

MIDWEST CENTER FOR YOUTH AND FAMILIES

South Shore Academy

PARENT HANDBOOK



INTRODUCTION

The staff of Midwest Center for Youth and Families South Shore Academy 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

Midwest Center for Youth and Families South Shore Academy is dedicated to providing care and treatment to adolescent females 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 make 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 South Shore Academy. Therefore, residents are not allowed to receive or make calls for the first 48 hours.

Please limit your phone calls to the following times:

Daily 7:00p.m. to 8:20p.m. Central time (all times are central unless otherwise noted), additional time on Saturdays and Sundays 1:15p.m to 2:00p.m.

IMPORTANT NUMBERS TO REMEMBER

MCYF general number – 219/766-2999 or 1/888-629-3471

South Shore Academy Direct Line – ext.628

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: Jennifer Levine – ext. 206

Day Shift Staff Supervisor: Rick Spencer– ext. 221

Evening Shift Staff Supervisor: Melita Bailey – ext. 222

Midnight Shift Staff Supervisor: Larry Lopez – ext. 457

DBT Therapists:

Director of DBT Services: Melissa “MJ” Dutcher - ext. 300

Residential Therapist/Resident Advocate: 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 2 p.m. to 5 p.m. 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, children 17 and younger, will only be allowed in designated visitation areas. No outside food or drink is allowed of any kind. Visitation may be terminated or canceled if resident is presenting with unstable behaviors such as actively self-harming, physical aggression, refusal to program, etc.

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 South Shore Academy and all outgoing mail is sent via metered mail. South Shore Academy will provide postage and envelopes for the residents. Residents are not permitted to send or receive mail from former residents. Please address correspondence as follows:

Child's Name

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

Corresponding therapist sort 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 the capacity to store vast amounts of items. Therefore, the following guidelines regarding clothing must be maintained:

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

All strings in pants, shirts and shorts must be removed.

No hooded sweatshirts or hooded shirts are allowed.

No bras with under-wire or they will be removed.

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.

5 CDs, No explicit lyrics or CDs with parental advisory labels are allowed. Only store bought CDs are permitted (no burned CDs).

No spiral bound books or notebooks.

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

No outside food may be brought into South Shore Academy.

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.

Please label all of your child's belongings prior to admission. MCYF provides toys, games, puzzles, crayons, markers, paper and other art and crafts items, 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 "South Shore 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, the staff will model and teach appropriate table manners and social skills to 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 to 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 level system is as follows:

- Orientation: no pass
- Bronze (working level): no pass
- Silver: Up to a 12-hour pass
- Gold: Up to a 24-hour pass
- Platinum: Up to a 48-hour pass

PROGRAM SUMMARY

South Shore Academy's Dialectical Behavioral Therapy (DBT) program is a specialized unit that utilizes a cognitive behavioral model, which is specific in the treatment for severe to moderate behavior modification. DBT therapy focuses on the core mindfulness, regulation of emotions, distress tolerance, interpersonal effectiveness and skills coaching. The DBT concept Mindfulness teaches residents to focus on the present moment. Often, people spend too much time in the past or the future, which causes them to lose sight of the present moment. Residents will also learn how to go into situations non-judgmentally and focus on one thing at a time. Interpersonal Effectiveness teaches the residents how to develop and manage positive relationships, how to ask for things effectively, how to say "no" and how to keep self respect. During Emotion Regulation residents learn how their emotions affect their behavior. Residents will learn how negative emotions affect their relationships and their lives. Residents will learn to recognize their maladaptive behaviors to their emotions. Residents will then learn how to make new patterns for their emotions, so the maladaptive pattern will eventually dissipate. The last stage is Distress Tolerance where residents will learn to get through crisis situations, both short and long term. Residents will learn to not add additional suffering to themselves by resolving problems and accepting what life has brought them. Each skill is taught twice over a three-month treatment period. The three-month period allows enough time for the resident to build and master skills and use them in everyday experiences.

DBT is usually a year-long outpatient treatment process. During the year-long period, individuals receive two cycles of the information. This is to ensure mastery in the skills being taught. South Shore Academy has modified DBT into a 14-week program, getting two cycles during this time period.

Our 7week rotation:

- 2 weeks Interpersonal Effectiveness
- ½ week Mindfulness
- 2 weeks Emotion Regulation
- ½ week Mindfulness
- 2 weeks Distress Tolerance
- (Repeat)

Our program keeps an open enrollment. This means when a new resident is admitted to the facility, they can start the program during any part of the DBT cycle. The new resident will just start off in the week they enter, not having to make up or catch up on what they have missed. This is because by the end of their stay they will have received at least one rotation of DBT.

