

MIDWEST CENTER FOR YOUTH AND FAMILIES

PARENT HANDBOOK



INTRODUCTION

The staff of the Midwest Center for Youth and Families welcomes you to our facility and we are looking forward to working with you, your family and your child.

We recognize how difficult it may have been for you to place your child in a facility away from home. We also understand that you likely have many questions about your child's treatment, as well as questions about rules / procedures that occur on a daily basis. We are hopeful you will find this handbook helpful in providing answers to some of your questions.

TREATMENT PHILOSOPHY

The Midwest Center for Youth and Families is dedicated to providing care and treatment to children and adolescents in a safe, therapeutic and nurturing environment. The residents are taught alternatives to socially unacceptable behaviors. The objective of the multidisciplinary team is to support your child in becoming a more successful member of the community by ensuring a complete evaluation, proper medication management, psychotherapy, and a program structure that promotes self-esteem and emotional growth. The overall goal of treatment is to reduce the need for your child to require a locked, secure level of care and foster your child's highest level of productivity by promoting a healthy home environment, positive achievement in school, and successful peer relationships.

UNIT POLICIES

Phone Calls

We encourage family contact. All residents are allowed to send and receive phone calls. All residents and families are asked to limit calls to 10 minutes so that all residents may have opportunities to contact family members. Phone calls are made on a daily basis, and each resident has the opportunity for one incoming and one outgoing call.

Please note that for the first 48 hours after admission, we want the residents to focus on adjusting to being at MCYF. Therefore, residents are not allowed to receive or make calls for the first 48 hours.

Please limit your phone calls to the following times:

UNIT PHONE TIMES

East Unit - Daily 7:00pm-8:00pm	Additional time Sat and Sun 12-12:30pm
West Unit - Daily 6:30pm-7:30pm	Additional time Sat and Sun 12-12:30pm
North Unit - Daily 5:30pm-6:30pm	
South Unit - Daily 7:20pm-8:20pm	Additional time Sat and Sun 1:15-2:00pm

IMPORTANT NUMBERS TO REMEMBER**MCYF general number - 219/766-2999 or 1/888-629-3471****East Unit - ext. 202****West Unit - ext. 204****North Unit - ext. 207****South Unit - ext. 200**Other numbers:

CEO / Managing Director - Mike Perry - 219/766-2996, ext. 101

Director of Clinical Services- Jennifer Gill- ext. 108

Academy Director - Roberta Ullery-Coombs - ext. 107

Nursing Supervisor / Risk Manager - Jennifer Levine - ext. 206

Day Shift Staff Supervisor - Rick Spencer- ext. 221

Evening Shift Staff Supervisor - Melitta Bailey - ext. 454

Midnight Shift Staff Supervisor - Larry Lopez - ext. 457

Therapy Department:

Michael Ruggaber - ext. 105

Cathy Osborne - ext 227

John Elsasser ext. 117

Melissa "MJ" Dutcher - ext. 300

Michelle Bruss - ext. 218

Barbe Mitchener - ext. 220

Keith Wygle - ext. 114

Diane Zaragoza - ext. 218

VISITATION

We encourage each family to have regular contact with their child while he or she is at MCYF. In order to provide the optimal treatment setting for your child, we ask that visitation hours be limited to every Saturday and Sunday from 2pm-5pm central time. Other visiting times can be arranged with your child's therapist. We ask that family members call ahead to let unit staff know they are coming so your child will be ready for your visit. Minors, 17 or younger, are not allowed on the units at any time.

MAIL

All residents are encouraged to send and receive mail. Parents and family members are invited to send mail as well. Stamps are prohibited at MCYF and all outgoing mail is sent via metered mail. MCYF will provide envelopes also.

Residents are not permitted to send or receive mail from former residents. You can write to your child at:

Child's Name

Midwest Center for Youth and Families
1012 W. Indiana Street
P.O. Box 669
Kouts, IN 46347

Corresponding therapist sorts all incoming resident mail. Your child's therapist will be responsible for delivering mail to your child.

