

Lincoln Prairie Behavioral Health Center

Patient Handbook



**5230 South Sixth Street
Springfield, Illinois 62703
(217) 585-1180**

Introduction

The Lincoln Prairie Behavioral Health Center (LPBHC) is a specialized hospital that treats children and adolescents with psychiatric illnesses. Although we do not yet know how to prevent psychiatric disorders, we can offer the children we serve all treatments available in the field including: a complete medical and psychosocial assessment and diagnosis; individual, family and group therapies; and education for children and families regarding effective treatment and control of emotional disturbances and behavioral problems. The treatment program is highly individualized and holistic in approach with every area of the child's life included in the therapy focus. Diagnosis and treatment decisions are made by the physician with the help of Lincoln Prairie Behavioral Health Center's multidisciplinary treatment team. Treatment is provided by professionally trained staff including: attending psychiatrists, nursing staff, therapists/social workers, substance abuse specialists, recreational therapists, inpatient educators, a registered dietician and chaplain.

Program Guidelines for the Adolescent and Pediatric Units

Welcome to the Adolescent or the MISA (Mental Illness/Substance Abuse) Unit at Lincoln Prairie Behavioral Health Center. The difference between the Adolescent Unit and the MISA Unit is that the MISA Unit is designed to assist patients with substance use and mental health issues that you may be experiencing; both units are meant to help you work towards learning new positive coping skills and achieving a higher level of functioning. The following guidelines are provided to help the reader quickly become familiar with some of the policies and expectations of Lincoln Prairie Behavioral Health Center. Please feel free to ask any of the Lincoln Prairie Behavioral Health Center staff questions at any time.

Parent/guardian involvement in programming

We acknowledge that the word "family" has varying definitions including, but not limited to: biological relatives, foster care providers, case workers, residential providers and others. We try to incorporate "family" involvement on a regular basis throughout your hospital stay. Parents/guardians are strongly encouraged to be involved in your treatment program. Parents/guardians are asked to meet with your therapist once a week for a multidisciplinary clinical staffing meeting where: your progress is discussed with your psychiatrist, therapist and other members of the multidisciplinary treatment team; and a multidisciplinary treatment plan is developed and regularly reviewed/revised. Parents/guardians are also strongly encouraged to participate in weekly family therapy sessions with your therapist

during your hospital stay. Upon discharge, it is expected that your parent/guardian be present to pick you up, and receive discharge plans and instructions.

Visiting

Family visiting times are provided throughout the week to give families an opportunity to meet in a relaxed and informal way with their children. Visiting time is meant to be a time for both child and family to enjoy one another's company by talking, playing games, etc., rather than focusing on treatment or therapeutic issues. Families are provided with many opportunities outside of visiting throughout the week to meet with their child for family therapy, and to get updates on their child's condition and treatment from the therapist and nursing/medical staff.

- **Visitors are asked to please leave any personal / valuable items in your vehicle.** This includes the following items: purses, cell phones, back packs or brief cases, food or drinks, lighters/matches (or any potentially dangerous items);
- **You must be listed as an "approved visitor" by the family member admitting the child.** If there are more than two visitors in a child's party (at visitation), only two of you may visit at one time (and the hour visitation is split to accommodate both parties. **Visitors under the age of 18 are not allowed to visit due to the acuity and confidentiality of the population served. Siblings and visitors under the age of 18 may not be left unattended in the lobby.**
- **You must present identification (i.e., driver's license).** This is for your child's protection.
- **In an effort to get visitors checked in and ensure visitation begins promptly, we ask you arrive 10-15 minutes prior to the scheduled start time of the visitation (especially when bringing patient belongings).**

Personal belongings

The hospital is not responsible for lost items. Items will only be accepted from persons on the visiting list unless other arrangements have been made. All items brought to the facility must be checked in at Reception. Parents/visitors should not give any items directly to children on the unit.

