

*Meridell Achievement
Center*

Patient, Parent and Staff
Handbook
For
Bunkhouse,
Ranch House
& LaCasa

02/22/2010



Welcome

Welcome to Meridell Achievement Center! This will be your personal handbook to help you get to know the expectations and to help you get the most out of your treatment here.

Meridell is committed to providing a nurturing, consistently structured therapeutic environment in which children and adolescents can develop the necessary skills and talents to deal successfully with life—growing in a sense of responsibility and improving judgment. It is also important that adolescents work diligently to function respectfully in all of their relationships—both with peers and with adults. We attempt to teach adolescents social and coping skills along with assuming responsibility for their behaviors.

At Meridell, residents work with a number of mental health professionals. This is what we refer to as the “Treatment Team.” It is composed of a Staff Psychiatrist, Therapist, Nurses, Teachers, Recreational Therapist, and Youth Care Counselors. Their duties and responsibilities are detailed later in the Handbook. The resident’s family is an important member of the treatment team as well. Each child will work with the members of his or her treatment team on specific identified treatment issues. Families are a very important part of this process.

Your Mailing Address:

Your Name
Meridell Achievement Center
Bunkhouse, Ranch House or LaCasa
PO Box 87
Liberty Hill, TX 78642

Email Address for parents wishing to contact the unit nurse:

Bunkhouse mac.rtcgirls@uhsinc.com
Ranch House mac.ranchhouse@uhsinc.com
LaCasa mac.lacasa@uhsinc.com

Residential Treatment Center (RTC) Program Overview

Three of the units, Bunkhouse (female), Ranch House (female) and LaCasa (male), are psychiatric RTCs. These units employ a “Biopsychosocial” model that examines the biochemical, psychodynamic, and social-familial issues which underlie a resident’s behavior. The unit program is a combination of Positive Peer Culture and a relapse prevention approach. Residents work on identifying events that trigger inappropriate behaviors and developing alternative coping strategies for when they encounter these triggers. The Relapse Prevention Plan may be a very formal, written plan that a person carries throughout the day. Relapse prevention combined with problem solving in the Positive Peer Culture model helps residents develop coping skills and stresses the resident’s responsibility to the overall peer group.

The Treatment Team

Residents have been admitted to this residential program to work on specific issues related to their sense of well being, safety, their functioning at home, in society, and in school, and their relationships with others. Their issues may relate to physical, emotional or behavioral problems. The Treatment Team is here to help a resident achieve his or her goals. The Treatment Team consists of:

Psychiatrist: The primary doctor in charge of the resident's treatment. The psychiatrist monitors each individual's progress in weekly rounds, evaluating all aspects of treatment. Medications are monitored daily.

Therapist: General coordinator of the resident's treatment. He or she makes sure the individual is in the appropriate therapies, provides individual therapy, group therapy and family therapy as indicated. The therapist also coordinates therapeutic passes and assists the family in developing viable discharge and aftercare plans.

Recreational Therapist: Will provide therapies which assist the resident in learning productive ways to plan and to spend leisure time, coping skills for stressful situations and ways to develop safe and trusting relationships with others.

Nurses: Manages and supervises the milieu. The nurse coordinates the resident's treatment with the other members of the Treatment Team. The nurse is responsible for medication management and caring for health needs.

Youth Care Counselor: Manages the unit and residents 24 hours a day, seven days a week. The Mental Health Technicians ensure the unit is running safely and therapeutically.

Teachers: School is provided daily by University Charter School. Teachers and school staff work closely with residents, their families, and milieu staff to ensure the academic process is carried out in a therapeutic environment.

The Resident: The resident identifies the issues that he or she needs to work on, develops and uses coping skills, improves problem-solving and communication skills, participates in all activities, groups and recommended therapies, attends school and completes all school assignments, and meets with the psychiatrist regularly to discuss medications and progress in treatment.

Family of the Resident: The family of the resident participates in family therapy and works with the treatment team to identify treatment issues, treatment goals and discharge plans.