CLOTHING / LAUNDRY / PERSONAL ITEMS

Each resident is allowed to have personal items, wear their own clothes, etc. However, please remember that we do not want expensive items brought into the center, nor do we have capacity to store vast amounts of items. Therefore, the following guidelines regarding clothing should be maintained:

- 5 shirts (No sleeveless or low cut shirts)
- 5 pairs of pants (These must fit and not sag below the waist.)
- 5-7 pairs of underwear and socks
- 2 bras (no under wire)
- 1 light jacket
- 1 winter coat (if applicable)
- 1 pair of slippers
- 1 pair of shoes
- 2 pairs of pajamas
- 1 robe

No clothing with gang, drug / alcohol/ satanic themes.

No camouflage clothing or combat boots (no military attire)

No jewelry or makeup - MCYF will provide all necessary shampoo, soap, toothpaste / deodorant and other toiletry items.

CD headsets are allowed

2 CD's (No explicit lyrics or CD's with parental advisory labels are allowed.

Only store bought CD's are permitted.)

No spiral bound books or notebooks

Stuffed animals and small toys are allowed (nothing metal or sharp)

No outside food (including candy) may be brought into MCYF

Other items may be prohibited, as this is not an all-inclusive list.

Due to infection control standards and fire safety codes, MCYF will provide all needed linens. No pillows or comforters from home will be allowed.

MCYF will provide laundry detergent. Adolescent residents will be supervised by staff in doing laundry. Staff will do pediatric resident laundry.

Please label all of your child's belongings prior to admission. MCYF provides toys, games, puzzles, crayons, markers, paper and other arts / crafts items on each unit, as well as other items that can be earned as part of a token economy system. Within this system, your child can gain points to earn "Midwest money" to purchase items from our incentive store. Specific questions regarding items to bring into the facility should be directed to unit staff.

MEALS

To meet the nutritional guidelines for each child, balanced meals are provided in the cafeteria by catering staff daily. Special dietary needs based on medical necessity can be accommodated if ordered by the dietician and pediatrician. The dietician oversees the menus as well as allotment of two snacks per day for each resident. We ask that you refrain from bringing snacks into the facility, they will be confiscated. Food is not allowed in resident rooms. In addition to their dietary needs, staff models and teaches appropriate table manners and social skills for each child.

PASSES

Therapeutic passes are an important part of your child's treatment. The purpose of a therapeutic pass is to assess treatment progress and to see whether this progress can be maintained outside of the treatment center. Passes usually occur once your child's behavior has been stabilized. The treatment team makes decisions about passes, with ultimate approval from the child's therapist and physician. Passes are initially limited to a short 4-6 hour pass. As a child's discharge date approaches, an overnight pass may occur in order to facilitate reintegration into the family setting and attend some aftercare appointments. A child must complete a pass application form and obtain staff signatures to be eligible for a pass. In addition, a child must be on the appropriate level to be eligible for a pass. The levels are as follows:

Adolescents:

Level Orientation: no pass

Level One (working level): no pass

Level Two: Up to a 12-hour pass

Level Three: Up to a 24-hour pass

Level Transition: Up to a 48-hour pass

Pre-adolescents / Pediatric Residents:

For a 4-6 hour pass, 5 out of ten shifts must be green.

For a 12-hour pass, 7 out of ten shifts must be green.

For a 24-hour pass, 10 out of 14 shifts must be green (No red shifts at all).

For a 48-hour pass, 12 out of 14 shifts must be green (No reds shifts at all).

LEVEL FREEZE

For major physical and destructive behaviors, the following rule applies:

Any of the following behaviors are displayed will result in a level freeze, which means that a resident would be unable to participate in outings, passes, or incentives for **seven days**.

Physical Aggression

Hitting staff / residents

Kicking staff / residents

Spitting on staff / residents

Body to body contact

Biting staff / residents

Intimidation

Verbal threats towards staff /
Peers

Destructive Behaviors

Property Destruction

Breaking doors / locks

Breaking windows

Breaking exit signs

Breaking towel holders / soap
dispensers

Throwing phones, desks etc.