Another component of South Shore Academy's DBT program includes a 24-hour on call therapist for the residents. All residents will be allowed to call their

individual therapist 24 hours a day 7 days a week. However, there are some limitations. If a resident is actively self-harming, restricting, purging, or practicing other harming behaviors calling their therapist is not an option. This is due to trying to build a healthy relationship as well as putting the responsibility on the resident to ask for help in a positive way before they act on negative impulses. The resident has the option to call their therapist and seek short-term therapy on the phone. However, if they choose to use a maladaptive behavior instead of using a positive one, the therapist has no contact with the resident for 24 hours. This is not used as a punishment. It is used to get the resident to understand they have other options available to them other than using maladaptive behaviors. Other restrictions apply as well; if the resident begins to talk off topic of their treatment the conversation is ended. This is to ensure that the resident builds a relationship with their staff and not just their therapist. The phone call is also limited to 10 minutes; this is to place a boundary for the resident. After a phone call, the resident has to complete a form processing the phone call and the event. This is to deter residents from calling for secondary gain as well as helping the resident's process not just verbally but visually.

The DBT unit is for adolescent females ages 13 and up. The unit includes two DBT therapists who are on call to the residents 24 hours a day; 2 skills leaders who assist the therapists with DBT groups; 24-hour behavioral health workers and registered nursing care (RN's). The DBT staff have had an extensive special skills training to ensure they can all role model and encourage more pro-social behaviors such as: being respectful; compliance with authority; positive social skills; positive self-esteem and encourage conflict resolution/anger management skills. The DBT program at MCYF is designed for adolescent females who have multiple mental health issues and behavioral problems, as well as those who have co-occurring substance abuse issues.

DBT can be used for a wide range of symptoms including: Depressive symptoms, impulsivity, self-harming, poor social skills, substance abuse, eating disorders, post-traumatic stress, suicide behaviors, borderline personality disorder, bipolar disorder, panic disorders, school problems and family problems. Following extensive assessments with each child, a multidisciplinary team of professional staff develops an individualized treatment plan to focus on each child's strengths/weaknesses while stabilizing impulsive, aggressive, self-harming behaviors.

FAMILY SESSIONS

Family participation and education in treatment is mandatory. We expect family members to attend family therapy at least twice a month. It is encouraged that families have at least one face-to-face family session a month. These can be arranged on weekends by appointment with the resident's individual therapist. The family / guardian are 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.

FAMILY COMPONENT

There is a mandatory family component, which includes bi-monthly parenting groups. During this time parents will learn about DBT concepts, terminology, and how to apply the skills their child is learning in their home. This helps parents get involved with their child's treatment from a coaching standpoint. This part of the program is developed for parents only; residents do not attend this portion.

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) DBT 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 DBT 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 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 of 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 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. The DBT skills group meets four times a week. Two of these groups are spent to review DBT homework. During this time period, DBT homework is reviewed and processed in a group setting. Each individual will have a chance to go over and process her DBT homework and assignments given. The other two skill groups are used to teach the residents the DBT concepts. These groups focus on five major components. The first is core mindfulness, which is a skill that helps the resident to learn to pay attention in a particular way, non-judgmentally and in the full and present moment. Emotion regulation teaches an array of skills to help them reduce their vulnerabilities to negative emotions they wish to change. Distress tolerance focuses on specific skills that help residents get through crisis situations. Interpersonal effectiveness skills help the resident learn ways best to reach their goals. Skills coaching is how the resident applies all the skills they have learned to their life. Through formalized group sessions with a focus on these skills, residents will achieve 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 her own treatment in a positive social environment. Groups are conducted to provide therapeutic structure and assist residents in dealing with behavioral problems (anger management, social skills, conflict resolution, problem-solving skills, etc.) Groups include, but are not limited to: daily-living skills, body exercises, mindfulness exercises, stress management, relaxation management, cooking group, nursing group, art and crafts and movie group.

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 Individual Educational Plan (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 internal rewards for positive behavior rather than on external rewards. Staff functions 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 Bridge Building. The incidents in which a resident might require a Bridge Building 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 the 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:

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 procedures that require physical contact to stop the dangerous behavior through restriction of resident’s 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. If there are any questions feel free to contact the resident advocate Diane Zaragoza at extension 218.