene (The Explosive Child, 1998 and Lost at School, 2009).

Activity by Activity:

The patient is held back from a preferred activity if his or her behavior in the previous activity is unsafe or particularly disruptive. A patient may be held back for the entire activity or permitted to join after a period of safe and cooperative behavior.

2 and 4 "Rule of Thumb":

If a patient displays aggressive or harmful behavior, they are restricted from activities and other patients in order to provide a calm environment for de-escalation and to allow for assessment of readiness to engage in activities safely. In general, patients will be restricted from peers for 2 hours (1 hour on Hacienda) and will remain inside their unit for 4 hours (2 hours on Hacienda) total. They will be given clear expectations about this timeline and will be monitored closely and provided with staff intervention to help them choose productive therapeutic activities during this time.

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 peer interactions until the Treatment Team feels they are safe to continue programming. Patients will be engaged in therapeutic refocusing activities to help them process unsafe behaviors and return to normal programming. Safety precautions require a physician's order. Patients on Safety will be restricted to unit in view of staff. Safety precautions are reviewed by your 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.

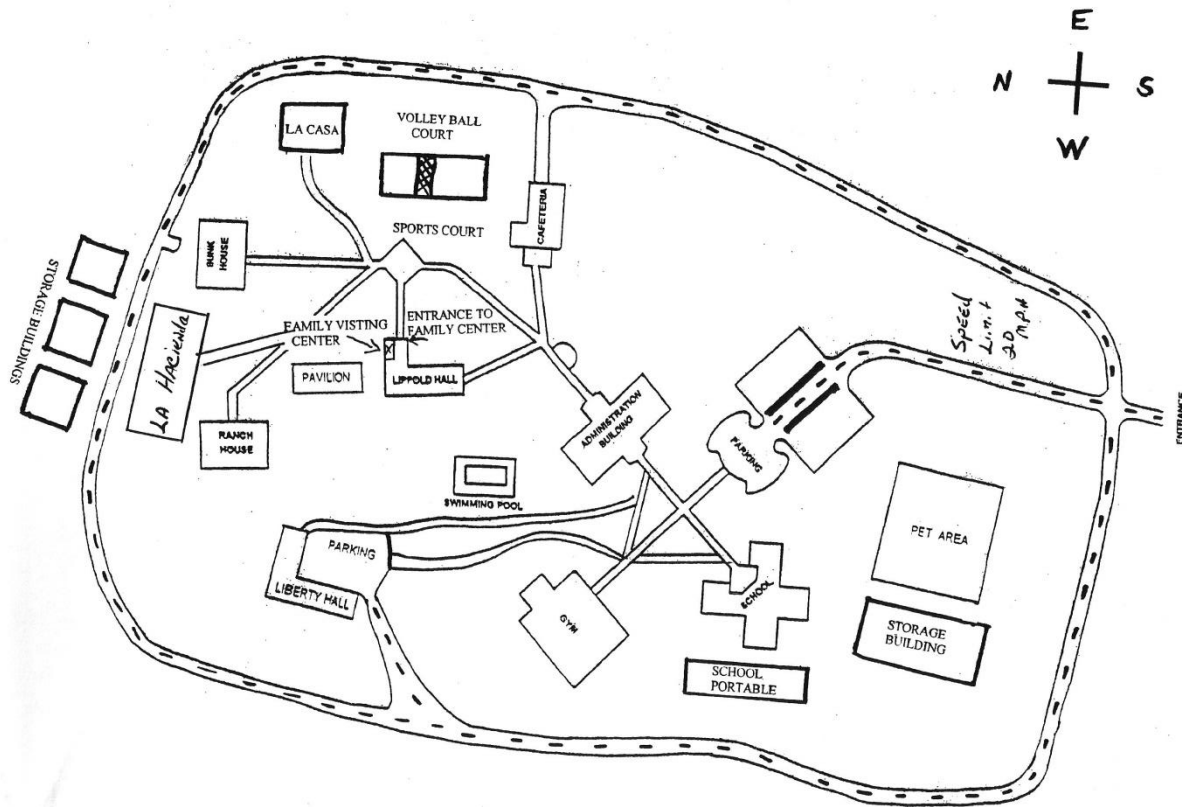
Elopement Precautions:

Patients placed on elopement precautions will remain on the unit at all times and in view of staff, no 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 be engaged in therapeutic refocus activities. Patients must contract to meet safety expectations before elopement precautions are discontinued.

Close Observation:

The Patient is restricted to view of staff including while sleeping, NO EXCEPTIONS. Close Observation is reviewed by the physician every 8-24 hours. Close Observation will be in place if a patient is at risk of hurting him/herself or if s/he has demonstrated suicidal behaviors. Potentially dangerous items will be taken for safe keeping. A contract of safety will be agreed upon prior to being removed from suicide precautions. A patient on Close Observation may participate in unit activities as behavior dictates.

Campus Map



Your Doctor is: _____

Your Charge Nurse is: _____

Your Core Nurses are: _____

Your Program Therapist is: _____

Your Recreation Therapist is: _____

Your Teachers are: _____

Patient Advocate: _____

“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