Expectations

There are a number of basic expectations in place to keep our treatment environment safe and therapeutic. These expectations include:

Five Basic Safety Agreements

1. No running away.
2. No self-harm and no verbal or physical aggression towards others.
3. No contraband—This includes checking of meds, use of any drugs other than those ordered by your physician, and possessing unsafe objects.
4. No acting out on sexual thoughts and feelings.
5. No property destruction.

General Expectations

1. Be respectful to yourself and others.
2. Be honest with yourself and others.
3. Have appropriate tone and volume of your voice. Cursing, name calling, racial remarks, intimidating or threatening is inappropriate and not acceptable.
4. Keep appropriate boundaries with both staff and peers. Be aware of your “bubble.”
5. The following are inappropriate and unacceptable: borrowing, trading, lending or giving gifts to other residents or staff.
6. Personal hygiene needs to be completed daily.
7. Attend and participate in all groups and therapies.
8. Attend school daily and meet school expectations.
9. Attend all activities and participate fully.
10. Residents are expected to inform staff of location at all times.
11. Residents can only go into their assigned room.
12. Blankets, pillows and stuffed animals are not allowed in the dayroom.
13. Lying on the floor is inappropriate and unhygienic and should be avoided.
14. Couch cushions are not pillows and should remain in their place on the couch.
15. Hygiene boxes and hygiene items must remain in the hygiene closet when hygiene is not being completed.
16. For hygiene reasons, slippers, socks or shoes are to be worn in all areas. Shower shoes should be worn in the bathroom.
17. Bathrooms are to remain locked unless hygiene is being completed by one resident at a time (changing clothes is allowed only in the bathroom).
18. Personal time outs are allowed to be taken in room alone if approved by staff.
19. Issues talked about on the unit remain on the unit.
20. The unit must be clean prior to leaving.
21. Snacks are provided by Meridell. For health and safety reasons, no outside food or personal snack items are allowed on the unit.
22. Food should not be taken out of the cafeteria.
23. A unit radio and TV are supplied on the unit with certain restrictions.
24. Personal electronic equipment or magazines are not allowed. This includes CDs and DVDs.
25. PG 13 movies or less are allowed during scheduled movie times. Movies must be cleared through the Recreational Therapist or the Charge Nurse. Movies must have appropriate content and message.
26. Fingernail polish is to be locked in the staff closet and only used by females. All make-up must be in NON GLASS containers. No glass mirrors.

27. Items containing alcohol, electric razors and other potentially dangerous items will be locked up by staff and may be available to residents as behavior indicates.
28. Symbols, drawings, posters, clothing, and talking about drugs, sex, alcohol or Satanism are not appropriate outside of therapies with a therapist.
29. Do not smoke.
30. Do not tattoo or give yourself a piercing while a resident of Meridell Achievement Center. This includes enlarging existing piercings. You may not get new piercing or tattoos while on passes with family. You may not dye your hair any unnatural hair color while at Meridell.
31. Residents returning from a pass or on campus visits will be searched for contraband.
32. Interaction between programs or units will be approved by the treatment team.
33. Sharing/reading another peer's journal or mail is not appropriate and is not allowed.
34. Use the bathroom at school or on the unit; use of the bathroom at the cafeteria is to be avoided.

These expectations are in place to help you be successful in treatment and in life. If these expectations are met, expect positive consequences and increase in levels. Expectations will be added or modified, based on the needs of the unit. If added or modified, the new expectations will be explained so everyone has a clear understanding.

You have been admitted to this residential program to work on specific issues related to your sense of well-being and safety, your functioning at home, work, or school, and your relationships with significant others. Your issues may relate to physical, emotional, or behavioral problems. You have primary responsibility for your treatment. We (the staff) are here to help you. We take our responsibility seriously and expect you to do the same.

Confidentiality

Your treatment here is kept confidential. Only people involved in your treatment will have access to information about you. We will not give out any information about you without written consent from you or your parents. The treatment team is here to discuss your case; this will ensure that you get the best treatment possible.

Because of the nature of this therapeutic community, you and possibly your family will know confidential information about other residents. It is important that this information stay in the group and on the unit. Personal information about other residents must never be shared with anyone outside the unit.