PROGRAM SUMMARY

The Midwest Center for Youth and Families utilizes a medical model program with 24 hour nursing supervision. The licensed nurses are either RN's or LPN's. The behavioral health workers provide role modeling for residents to encourage more pro-social behaviors such as being respectful, compliance with authority, positive social skills, positive self-esteem and encourage conflict resolution and anger management skills. Residential treatment at MCYF is designed for children and adolescents who have multiple mental health issues and behavioral problems, as well as those who have co-occurring substance abuse issues. Many of our residents display aggression, impulsivity, self-harming, poor social skills, substance abuse, school problems and family problems. Following extensive assessments with each child, a multidisciplinary team of professional staff develop an individualized treatment plan to focus on each child's strengths / weaknesses while stabilizing impulsive, aggressive, self-harming behaviors. Family participation in treatment is mandatory. We expect family members to attend family therapy at least twice a month. The family / guardian is welcome to attend treatment team meetings and is an integral part of treatment planning. Discharge criteria are established that are optimal for movement to a less

restrictive environment. We also require that aftercare appointments be attended before discharge occurs and part of discharge criteria is that residents have already established relationships with aftercare providers. We want to ensure that there will be an easy transition back home with other treatment providers.

FACILITY INFORMATION

The Midwest Center for Youth and Families is located on 5 acres of serene prairie land. We have double occupancy bedrooms, dayrooms and available outdoor space for activities. On campus there are laundry facilities, gymnasium with basketball court, volleyball net, and patio area. We have two time out rooms, a physician's office and five classrooms. We have four units, which are designated as follows:

East - Males, pre-adolescent / adolescent (up to age 15-16)

West- Males - adolescent (13-18)

North - Males and Females -Pediatric- (ages 6-11 or 12)

South - Dialectical Behavioral Therapy Unit - Females - adolescent (13-18)

ASSESSMENTS

Each child who is admitted to MCYF undergoes a variety of assessments: Intake assessment, nursing / pain assessment, psychosocial assessment, history and physical, psychiatric evaluation, educational assessment (WRAT-III), CHIPS diagnostic interview and self-assessment safety tool.

Intake Assessment: This assessment provides a glimpse into the current behaviors and functioning of the child. This is conducted by a Master's level clinician with much input from family about past behaviors, treatment and current need for residential level of care.

Nursing and Pain Assessment: This assessment is conducted by a nurse to gain a detailed medical history, including current and past medications, allergies, mental status, current risk to self / others (safety risk factors), current level of pain / pain management (if indicated), sleep / eating patterns, family medical and psychiatric history, immunizations, physical restrictions and current medical state. Initial medical treatment plan interventions are determined from this evaluation.

Psychosocial Assessment: This assessment is conducted by the child's (Master's level) therapist in order to obtain information about the child's past and current behavioral / psychological problems. Information is gathered about family relationships, family functioning, developmental history, psychosocial stressors, legal problems, history of substance use, history of previous treatment, current

and past school functioning, and preliminary treatment recommendations. The therapist will also conduct a parent and child diagnostic interview (CHIPS) to help obtain information about specific behaviors and / or provide more information for a clarification in diagnosis.

History and Physical: This is a physical exam completed by our pediatrician to assess medical status and provide treatment planning for any medical problems.

Psychiatric Evaluation: This is conducted by the attending psychiatrist who interviews the child and reviews the treatment records. This is done in order to obtain information about the history and course of psychiatric and behavioral problems, what is precipitating admission to MCYF currently, medication / treatment history, medical history, family psychiatric history and preliminary diagnosis. The psychiatrist may determine initial course of medications from this interview. Further medication management and medication trials may occur after other information is obtained or behaviors / symptoms change.

WRAT-III (Educational Assessment): This tests for reading, mathematical and spelling achievement in children with an IQ of 60 or above, through age 23. This gives our academy staff an indication of where the child is academically and helps to determine if any learning needs are present.

Self-Assessment Safety Tool (SAT): This is a questionnaire completed by the child that helps identify triggers for acting out behavior. The child also lists what coping skills he / she has used in past. This helps staff create an individualized plan of coping skills that builds on what the child already uses.

TREATMENT MODALITIES

Pharmacotherapy / medication management is provided by the psychiatrist and nursing staff.

Individual and Family therapy is provided by a Master's level clinician. To accommodate the special needs of residents and their families, sessions may be modified (shorter in length, conducted during interactive activities, or tailored to the developmental needs or attention span if the child.) Therapy is designed to assist you and your child to identify and reduce the dysfunctional behaviors / attitudes that have a significant impact on his/ her life. Areas of focus include interpersonal relationships, impulsivity, accountability, cognitive distortions, social skills and family dynamics.