What to bring to the hospital: The hospital will provide all basic hygiene products for your child as well as non-skid socks.

- ONE sweatshirt (no hood, no strings)
- 1 *small* stuffed animal (no larger than the size of a 8.5"x11" piece of paper; no ribbons or strings)
- 1-2 soft/paperback books (no staples)
- 4 Underwear / Panties
- 4 Bras (no under wire bras permitted)
- 2 Pants-Daytime
- 2 Pants-Sleepwear
- 2 Shirts-Daytime
- 2 Shirts-Sleepwear

Additional hygiene products are allowed with the exception of: hair spray, hair gel, body spray & Chap Stick (no products containing alcohol).

Examples of items not allowed on the unit (contraband)

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| -Cell phones or cameras | -Smoking materials (e.g. cigarettes, lighters) |
| -Piercings of any kind | -Glue or inhalants |
| -Shoes, sandals or slippers | -CD's, DVD's or VHS tapes |
| -Make-up, nail polish or perfume | -Drug related items |
| -Electronics of any sort | -Valuable items (e.g. jewelry, money) |
| - Razors | -Products with alcohol |
| -Underwire bras | -Inappropriate books, magazines or photos |
| -Belts or clothing with strings | -Play-doh/clay |
| -Sharp objects | -Clothes hangers |
| -Spiral notebooks | -Weapons or potential weapons of any kind |
| -Glass items | -Mirrors |
| -Metal cans or aerosols | -Medication not dispensed by nurses |
| -Headwear | -Sunglasses |
| -Bandanas/Headbands | -Books or magazines with staples |
| -magnets/magnetic toys | -Button Batteries |
| -Ribbons, hair ties, or strings greater than 6 inches long | |
| -Metal combs, tweezers, files or clippers | |

*No candy, gum or other food items brought in from outside of the hospital are permitted on the units, with the exception of a store-bought birthday cake for patient birthday celebrations.

Any items brought that are determined to be contraband or are otherwise unsafe for the patient will be returned to the parent/guardian to take back home.

Dress code: Casual

Laundry: Laundry facilities are provided on each unit for those children wishing to do their own laundry. Staff assistance is available as needed.

Communication: Parents may call the inpatient units at any time to ask questions or to check on their child. Due to the intensity of the program, patients are allowed to make and receive phone calls at designated phone times. Please see Telephone Times handout, which lists the phone times for incoming/outgoing calls. In order to maintain an organized, therapeutic environment, and to ensure all children have access to unit telephones, we try to limit calls to 5 minutes or less. If your individual needs are different than our schedule, please discuss this with the staff so that accommodations can be made.

Safety checks: Upon admission to an inpatient unit, children will be required to undergo a personal safety search. During the personal safety search, a unit staff member of the same gender as the child (who will be under the observation of another staff member) will ask the child to change into a gown, and will then survey the child for any signs of injury, abuse, or other health concerns that would require attention. Additionally, staff will search the child and the child's clothing for any contraband items. Personal safety searches may also be conducted after admission if staff determines it medically necessary, or necessary to ensure the safety of the child and/or other children on the unit. Periodic safety checks of children's rooms and belongings are also conducted to ensure no contraband items are present on the unit.

Confidentiality Law prohibits the release of information concerning children currently or previously hospitalized except under very narrowly defined circumstances. All information about children receiving treatment is considered highly confidential. Mail, phone calls, and visits should not involve any discussion of other children who are currently or have been admitted to LPBHC. Children are asked to respect the confidentiality of other children while on the unit *and* after discharge. Children and visitors are asked to refrain from cell phone use as well as any form of photography (including the use of cell phone cameras) while on the unit. Upon admission, releases will be signed allowing communication between agencies to enhance the treatment plan for your child.

Bathrooms: Bathroom doors in patient care areas are kept closed and locked at all times. They are opened by staff members when a patient needs or requests access to the bathroom. A staff member may stay outside of the bathroom at times to ensure patient safety.