Locked Doors

The doors to the unit are kept locked. The reasons for this are safety and to keep unauthorized individuals out of the unit.

Money and Valuables

Please do not bring valuables on the unit. Meridell cannot be responsible for lost or stolen items. You may keep up to \$20.00 in your account at the business office. You may keep \$5 in the unit "money book."

Mail

You can send and receive mail on the unit. You must provide your own stamps and must open mail in staff presence. You are encouraged to write friends and family during your stay. Your therapist can monitor incoming and outgoing mail if therapeutically indicated.

Phone Calls

You and your family will make a phone list at the time of admission and choose two phone nights. Your parents and therapist will put approved people on your phone list. On your phone night, two calls are permitted from your approved list, either incoming or outgoing. Incoming calls must have correct phone code. Calls are limited to 10 minutes each or to one 20 minute call. Phone times are 6pm to 9pm during the week and 2pm to 9pm on weekends. Your phone calls should not include therapy issues unless directed by your therapist. **ONLY YOUR THERAPIST CAN ADD PEOPLE TO YOUR PHONE LIST AND/OR CHANGE PHONE NIGHTS ALONG WITH APPROVAL FROM YOUR PARENTS.**

Off Campus Outings

Off campus outings will be at the discretion of the Treatment Team. Appropriate and safe behavior is expected at all times. Outings are a privilege and you may be held back from an outing if there are concerns about your ability to be safe and/or follow directions.

Religious Practices

Meridell is not sponsored by any religious institution and does not endorse any particular religion. We ask that you discuss issues about religion in Individual Therapy and Family Therapy. It is not appropriate to talk about the religious practices of others in a negative or derogatory manner.

Medications

Your psychiatrist, as part of your treatment, may prescribe medications. You and your parents will be given information about your medication, and your parents will be asked to give consent. It is important that you understand and comply with your medication schedule. Medications teaching will be done with you on a weekly basis and when new medication is ordered.

Dress Code

Appropriate clothing must be worn at all times. Tank tops, spaghetti straps, tight or torn clothing, rave or gang attire is not acceptable. Clothing which glorifies inappropriate topics is not allowed. Clothing or shoes with writing, drawing, or "graffiti"/inappropriate themes (drugs, sex, violence). Shorts and skirts must be midway between inseam and knee. Shirts must cover your entire abdomen. No skin should be visible between your shirt and your waist band. No low cut shirts, cleavage should be covered. Undergarments must not show, clothing must not be see through. Pants should be appropriate in length, no sagging, underwear should not be showing. Clothing should be loose and comfortable. Hats are to be worn to the front or back only. Staff will determine the appropriateness of any questionable clothing.

Gang Activity and Rave Activity

Meridell has a no tolerance policy toward activities related to gang or rave involvement. This may include gang signs, graffiti, bandanas, clothing styles, colors, chains, ropes attached to clothing, pony beads, glow items, rave dancing and certain symbols as determined by the Treatment Team. For example, hats should be worn with the bill either straight forward or straight back and residents will be asked to change clothes or to stop making gang signs immediately. No sagging of pants and underwear should not be showing.

Contraband

The following items are not permitted on the Campus:

1. Any glass items
2. Matches, lighters, or tobacco products
3. Steel-toed boots or shoes
4. Weapons of any kind
5. CD's, DVDs, audio or video tapes
6. Nintendo or other video playing systems
7. Rated "R" movies
8. Razors(Electric razors may be used with the staff's direct supervision)
9. Electric equipment other than approved Level 2 items
10. Personal snacks or food items
11. Plastic bags
12. More than \$5 to be kept in the nurse's locked medicine room
13. Live pets of any kind
14. Any valuable jewelry
15. Any aerosol can
16. Inappropriate photographs or pictures (violence, drugs, sexual themes)
17. Alcohol in any form
18. Drugs (street or pharmaceutical not prescribed by your psychiatrist at Meridell)

This is not an all-inclusive list. Any items deemed unsafe or not therapeutic by the Treatment Team will be confiscated. We encourage our residents to report to us any situations or occurrences that seem unusual to them or that feel unsafe. If a peer has any of the above contraband items, we ask residents to report this to staff. Likewise, any interactions with staff or peers that make a resident feel uncomfortable should be reported. We take these reports seriously and will investigate each one.

