

# **Children's Unit (Hacienda)**

## **Parent Handbook**

**5/11/2009**

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## **INTRODUCTION**

The staff of Meridell Achievement Center welcomes you to the **Children's Neurobehavioral Unit**. We are looking forward to working with you, your family, and your child. Placing your child in a psychiatric facility can be a stressful and confusing experience; we are hopeful that this handbook provides answers to some of your questions and information on your child's assessment and treatment while at Meridell.

## **MISSION STATEMENT**

The Children's Neurobehavioral Unit is dedicated to providing care and treatment to children in a safe, therapeutic, and nurturing environment. The children are taught alternatives to socially unacceptable behaviors. The objective of the multidisciplinary team is to support your child in becoming a successful member of the community by complete evaluation, differential diagnosis, medication management, psychotherapy, and a program structure that promotes self-efficacy, and self-esteem. The overall goal is to reduce the need for a restrictive environment and to return your child to their highest level of productivity by fostering a healthy home environment, positive achievement in school, and successful peer relationships.

## **UNIT POLICIES**

### **Phone Calls**

We encourage all children to make and receive phone calls. Children are assigned two weekdays, Monday through Friday, to make or receive telephone calls. Two additional phone calls can be made on the weekend, Saturday and Sunday. Children and their families are asked to limit phone calls to 10 minutes so that all children may have an opportunity to have contact with their families. Due to confidentiality, callers are required to identify the child by the patient number that is given to you at the time of admission. Parents/legal guardians are asked to provide a list of approved callers at the time of admission.

Please limit your phone calls to your child to the following times:

Weekdays: 5:30 p.m. – 7:30 pm.

Weekends: Noon to 4:30 p.m. and 5:30 p.m. to 7:30 p.m.

### **Numbers to Remember**

- Unit Number: **(512) 528-2411 or (512) 528-2412**. Use this number to contact your child during the scheduled phone times or to leave a voicemail message any other time. Voicemail calls are returned within 24 hours. You may also call this number to speak to a nurse to inquire about your child's status. If there is no answer, leave a voicemail and your call will be returned within 24 hours.
- Physician or Therapist: **(512) 528-2100** and ask to be connected to your child's physician or therapist.
- School office: **(512) 528-2145**

## **Visitation**

We encourage each family to have regular contact with their child while he or she is at Meridell. In order to provide the optimal treatment setting for your child, we ask that visiting hours be limited to 3:30 p.m. to 5:30 p.m. on weekdays and 11:00 a.m. to 5:30 p.m. on the weekend. Other visiting times can be scheduled with your child's therapist. We ask that family members call ahead to let staff know they will be visiting so your child will be ready for your visit. Meridell has ample outdoor visitation. The cafeteria and gym are also opened. Minors, 17 or younger, are not allowed on the unit at any time. We ask that parents do not visit with their children in their rooms, as there are other children on the unit and confidentiality remains an important issue.

## **Mail**

Parents and children are encouraged to send and receive mail. Please provide self-addressed stamped envelopes for your child's use.

You can write to your child at:

*Child's Name*  
Liberty Hall Children's Unit  
Meridell Achievement Center  
P.O. Box 87  
Liberty Hill, TX 78642

## **Clothing and Laundry**

Please send your child with five days worth of clothes that are clearly labeled with their name. We encourage you to send comfortable play clothes that are seasonally appropriate for Texas. Children should also bring pajamas or shorts and a T-shirt to sleep in. Other items that your child is likely to need include:

- Comfortable shoes or sneakers
- Flip-flops or shower shoes
- A swim suit (seasonal May to September)
- Coat
- Sweater
- Raincoat

Remember to write your child's name inside the shoes and on the articles of clothing.

Individual laundry containers are provided for your child to place their dirty clothes. Once the clothes have been cleaned, they are folded and returned to the child, and the child is responsible for putting them away. Please understand we will do the utmost to keep track of your child's clothes. This will be greatly facilitated by labeling your child's clothing prior to admission.

