

# Lincoln Prairie Behavioral Health Center

## Parent 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 chaplains.

Typically, a child's hospital stay is a crucial step in the right direction towards wellness, but is often brief in length with the focus being stabilization/crisis intervention, diagnosis, and initiation of psychiatric and therapeutic interventions. Following discharge, follow up therapy and medication management become important means of protecting and enhancing the recovery process. Reintegration into the family, community, and school system is aided by active participation by both the child and his or her family in outpatient psychiatric and therapeutic interventions and involvement in community support systems. Lincoln Prairie Behavioral Health Center staff will discuss outpatient follow up options with the child and his or her family on an ongoing basis throughout the child's admission, and will ensure linkage to outpatient resources at time of discharge.

Lincoln Prairie Behavioral Health Center will work hard with you and your child to make his or her hospitalization as productive and as comfortable an experience as is possible. If at any time you have questions or concerns about your child's care, the information outlined in this handbook, or anything else, please don't hesitate to contact Lincoln Prairie staff at (217) 585-1180.

## **Program Guidelines**

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 the child's hospital stay. Parents/guardians are strongly encouraged to be involved in their child's treatment program. Parents/guardians are asked to meet with their child's therapist once a week for a multidisciplinary clinical staffing meeting where: your child's progress is discussed with your child's 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 their child's therapist during the child's hospital stay. In addition, parents/guardians are encouraged to participate in a multi-child/family activity group scheduled on Wednesday evenings. Upon discharge, it is expected that the parent/guardian be present to pick up their child, and receive discharge plans and instructions. Children are discharged between 10:00 - 11:00 am on the day determined by the psychiatrist.

### **Visiting policy**

- Family/visitors are expected to comply with hospital and unit rules and regulations.
- Visitors are identified by parent /guardian and are subject to the approval of the treatment team.
- Visiting occurs during scheduled visiting times throughout the week. Please refer to the enclosed program schedule for specific times.
- Professionals on the visiting list (e.g. school officials, counselors, clergy, attorneys and probation officers) may visit at times outside of normal visiting hours with the permission of nursing and/or therapy staff so as not to interrupt daily programming.

- Special visiting arrangements may be discussed with the therapist in family session or by phone.
- Visitors are discouraged from visiting with other children and families.
- Each child may have two visitors at a time.
- Visitors under the age of 18 are not permitted due to the acuity of the population we serve as well as the need for a high degree of confidentiality. Children under the age of 18 may wait in the lobby area of the hospital during visiting, but must not be left unattended.
- Visiting will occur in designated areas only, and in view of hospital staff.
- Visitors must check in at the reception desk in the front lobby upon entering the hospital and will be asked to show identification.
- Visitors will then be asked to sign in upon entering their child's inpatient unit.
- Visitors are asked to please leave any personal items, valuables (including purses and cellphones), or items that would be potentially dangerous (e.g. sharp or flammable objects) in their vehicle.
- All items brought into the unit for children must be checked in at the front desk before being given to the patient.
- Visitors who are disruptive, appear intoxicated or smell of alcohol will not be allowed onto the unit.

### **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 of specific phone times throughout the day and telephone numbers for each of the inpatient units. In an effort to respect privacy and secure your child's safety, upon admission you will be asked to identify a code word. Staff will ask for this code for all incoming phone 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. If your individual needs are different than our schedule, please discuss this with the staff so that accommodations can be made.

### **Personal belongings**

**Our highest priority** is for your child to be safe, receive the treatment he or she needs, and then to return home. We recognize that being away from home can be an uneasy time for many children. To help make their stay more comfortable, some

personal belongings are allowed as outlined below. When making decisions about what to bring to the unit, please consider our limited space and safety issues. We encourage children to work hard on their treatment goals to return to home and familiar comforts. Too many personal items may at times distract your child from these goals. Items will only be accepted from persons on the visiting list unless other arrangements have been made. All items brought on the unit for patients must be checked in at the nurse's station. Parents/visitors should not give any items directly to children on the unit. The hospital is not responsible for lost items.