Consequences

One of our program's goals is to help residents make the connection between their behavior and its consequences.

Consequences for appropriate behavior:

1. Praise
2. Trust
3. Privileges
4. Level Increase
5. Passes
6. Discharge

Consequences for inappropriate behavior:

1. Refocus assignments
2. Early bed time
3. Freeze (level 2 suspensions)
4. Loss of privileges
5. Loss of activities
6. Level suspension (levels 3 and 4)
7. Loss of level
8. Restitution
9. Loss of trust
10. Social restrictions
11. Process papers

Visits and Passes

Family and other selected individuals on your approved list may visit here. Visits should be set up in advance with the nurse on the unit or with your therapist. Generally, visits should take place after school. If they are in the evening or weekend, they should end leaving plenty of time for the resident to get ready for bed. Visits should take place off the unit and should be no more than a few hours in length. If families are coming from long distances then a longer visit may occur if set up in advance. The Treatment Team, depending on the resident's status and behavior, may determine the length of the visit. Unless you have made other arrangements with your therapist, visits end at 8:00 pm on Sunday, Monday, Tuesday, Wednesday and Thursday and at 9:00 pm on Friday and Saturday.

Therapeutic day and home passes are utilized to practice skills learned in treatment and to provide an opportunity for each child to transfer or generalize what is learned within the structure of the treatment setting to an off campus environment. Day passes occur off campus and are usually a few hours in duration. Home passes are distinguished from day passes by the fact that the pass is extended overnight. As a general rule of thumb, home passes are limited to one night. Day passes are permitted on a more flexible basis. Generally, we recommend that the start of home passes be delayed for some period after admission. Under certain circumstances (i.e. concern about ongoing violence in the home or the possibility of abuse or perpetration) day or home passes may be postponed until the situation has been adequately resolved. Both home and day passes must be planned in advance. Usually at least three days prior notice is required, so that medication can be properly dispensed, travel arrangements can be finalized, and other details can be attended to properly. While your child is off campus he or she will be working on preset goals that are identified in your Family Therapy sessions. Most people find that there is a temptation to treat the child, who has been absent from the home for some time, like a guest. The best course of action is to maintain as normal a routine as possible and to treat the child as a regular member of the household. Please remember to sign your child out and in from home visits at the nurse's station. All off campus passes must be approved by a Psychiatrist.

Interventions Explained

Time Outs:

Residents may be asked, and are allowed, to take a personal time out as a coping skill. A time out is a voluntary quiet time away from others to regain composure and control. This may be done at an assigned table or in your room if you are safe and away from your peers. Time outs are short in duration and you are expected to rejoin the group or activity and process after time out.

Freeze (Level Two suspension):

Used if residents repeatedly are unable to meet the expectations of Level Two. Residents will complete refocus assignments instead of participating in activities. Residents may go to school, eat meals on the unit, and attend groups and group therapies. The decision to remove freeze is made by unit staff as a team after you have completed all refocus assignments and processed in group. Freeze may be reviewed every shift or every 24 hours as determined by the team.

Level Suspension (Used for Levels Three and Four):

Level may be suspended if you fail to meet Level 3 or 4 expectations. Level suspension is used to help residents refocus and get back on task. Temporarily, you will have the privileges of the next lower level while you complete refocus assignments. You will miss late night and level outing. Residents will process behaviors, without prompting, within twenty-four hours or level will be dropped.

Safety Precautions:

Residents will be placed on safety precautions if they are unable to meet the five safety agreements. Residents on safety will be excluded from social interactions until the Treatment Team feels they are safe to continue programming. Resident will consistently work on therapeutic refocus assignments, processing unsafe behaviors. After demonstrating safe behavior, completing refocus assignments, and processing, residents may return to normal programming. Safety precautions require a physician's order. Residents on Safety will be restricted to unit in view of staff, no exceptions. Safety precautions are reviewed by your Physician every 24 hours. A resident on safety may sleep in view of staff if physician's order specifies. Patients on safety may attend therapist led groups at that therapist's discretion.