## **Personal Belongings**

Each child may bring a favorite stuffed animal, comforter, and/or pillow to be kept in their room. Otherwise, please leave all toys at home. We provide toys and books of all kinds. We provide games, puzzles, crayons, markers, paper, paints, outdoor play toys, books, and small reward items that can be earned on the point system. Please label all of your child's belongings prior to admission. The unit provides toys within a highly structured behavioral program. To encourage your child to actively participate in their treatment goals, a token economy system has been established. Within this system, your child can gain points to earn goods or toys from the community store. Specific questions regarding items to bring onto the unit should be directed to the unit nurses.

## **Personal Items that are NOT allowed:**

CD players, boom boxes, personal stereos, tape players, I pods  
Nintendo, Gameboys or other video games  
Movies VHS or DVD (we have plenty)  
Tight, revealing or torn clothing (no spaghetti strap tops please)  
Electrical devices, plug-in or battery operated, such as radio, alarm clocks, curling irons...etc.  
Any glass items  
Steel-toes boots  
Weapons or any sharp objects of any kind, including pocket knives, nail clippers (or anything sharp)  
Aerosol cans  
Anything containing alcohol, including mouth wash  
Posters or clothing with drug, gang, sexual, or demonic themes  
Personal snack or food items  
More than \$5.00 to be kept in the patient account (i.e. \$5 maximum)  
Plastic bags  
Expensive jewelry and watches

This list is not all-inclusive and additional items may be disallowed on a case-by-case basis. If something is deemed unsafe or being used in an unsafe manner, it may be placed in the patient's personal storage area.

## **Meals**

To meet the nutritional needs of each child, the cafeteria staff provides balanced meals with choices in all food groups. The kitchen staff can accommodate special dietary needs based on medical necessity. Each child's care and treatment is individualized. We ask that you refrain from providing your child with additional snack food. In addition to their dietary needs, the staff models and teaches appropriate table manners and social skills for the child.

## **Passes**

Therapeutic passes are an important part of your child's treatment. The purpose of the therapeutic pass is to assess treatment gains and to see whether these gains can be maintained outside of the treatment center. The physician and therapist decide when a therapeutic pass is appropriate. All passes must be approved by the end of the administrative day on Thursday for passes that occur on weekends, and on a case by case basis.

## **PROGRAM SUMMARY**

The Children's Neurobehavioral Unit is a medical model program with 24 hour nursing supervision. The Registered Nurses have overall responsibility for the quality and continuity of care and supervise the Youth Care Counselors (YCC). The YCC's role model appropriate, respectful behavior for the children and encourage non-confrontational conflict resolution. The staff interacts with the children to foster relationships based on mutual trust and respect. Many of the children exhibit pathological aggression, impulsivity, poor planning skills, and short attention span. In addition, many show cognitive and developmental deficits that prevent successful functioning in the home, community, school, and with peers. Following extensive assessments with each child, a multidisciplinary team of professional staff develop an individualized treatment plan to focus on each child's strengths and weaknesses while stabilizing impulsive, aggressive behaviors through a specialized medication regimen. Families and children are included as active members of the treatment team and participate in treatment planning. Discharge criteria are established that are optimal for movement to a less restrictive level of care.

## **CAMPUS AND UNIT INFORMATION**

The Children's Neurobehavioral Unit has double occupancy bedrooms, large dayrooms, a play room, and available outdoor space for play activities. Included on the unit are laundry facilities, one seclusion room, one calming room, a nurses' station, staff offices, storage space, and a medication room. Other facilities on campus include a school, gymnasium, basketball court, swimming pool, kitchen and dining room. The unit houses both girls and boys aged 5 through 12.

## **ASSESSMENT PROCEDURES**

When entering Meridell, each child receives the following evaluations: psychiatric, psychosocial, nursing, neuropsychological, and QEEG. These evaluations are conducted in order to individualize treatment and maximize efficacy. Additional assessment procedures, such as speech therapy or comprehensive psychological testing, may be indicated following the initial evaluations.

The Following Initial Assessments are conducted at the Time of Admission:

Psychiatric Evaluation: The psychiatrist interviews the child and family members and records are reviewed. This initial assessment is conducted to reveal the history and course of psychiatric and behavioral problems, what brings the child to the treatment center at this time, medication/treatment history, medical history, family psychiatric history, and preliminary diagnoses. From this initial evaluation, the psychiatrist determines any initial medication changes. Further adjustment of medications/treatments is conducted when further assessment information (neuropsychological, and QEEG) is received.