Group Therapy is conducted by a Master's level clinician through formalizes group sessions to assist residents in achieving individual goals via group format.

These groups are designed to try and resolve problems common to all members of the group.

Psycho-educational Groups are conducted by the Behavioral Health Workers and nursing staff and are intended to provide encouragement for the child to participate in his / her own treatment in a positive social environment. Groups are conducted after school programming to provide therapeutic structure and assist residents in dealing with behavioral problems (anger management, social skills, conflict resolution, problem-solving skills, etc.)

Nutritional Education is provided by a registered licensed dietician who is available to assist all residents in understanding the importance of healthy eating habits, to educate residents in appropriate diets in order to maintain health and growth, and foster realistic body image. A nutritional assessment is performed by nursing staff and, as necessary, a dietary consult / evaluation will be completed.

Education: Our school day consists of classroom instruction provided by licensed teachers, focusing on core curriculum (math, science, language, social studies). We have a year-round school program, which enables students to remain on target with Indiana State Educational Standards. We utilize the information from our assessments to modify the classes for any specialized needs your child may have. We will also review any information supplied from your child's IEP and do our best to continue goals in the IEP.

BEHAVIORAL MANAGEMENT PHILOSOPHY

The Midwest Center for Youth and Families uses a behavior modification approach to addressing problematic behavior. We respond to problematic behavior by using a therapeutic, non-punitive approach. We use our level system to encourage positive behaviors and reduce negative behaviors. We use interventions to respond to dysfunctional behaviors and encourage residents to engage in more "on target" behaviors. We focus on developing residents' ability to find intrinsic rewards for positive behavior rather than on extrinsic rewards. Staff function as coaches and role models rather than as punishers. We utilize methods that do not interfere with residents' rights. We provide natural consequences for negative choices and provide praise, encouragement of positive choices. We focus on re-training residents into being able to recognize the impact negative choices has made in their lives and learn to make positive choices instead. For crisis situations in which residents are dangerous to themselves and others, we utilize crisis management techniques, such as CPI holds. The incidents in which a resident might require a CPI hold is: active suicidal gestures / self-harming which does not respond to verbal direction or other therapeutic techniques; assaultive behaviors, damaging property which is

resulting in harm to self or others; usage of items as weapons, attempts to elope from facility. In such crisis situations, we will respond in the best interest of keeping residents safe. We do not use seclusion or restraints. Our policy is to work with residents about what triggers acting out behaviors. We find out what coping skills have been used in past and integrate positive past skills with new skills in order to best deal with negative emotions. Below is a list of interventions used for diffusing negative behaviors is listed below:

Verbal redirection / verbal cues – Staff sets verbal limits for negative behaviors and provides cues as to how the resident can turn the behavior around.

Self-time out – Resident can voluntarily remove himself/herself from an activity, project or stimulus.

Physical prompts to remove from stimulus – Staff provides some physical cues to guide residents away from potentially volatile situations without actually placing hands on the child.

Staff-directed time-out – Staff directs a resident to take a time out.

Physical escort – Staff walks with a resident, guiding the resident out of a volatile situation but does not restrict the resident's movement.

Therapeutic holds – (Bridge Building holds) – Emergency interventions used as a last resort when residents are out of control, dangerous to self and others. These holds are designed to assist residents in re-gaining control. Staff use defined soft-touch procedures that require physical contact to stop the dangerous behavior through redirection of the resident's energy and movement.

PRN medications – Medications ordered by the physician that are used in emergencies to assist the resident in calming down when all other interventions have failed to assist the resident in re-gaining control.

Specialized programming or one-to-one interventions – Specific programming based on clinical presentation or behaviors resident is demonstrating. (Example: This could mean a resident is restricted to unit until the negative behavior ceases, with special assignments to be completed about the problematic behavior.)

PATIENT RIGHTS

Residents and their parents / guardians receive a list of their rights upon admission. Resident rights may be restricted only in extreme circumstances in which safety concerns are present, and can only be done with a physician's order that is reviewed every 24 hours.