### **What to bring to the hospital:**

Comfortable clothing (no more than three changes of clothes please)

Nightclothes

Slippers

Schoolwork and materials

Personal hygiene items

A favorite stuffed animal or blanket (pillows, bed linens and blankets are provided)

Books or magazines (without staples) with appropriate themes

### **Examples of items not allowed on the unit (contraband):**

Razors

Electrical appliances

Products with alcohol

Sharp objects

Glass items

Mirrors

Metal cans or aerosols

Glue or inhalants

Drug related items

CD's, DVD's or VHS tapes

Cell phones or cameras

Make-up, nail polish or perfume

Valuable items (e.g. jewelry, money)

Belts or clothing with strings

Metal combs, tweezers, files or clippers

Clothes hangers

Spiral notebooks

Weapons or potential weapons of any kind

Medication not dispensed by nurses

Smoking materials (e.g. cigarettes, lighters)

Anything with batteries

Inappropriate books, magazines or photos

\*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.

## Dress code

Children admitted to LPBHC must wear clothing that is neat, clean and in good repair. Dress must be conservative and non-provocative. Casual dress is acceptable. Appropriate undergarments and footwear (e.g. slippers, socks) must be worn on the unit. Sleepwear should be worn only in the patient's room.

**Not allowed:** piercings; low cut pants or tops; sleeveless tops; undergarments showing; headwear; sunglasses; bandannas; or headbands. Any clothing or jewelry which: signifies gang involvement; substance use; violent or illegal behavior; or with themes of death or depression will be sent home with parents.

## Laundry

Laundry facilities are provided on each unit for those children wishing to do their own laundry.

## 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. For outgoing mail, children must supply their own postage, envelopes and paper. Stamps must be affixed to the envelopes when brought to the unit by parent/guardian. Flowers and plants will be allowed in children's rooms at staff discretion. Please arrange to have the flowers presented in a plastic container/vase and without wires or ribbons. Wires, ribbons and glass items are not allowed on the units.

### **Smoking**

Lincoln Prairie Behavioral Health Center is a smoke-free environment

### **Meals and snacks**

Three meals and snacks are provided by the hospital throughout the day. Caffeinated beverages are not permitted on the unit and are not available from the menu. Children are not allowed to store leftover food items in unit refrigerators or kitchen cabinets. Children 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 your child is hospitalized, we will do everything possible to eliminate any discomfort your child may experience, including pain. We use age appropriate

scales to help them identify: the level of pain they 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.

### **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.

**Family Activity Group** - This weekly multi-child/family group provides a supportive environment for children and families to spend time together involved in fun, creative activities that encourage positive family communication and interaction.

**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.

**Therapy Group** - This is a discussion group lead by a program therapist that is designed to assist the children in identifying and resolving the problem(s) which precipitated the need for their hospitalization. These are problems which, 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.

**Psychoeducation 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.

**Chemical Dependency Groups** - A weekly chemical dependency education group is provided for children in the Adolescent Program. These groups (facilitated by a certified alcohol and drug counselor) are designed to educate children about the signs, symptoms and consequences of substance use and abuse, and to promote substance use and abuse prevention. For those children identified as having

substance abuse issues or being at risk for developing substance abuse issues, a weekly chemical dependency group therapy session is also offered.

**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. Chaplains will make available to children on a voluntary basis a weekly spirituality group. 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 Erik Hanson, the Patient Advocate, at (217) 585-4729. 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:

Illinois Guardianship and Advocacy Commission  
Springfield Regional Authority  
Pine Cottage  
4500 College Avenue  
Alton, IL 62002-5099

### **Rules for daily living**

1. Everyone deserves respect. Examples of disrespectful and unacceptable behaviors include:

- Verbal aggression such as swearing, name calling, threats, insults, bullying, or racial slurs
- Physical aggression or intimidation like pushing, hitting or making threatening gestures

2. Maintain personal boundaries.

- Refrain from inappropriate touching including: hugging, kissing or any sexual behavior while in the hospital.
- Stay out of one another's "personal space."
- Refrain from going into other's rooms, or interacting with peers in the comfort room.