Social Restrictions:

Residents may be placed on social restriction for repeated disruption of peer's treatment and/or if resident has demonstrated an inability to treat peers respectfully. The decision to put a resident on social restriction is made by the Treatment Team including the therapist. Residents placed on social restriction may not participate in groups unless instructed by a therapist. Residents may or may not go to the cafeteria based on the resident's behavior. If the resident does go to the cafeteria, he or she will sit at a separate table. The resident will process with staff and willingly demonstrate socially acceptable behaviors prior to being removed from social restriction. While on social restriction, residents will have no social interactions with peers. Residents will engage in therapeutic refocus assignments instead of social activities. Patients on social restriction may attend therapist led groups at that therapist's discretion.

Elopement Precautions:

Residents placed on elopement precautions will remain on the unit at all times and in view of staff, no exceptions. Residents may be placed on elopement precautions for running away, talking about running away or attempting to run away. Elopement precautions may also be used if a resident has a history of running away. If a resident is a risk his/her shoes will be taken up. Elopement precautions will be reviewed by the Treatment Team every 24-hours. While on elopement precautions on the unit, a resident will engage in therapeutic refocus assignments. Residents must have a written contract to meet safety expectations before elopement precautions are discontinued.

Close Observation:

The resident is restricted to view of staff including while sleeping, **NO EXCEPTIONS**. Close Observation IS reviewed by Doctor every 8-24 hours. Close Observation will be in place if you are at risk of hurting yourself or if you have demonstrated suicidal behaviors. Potentially dangerous items will be taken for safe keeping. A contract of safety must be written prior to being removed from suicide precautions. A resident on Close Observation may participate in unit activities as behavior dictates.

Community Re-Build:

Community Re-Build is used when the unit is off task or unsafe. While on Community Re-Build, residents will be restricted to the dayroom to process negative/unsafe actions, appropriate breaks are given. All social interactions will be done in group format. Residents may have their journal and pen/pencil while processing. All meals, school, and therapies will be held on the unit. Therapies will be at the treatment team's discretion. School staff will provide support. All patients need to be dressed appropriately, including shoes. Only basic hygiene will be done. Breaks will be ten minutes out of every hour to express medical concerns, use the bathroom, get water and stretch. Community Re-Build is reviewed as needed by treatment team. This intervention is designed to help peers get their own behaviors under control and to build a stronger, healthier unit community.

Therapeutic Activities and Groups

At Meridell Achievement Center there are a number of groups and therapeutic activities for residents. We expect residents to:

1. Attend all scheduled activities, be on time, and participate appropriately, productively and respectfully.
2. Ask staff permission before leaving group, and then return and process. Refusing to attend a scheduled activity will result in an assignment or alternative therapeutic consequence.

Common therapeutic activities are:

1. **Individual Therapy** - Residents meet with a therapist to discuss their treatment issues.
2. **Family Therapy** –A resident and his or her family meet with a therapist to discuss family issues.
3. **Group Therapy** – Residents and their peers meet with a therapist at least three times per week to talk about their issues and to give and receive support and feedback.
4. **Unit Groups** – Residents are expected to participate in all groups held on the unit to discuss unit goals, unit issues and their own personal issues. Residents give feedback to their peers. Reflections Group and Goals Group are also held daily. Residents may call their own group after informing staff.
5. **Recreation Therapy**- The therapist will use recreation and group activities as a tool for therapy. Residents will increase self esteem, social skills, coping skills, team work and leisure ability and will work on personal growth.
6. **School** - Residents will be expected to attend school each weekday and meet school expectations. Consequences for behavioral issues at school are addressed during school by teachers and unit staff. Issues must be resolved and school work completed prior to engaging in other activities. The school at Meridell is a University of Texas charter school and is fully accredited. You will earn school credit for courses with passing grades.