Mail: Incoming mail must be opened in the presence of staff. Packages must be approved by the parent/guardian.

Meals and snacks: Three meals and 2 snacks are provided by the hospital throughout the day. Caffeinated beverages are not permitted on the unit and are not available from the menu. Patients are also not allowed to share food with one another. These measures have been put in place to ensure the cleanliness of the unit as well as to help prevent public health related issues (e.g. the spread of germs).

Pain: While you are being hospitalized, we will do everything possible to eliminate any discomfort you may experience, including pain. We use age appropriate scales to help you identify: the level of pain that you are experiencing before and after interventions occur; any interventions they know of that will decrease their pain; and assess various other factors related to pain, if there are any special interventions that would assist us to ease your child's discomfort, please let us know. **If you are hurting anywhere it is important to let the NURSE know right away.**

Programming Descriptions

The following is a brief description of some of the programming offered as part of the child's overall multidisciplinary treatment plan. Treatment is provided by professionally trained staff including: attending psychiatrists, nursing staff, therapists/social workers, substance abuse specialists, recreational therapists, chaplains, our inpatient educators and a registered dietician. Each professional may interact with the child and help provide input to ensure the best overall treatment plan. Programming schedules for each unit will be provided to you for your reference.

Individual Therapy - Individual therapy will be offered to each child by his or her assigned program therapist a minimum of two times a week. The program therapist will meet with the child one-to-one working to establish a therapeutic alliance with the child and encourage problem solving in a compassionate and supportive environment. In individual therapy, the therapist will complete a thorough psychosocial assessment of the child, help the child identify strengths and needs, and help the child identify and work towards achieving his or her treatment goals.

Family Therapy - Family therapy will be offered by the assigned program therapist on a weekly basis to each child residing with a family and/or foster family. The program therapist will work with each child and his or her family from a family systems perspective to improve positive family communication, positive family coping and to achieve identified treatment goals.

Community Meeting - This group is designed to provide children an opportunity to learn how to identify issues and problems that directly relate to their living in a community; both on the unit and in society. The group will specifically address how each individual's behaviors affect those around them. Children will identify goals every day which will directly relate to the child's functioning as a positive member of the unit community (e.g. when I get angry in a group, I will take a time-out instead of disrupting the group by swearing and being loud). Children take a very active leadership role in community meetings, with children appointing their peers to roles including chairperson, co-chairperson and recreation therapy chairperson.

School Program - Our school program (taught by certified school teachers) is scheduled every weekday to provide a time for education and study. Parents/guardians and children will be asked to sign a release to allow communication with the child's school to further enhance our assessment and treatment plan. Parents should bring schoolbooks and initial assignments to the unit. Further assignments will be coordinated by the Lincoln Prairie Behavioral Health Center educators with the child's home school to address the special education needs of the child and to provide continuity in their return to their home school. During the summer months, children will participate in a summer enrichment program which includes education and discussion on various life skills topics.

Psycho-education and Skills Groups - These groups are designed to provide children with the tools to more effectively deal with problematic behaviors and cope with negative emotions. These are structured groups which offer children concrete and realistic options to use when dealing with day to day interactions with others and with their own emotions. Examples may include learning how to manage anger, reduce stress, and improve positive communication. Role playing is often used to practice newly acquired skills.

MISA (Mental Illness/ Substance Abuse) Therapy Groups - These daily groups are to help you learn about how untreated mental illness and substance use issues can interfere with your path to wellness and recovery. These groups are designed to assist the children in identifying and resolving the problem(s) which precipitated the need for their hospitalization. The co-occurrence of mental health and substance use issues, if unaddressed, will likely contribute to the child having continued difficulty in less structured settings after discharge. This group encourages children to see that they have choices to make on a day to day basis which strongly influence their lives. These groups provide an in-depth exploration of topics such as cognitive distortions, introduction to 12-step, identifying triggers, relapse prevention, copings skills, MISA education, etc.