3. Respect the property of others.

- Refrain from borrowing, lending, trading or stealing other's property.
- Keep your room neat with clothing and personal items placed in designated areas.

4. Maintain a safe community.

- Walk, don't run.
- Talk in a low voice, refrain from yelling.
- 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.

### **Level system**

The level system is one method that is used to help both children and staff monitor a child's daily progress on the unit. The level system allows staff to keep track of those children that are actively working in treatment, as well as those who have become unfocused, or choose to misbehave and/or refuse to participate in unit activities.

Children are able to earn a specific number of points for each unit activity based on appropriate, focused behavior and active participation. Children may have the opportunity to obtain "extra credit" points through various therapeutic activities. The number of points awarded is recorded on each child's point sheet. At the end of the day (points are calculated by unit staff on the night shift after bedtime), the total number of points earned determines each child's level for the following day. Please see point sheet handout for points earned for each unit activity. Children receive various unit privileges based on the level that they have earned.

### **Criteria for levels**

- Level 1: All children 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.  
Adolescent Program: 0-46 points  
Child Program: 0-42 points
- Level 2: Adolescent Program: 47-57 points  
Child Program: 43-53 points
- Level 3: Adolescent program: 58-80 points  
Child Program: 54-76 points

For younger children on the Child Unit, or children on any unit who are cognitively limited, a sticker program may be utilized. Children are awarded stickers for good behavior, participation in unit programming and completion of daily tasks.

### Examples of possible privileges for each level/points

Points Programs:

Level 1: Regular unit privileges

Level 2: Bed time 15 minutes later; possibility of off-unit privileges (gym, cafeteria); point store;

Level 3: Bed time 30 minutes later; possibility of off-unit privileges (gym, cafeteria); point store;

Sticker Program: 1-4 = special sticker; 4-8 watch TV during quiet time; 8-10 eat in cafeteria for lunch or dinner; 10-17 treasure chest

### 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 Consequences

**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.

**Time out** - A child may be asked to take a time-out in his or her room (unlocked), an unlocked observation room, or in an unlocked comfort room in an attempt to help the child deescalate when he or she is emotionally or behaviorally agitated. The length of a time-out period 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.

**Safety** - A child may be placed on Safety for negative behaviors including but not limited to: stealing; passing notes; sharing belongings/food; disturbances during and after bedtime; and excessive cursing. If a child is placed on Safety:

- The child is automatically dropped to Level 1.
- The child must complete Safety written assignments.
- Children in the Adolescent Program will lose all free-time for six hours, and may only attend therapeutic programming.
- Children in the Child Program will lose all free-time for two hours, and may only attend therapeutic programming.

**Aggression Protocol 1** - A child may be placed on Aggression Protocol 1 for negative behaviors including but not limited to: threats; intimidation; bullying; gang representation; or racial slurs. If a child is placed on Aggression Protocol 1:

- The child is automatically dropped to Level 1.
- The child must spend two hours programming separately from his or her peers.
- The child must complete Aggression Protocol 1 written and action assignments and process those with a staff member.

**Aggression Protocol 2** - A child may be placed on Aggression Protocol 2 for negative behaviors including but not limited to: physical aggression towards self or others; interference in a crisis; or possession of contraband. If a child is placed on Aggression Protocol 2:

- The child is automatically dropped to Level 1.
- The child must spend 12 hours programming separately from his or her peers, followed by 12 hours of loss of free-time (may only attend therapeutic programming).
- The child must complete Aggression Protocol 2 written and action assignments and process those with a staff member.

**Individualized Treatment Plan** - Children may be placed on an Individualized Treatment Plan if/when all other interventions and consequences have been exhausted and negative behavior continues. Individualized Treatment Plans are developed through the collaboration of nursing staff, therapy staff and the patient's psychiatrist. Individualized Treatment Plans are child-specific behavior modification plans which outline specific goals and interventions designed to help the child return to regular programming and privileges.

### **Crisis intervention**

During your child's stay, the treatment team will do everything possible to provide care in the least restrictive environment possible and provide a safe environment for your child. 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.