Level System

The level system is a level of trust designed to allow residents more respect and freedom, as they progress in treatment. It allows residents to practice new social and coping skills in a less structured and supervised manner. It promotes a positive peer culture by allowing higher level residents to show positive leadership and to function as role models.

Level One

Expectations:

- Will meet general expectations and begin to comply with Level Two expectations.
- Will work on refocus work in an attempt to regain focus of treatment.
- Will process negative actions and explain what he/she is willing to do to get on task.
- Must have positive behavior and be meeting expectations.
- Will earn a check for positive shifts.
- Will have three positive consecutive awake shifts to resume programming.

Residents are to comply with expectations. They will not be given a time limit. A resident will remain on level one until he/she is willing to engage in treatment. Staff will positively support resident to meet expectations. The staff will give the resident a check if the resident is on task. If off task, staff will not give a check but will give supportive feedback. Getting checks will demonstrate the resident's positive behavior consistently and his/her engagement in treatment. Residents must have 3 consecutive and positive day and evening shifts to return to normal programming.

Restrictions:

- Will consistently work on refocus assignments, instead of participating in on/off unit recreational or leisure activities including socializing with peers.
- Redirect to designated area, away from peers, in staff sight.
- May go to school depending on behavior. Will sit at designated area away from peers while in class.
- Will eat all meals on the unit.
- May attend therapeutic activities led by a therapist, at Treatment Team's discretion.
- May be excluded from off-unit therapies as determined by treatment team.
- Will work on refocusing treatment.
- Will not attend any groups.

Level Two

Expectations:

- Follow the daily routine, which includes participating in groups, activities and therapies. Meet all general expectations.
- Follow staff limits and redirection consistently.
- Begin to develop a positive, trusting relationship with staff and peers.
- Begin talking about your issues and begin to work on them in groups and therapies.
- Meet school expectations.

Restrictions:

- Inform staff of your whereabouts at all times and be directly supervised by staff during all waking hours.
- No Nintendo.
- No vending machine privileges.
- May not be outside unsupervised at any time.

Privileges:

- Eat in cafeteria.
- Participate in all leisure activities if behavior dictates.
- Participate in normal programming free of restrictions if behavior dictates. May have off campus passes with family if approved by therapist.

Level Three

Expectations:

- Must maintain all of Level Two expectations.
- Must identify treatment goals and actively work on them.
- Begin to develop awareness of who you are, why you are here and what you need to change to be more successful and discuss this in groups and therapies.
- Have knowledge of present medications, reason for use, and possible side effects.
- Must present, in your own format, treatment issues, triggers, treatment goal, and medications to the Treatment Team.
- Demonstrate willingness to process conflicts with peers and staff in groups.
- Are a positive leader and role model and helps out peers and staff.
- Demonstrate that you are genuine and can be trusted.
- Accept and respond appropriately to feedback from peers and staff.
- Take time-outs on your own as needed. Be able to process the need for the time out.
- Work diligently in school, activities and therapies.

Restrictions:

- Staff must be aware of your location at all times.
- No vending machine privileges.

Privileges:

- All level two privileges.
- Approved off campus co-ed outings.
- May play Nintendo during scheduled times.
- One late night on Friday or Saturday.
- An increased level of trust from staff.
- Primary room privileges.
- Quiet Time on the front porch.
- One friend (approved by parents **and** therapist) may be added to your phone list. The patient must continue to make their family the priority on phone nights.

Level Four

Expectations:

- Maintain all Level Two and Three expectations consistently.
- Is a positive leader and role model consistently.
- Does not feed in, but confronts negative behaviors.
- Is positive and genuine consistently.
- Present a relapse prevention plan (RPP).
- Consistently accepts responsibility for own behaviors and is willing to talk about solutions in groups.
- Actively calls and talks in groups.

Restrictions:

- Inform staff of location at all times.

Privileges:

- All Level Two and Three privileges.
- Friday and Saturday night late nights.
- Off campus lunch with staff weekly.
- Vending machine privileges.
- May be on grounds unsupervised with staff permission.
- May petition for specific privileges through team.