Spirituality Group - Lincoln Prairie Behavioral Health Center works hard to ensure children have the opportunity to address all aspects of their growth and development, including spiritual development. The focus of this non-denominational group will be discussions on faith, moral development and compassion for others.

Recreational Therapy Group - This group utilizes mediums of art, music, play and sports to assist children in identifying and expressing issues. These activities are designed to create an outlet for relaxation and socialization while increasing awareness of appropriate leisure time activities.

Relaxation Group - Relaxation group assists children in transitioning to a relaxed mode for bedtime. The children will experience and discuss relaxation techniques they can utilize during their hospitalization as well as upon their return home.

Quiet Time - Provides children time in their rooms to think about their treatment progress, complete unit assignments, or to relax quietly.

Advocate/grievance procedure:

Lincoln Prairie Behavioral Health Center strongly supports communication between children, families and LPBHC staff, especially at times when questions or concerns exist. LPBHC, through our "Speak Up" campaign, encourages children to "Speak Up" and voice questions and concerns at any time in an appropriate manner to LPBHC staff. As a parent/guardian, please contact your child's therapist or program staff with any questions, comments or concerns that you may have.

If you have a concern or complaint, please address it with the person involved. If this does not resolve your problem, you may contact the Patient Advocate, at (217) 585-4706. A formal grievance may be filed and will be addressed by the Patient Advocate. Lincoln Prairie Behavioral Health Center will respond to all grievances verbally within 24 hours, followed by a written summary within 7 days, which will include steps taken in the investigation and dates of resolution.

If you feel your rights are being violated in any way, you may contact an agency designated to protect your rights which is not part of Lincoln Prairie Behavioral Health Center. One such agency is the Illinois Guardianship and Advocacy Commission at 1-866-274-8023, or by mail at:

IGAC
521 Stratton Building
401 South Spring Street
Springfield, Illinois 62706
(217) 785-1540

Rules for daily living

1. Everyone deserves respect. Examples of respectful and acceptable behaviors include:

- Speaking to others in an appropriate way, such as using a calm, positive tone and manner and using appropriate language.
- Using appropriate, nonthreatening physical boundaries, gestures, and body language.

2. Maintain personal boundaries.

- Allow and respect others' "personal space."
- Go only into the bedroom assigned to you rather than others' bedrooms.
- Allow those using the comfort rooms to remain alone.

3. Respect the property of others.

- Only use items of personal property that are yours.
- Keep your room neat with clothing and personal items placed in designated areas.

4. Maintain a safe community.

- Walk.
- Talk in a low, calm voice.
- Listen and follow directions.

5. Be actively involved in your treatment.

- Attend all groups, follow group rules, and participate to the best of your ability.
- Complete assignments as requested.
- Maintain a healthy attitude without discussion (outside of therapy groups) or glamorization of negative behaviors including discussion of drug use, violent behavior, gang involvement or use of gang signs.
- Participate in self-care by: bathing daily; brushing your teeth; and wearing clean and appropriate attire for the environment

Personal Safety Plan

Upon admission and throughout your child's stay, LPBHC staff will work with your child to help him or her identify triggers that make him or her angry or upset, and identify strategies for calming down when he or she is having a hard time. These triggers and strategies will be listed on the child's Personal Safety Plan, which will be available for all unit staff to reference throughout your child's stay. Children will also keep copies of these strategies with them so that they may reference them when needed.

Behavioral Interventions and Rewards

Social Restriction - Children who have existing relationships with one another (e.g. relatives, friends prior to hospitalization) or have developed relationships with one another while hospitalized (e.g. romantic relationships) often find that these relationships hamper progress towards their treatment goals. At staff discretion, children may be placed on a Social Restriction with another child. If a child is placed on Social Restriction:

- The child may not have any contact with the other child during hospitalization other than appropriate contact during formal group activities.
- The child may not be roommates with the other child.
- The Child must stay at least 10 feet away from the other child at all times.

Take 5 - A child may be asked to take time away from others in his or her room (unlocked), or an unlocked observation room in an attempt to help the child deescalate when he or she is emotionally or behaviorally agitated. The length of a time away will be brief, determined after consideration of the child's developmental age, and also based on the child's ability to control self, stay calm and safely return to programming.

Levels system - A child may gain up to a status of level 3 for positive behaviors including but not limited to: using only their own possessions, positive language and communication skills, following the rules of daily living, etc. At each level a few things may occur:

- The child may go off the unit if a level II or III or at nursing discretion

In the Level System, Patients are able to earn a specific number of points for each unit activity. Up to one half of the available points may be earned for attendance in the activity and up to one half of the available points may be earned for active participation and appropriate behavior. Patients may have the opportunity to obtain "extra credit" points by completing individualized treatment objectives identified at the morning Community Meeting. These individualized treatment objectives will be listed at the bottom of the patient's daily point's sheet.

The number of points awarded after each unit activity and individualized treatment objective is recorded on each child's point sheet by the staff member overseeing that activity. Points will not be taken away from a child once earned as a form of punishment.

However, if a patient meets the criteria for and is placed on Safety or Aggression

protocols (due to negative behaviors including but not limited to: intimidation, verbal or physical aggression, or possession of contraband), then the patient will be automatically dropped to Level 1 and have zero points. The number of points a patient has earned throughout the day is calculated by unit staff on the night shift after bedtime. The total number of points earned determines each patient's level for the following day.

Level 1: All patients on admission must complete unit orientation materials, comply with safety search and provide lab specimens to the nurse before being eligible to move from Level 1. Patients in the Adolescent Program who have earned between 0-46 points earn Level 1.

Level 2: Patients in the Adolescent Program who have earned between 47-57 points earn Level 2.

Level 3: Patients in the Adolescent Program who have earned 58 points or more earn Level 3.

Individualized or Alternative Treatment - Children may be placed on an Individualized or Alternative Treatment Plan if/when more specialized and individualized interventions are needed to provide them with therapeutic programming. These are developed through the collaboration of nursing staff, therapy staff and the patient's psychiatrist, and are child-specific plans which outline specific goals and interventions designed to help the child return to regular programming and privileges.

Crisis intervention

During your stay, the treatment team will do everything possible to provide compassionate and supportive care in the least restrictive environment possible and provide a safe environment for you. Should they experience a psychiatric emergency that requires interventions that would prevent them from injuring themselves or others, the staff may consider the choice of separating them from other patients in a locked environment (seclusions), or using physical intervention (physical or mechanical restraint in the Adolescent Program, physical restraint only in the Child Program). Seclusion and restraint are interventions to be used only in emergency situations, and then only as a measure of last resort and for the shortest amount of time possible. We are firmly committed to minimizing the use of these interventions.

You will be notified immediately if/when this type of intervention becomes necessary, and seek your input in helping us determine ways to avoid future

occurrences. The nurse upon admission will also be discussing these procedures with you and your child, which include possible circumstances under which seclusion or restraint could be used, interventions available to avoid these procedures and preferences you and your child may have if an intervention is required. We are committed to providing a safe environment for children, staff and visitors. To that end, a violence free environment is the goal that we hope to achieve by working in partnership with children and families to identify stressors and intervene safely.

Your doctor may order medication or other treatments to stop the pain if he/she feels it is necessary.

Pediatric/Preteens Unit

Stoplight System: Encouraging kids to stop and think about their actions



Each child will have his or her name written on the laminated stoplight in the activity room. This stoplight is how he or she keeps track of behavior throughout the day. They will automatically be placed on red but can start earning stickers right away to move to yellow and green.