Individual Support Program (ISP)

This program is designed to encourage target behaviors through support and refocus opportunities. The Treatment Team, including the therapist, will decide if an ISP is needed. The program may be implemented when the resident is unwilling or unable to meet Level Two expectations on a consistent basis. The targeted behavior of the resident in each activity determines whether he/she may participate in the next activity. If the resident misses an activity, a refocus opportunity will be given to help resident get back on task. Residents placed on an ISP may petition to come off in the same way at levels during staffing once per week. Residents must have at least one full week of compliance with their ISP to move to another level.

With the exception of Level One, residents may petition for increase in level weekly. Treatment team may freeze or suspend levels if resident is displaying inappropriate behaviors. The decision to formally drop a level should be made by the treatment team.

Discharge

Discharge planning begins the day of admission. However, as each resident nears completion of treatment, plans for discharge will be finalized. The Treatment Team makes all reasonable efforts to assure that discharges occur with adequate pre-planning, including provision for aftercare. The parent(s) are a vital part of this process, including contacting aftercare therapists or applying to group homes. Frequently the referring therapists will be considered for provision of aftercare services. Otherwise, local, qualified therapists may be utilized in accordance with the preferences of both parents and child. Although the vast majority of discharges are made upon recommendation of the physician, a few are considered to be against medical advice (AMA).

According to Texas law, psychiatric patients who are eighteen years or older may request their own discharge from treatment. This request is done in writing and is known as a Request for Release from voluntary admission. When a resident signs a request for discharge, a careful assessment of the current need for services is made by the attending psychiatrist, who makes a decision about what recommendation to make to the parents. Frequently the decision to sign a request for release is made upon impulse (especially when the resident reaches some critical juncture in treatment). Most residents choose to continue with treatment. If the child is judged to require acute care on an emergency basis, the psychiatrist will arrange for hospitalization at an acute care hospital.

Grievance Procedures

If you feel your rights have been violated or you have a complaint, you have the right to have your concerns addressed. You can ask the staff for complaint form or ask to speak to the patient advocate. Jim Perryman is the patient advocate; his picture is posted on your unit.

What to Bring/What Not to Bring

Items you should bring to Meridell:

- Five shirts/blouses which fit loosely and comfortably and cover the midriff and cleavage.
- Five pair of pants/shorts which fit loosely and cover mid thigh.
- Seven pair of underwear/bras.
- Seven pairs of socks.
- Several pairs of shoes. One of which needs to be athletic shoes.
- Shower shoes.
- Pajamas/shorts/tee shirts for sleeping.
- Swimming suit. One piece for females. No thongs.
- Jacket or coat depending on time of year.
- Stamps, stationary and envelopes.
- Belt.
- Rechargeable electric razor.

Items you may bring to Meridell:

- Hair dryer, curling iron, and/or straightener.
- Makeup may be brought as long as it is not in a glass container and does not have a mirror.
- Watch or cordless clock.
- Board games and cards.
- Appropriate books. Books must be approved by therapist or charge nurse.
- Pillow, blanket and bedspread.
- Up to \$20.00. This should be checked into the business office.

Items you may not have at Meridell:

- Chains, dog collars, spikes and bracelets that represent drugs or sexuality.
- Facial piercings.
- Radios and personal electronic devices. CD's, tapes and DVD's, IPOD's, cell phones.
- Expensive jewelry.
- Cameras.
- Flashlights and items with cords.
- Electric toothbrush.
- Razors and other sharp items including glass bottles and mirrors.
- Posters, books, magazines, drawings and videos that have gang, drug, sexual and/or demonic connotations.
- Nair/Veet products.
- Books with inappropriate themes or content. Your therapist will make the final decision for appropriateness.
- Inappropriate photos or pictures.

RECEIPT OF HANDBOOK

I have received a copy of the Bunkhouse/Ranch House/LaCasa Handbook. I understand that I am responsible for all information covered in this handbook.

In addition, I understand my rights and responsibilities which have been explained to me and are included in the handbook.

Patient

Date