Each day is a new day, so all kids can start at green in the morning. *For pre-teens - if the night before they had to serve an aggression protocol, they cannot start on green the next day, but can have the opportunity to move up if their behavior improves.* During AM community meeting is a great opportunity to review the fact that anything that happened yesterday is over with, and today the kids get another chance to demonstrate better behavior. Explain what behaviors will lead to moving to yellow and red lights, and what the consequences of being on yellow or red are.

Children are to receive 1 verbal warning before they are moved to a different level. They can also be given the opportunity to take a time out as part of this warning. This is a great time to explain to the child exactly why they are receiving a warning. If the behavior stops, give them a bonus sticker. It's important that kids know, even if they end up on red, there are always opportunities to move back up.

Note: Once a child is placed on red, he or she must earn two stickers to move back to yellow. This means the child has discontinued the behaviors and has either returned to group or is getting bonus stickers for positive behavior at the staff's discretion. To move from yellow to green, the patient must earn one sticker, either bonus or for attending group.

GREEN: Go, you're on the right track!

Patient is following the unit/group rules consistently throughout the day.

Patient is listening to the staff and doing as asked of them.

Patient is attending groups and remaining in them for at least half of their duration - earning stickers.

NO aggressive or inappropriate behavior toward patients or staff.

*When a patient moves up to green, be sure to put a sticker on their tracking sheet!

Patient will receive morning and afternoon incentives.

YELLOW: Slow down!

This is the warning light and indicates to the patient that he needs to pay attention to his/her behavior.

This patient may be having more difficulty attending groups and is not earning all of his stickers.

The patient is not following instructions the first time asked.

The patient is not following all unit/group rules but does follow them after being asked.

The patient is leaving the room without permission.

RED: Put the brakes on bad behavior!

Aggressive and/or inappropriate towards staff or peers.

Not following unit/group rules after being given a warning.

Not attending groups.

The patient is continuing to leave the room without permission, despite warnings.

Once a patient is put on red for leaving group, if he does it again he is not allowed to attend the rest of group and must go to his/her room. Coming in and out of group is very disruptive and distracting to the other patients.

Privileges/Consequences

GREEN

Off unit privileges.

Pre-teens - 8:30 pm bedtime.

Pediatrics - 8:30 pm bedtime.

Are earning incentives through stickers.

Morning/ Afternoon incentive.

Going to the Cafeteria.

Recess

Story time

Movie Time (30 mins. of approved material with follow up questions.)

YELLOW

Off unit privileges (with order only if still on AP's).

Pre-teens - 8:30 pm bedtime.

Pediatrics - 8:30 pm bedtime.

May be earning incentives through stickers.

Recess / Story time

Movie Time (30 mins. of approved material with follow up questions.)

RED

One off unit privileges.

Pre-teens - 8:00 pm bedtime.

Pediatrics - 8:00 pm bedtime.

Story time/

Movie Time (30 mins. of approved material with follow up questions.)

Patients are given a tracking sheet each morning on which they can earn stickers throughout the day. If the patient attends group, does not take more than two self time outs, participates, and follows group rules, he or she can earn a sticker. Earning all stickers for attending and participating in groups throughout the day allows the patient to partake in the morning and afternoon incentive. Patients on green will be able to dine in the cafeteria. Every patient will be allowed to go down for recess time; they all receive story time, and 30mins of movie time. In addition, there are spaces for bonus stickers at the bottom of the sheet. Here, when the patient is caught demonstrating great behavior, such as following rules consistently, helping staff, sharing, not cursing, etc., the patient can get a sticker. In addition, if a patient demonstrates physically aggressive behavior towards other patients or staff, he or she loses all stickers earned so far in that day (they are crossed out on the sheet) and must start over.

Suggestions for enforcing system

Use positive praise as much as possible! Be generous with stickers on their tracking sheet. Be consistent.

Be creative! Especially with rewards for those on Green

Do not allow the stickers or lights to be a power struggle. The rules are outlined specifically so that this does not have to be the case.

Give high fives when patients demonstrate positive behavior or doing a good deed.

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LPBHC 1087 Revised: 10/13)