Psychosocial Assessment: This assessment is conducted by a Masters or Doctorate Level Psychotherapist to gain further information on the child's past and current behavioral and psychiatric problems. Information is gathered about family relationships, forms of discipline used in the home, psychosocial stressors, history of aggressive behavior and legal problems, developmental history, history of substance use, social relationships, cultural influences, history of previous treatment, current and past school functioning, and preliminary psychosocial treatment recommendations.

Nursing Assessment: This assessment is conducted by a Registered Nurse to gain a detailed medical history, including current and past medications, allergies, review of systems (head, eyes, ears, nose, and throat, cardiovascular, pulmonary, gastrointestinal, and genitourinary, musculoskeletal, neurological, cutaneous), sleep patterns, family medical/psychiatric history, immunizations, physical status, safety risk factors, and seclusion and restraint assessment. Initial treatment plan interventions and medical treatment interventions are determined from this evaluation.

During the Initial Treatment Period the Following Assessments are conducted:

Neuropsychological Evaluation: During this evaluation each child completes neuropsychological tasks assessing memory, language, attention, executive functions (planning, cognitive flexibility, ability to consider options), academic achievement in reading, spelling, and arithmetic, intellectual abilities, and tasks assessing motor abilities (drawing, finger tapping, strength of grip). The information gained from the evaluation is used to help individualize treatment and schooling for each child. For example, for a child exhibiting impaired verbal memory, more visually based therapies, such as art and recreational therapy, will be recommended. In addition, children who show language-based difficulties will be referred for a speech and language evaluation, with therapy if recommended.

QEEG Evaluation: This neurophysiological evaluation involves an QEEG, cognitive evoked responses, spectral analysis, and long latency cortical evoked responses to visual and auditory stimuli. Information on cortical and subcortical brain electrical activity is gained from this evaluation. Results provide information used to determine appropriate medication interventions.

Psychological Evaluation: A comprehensive psychological evaluation may be conducted if more complex psychodynamic issues appear to be contributing to a child's difficulties. Evaluations include objective and projective psychological measures (Thematic Apperception Test, Rorschach, and Incomplete Sentences).

## **MODALITIES OF TREATMENT**

Pharmacotherapy is provided by a psychiatrist and the nursing staff.

Individual and Family Therapy is provided by a Masters or Doctorate level psychotherapist. To accommodate the special needs of the individuals, sessions may be modified: shorter in duration, conducted during interactive activities, or tailored to the developmental needs or attention span of the child. Therapy assists your child in identifying and reducing dysfunctional behaviors and attitudes that have a significant impact on his or her life. Areas of focus include interpersonal relationships, emotional and behavioral control, cognitive distortions, social interactions and educational functioning.

Group Therapy is conducted by a Masters level psychotherapist through formalized group sessions to assist children in achieving individual goals that can best be addressed in a group format. These sessions are oriented to try and resolve problems that are common to the group or social in nature.

Goals Groups/Community Meetings are provided by registered nurses or mental health technicians, and are utilized to encourage your child's participation in their own treatment through a social environment. Goals groups are held during the morning and evening shifts, and allow children to reflect on their treatment goals with staff's help. Staff assists the child to meet his/her goals by using individualized behavioral contracts. Community meetings are held with registered nurses, mental health technicians, or the child's therapist to address problems in daily living, handling conflict, and ways to cope with rules of the unit and daily routines.

Recreational Therapy is provided by Licensed Recreational Therapists. Programs are designed to identify areas of interest and emotional motivators for participation. Therapists also identify and redirect behaviors that might interfere with the group recreation process.

Speech/Language Therapy evaluations are completed by a certified Speech Therapist with children who show difficulties in these areas on neuropsychological assessment. If a child is found to be in need of these services, he/she will receive therapy for language development and communications skills from a certified Speech Therapist.

Nutrition Education is provided by a Clinical Dietician who is available to assist your child in understanding the importance of healthy eating habits, to educate your child in appropriate diets in order to achieve individual goals, and to foster realistic body images. A Nutritional Assessment is performed if an initial nutritional screening, performed by a Registered Nurse on each child, suggests the need for more comprehensive evaluation and intervention.

School: Your child's education is provided by the University of Texas - University Charter School (UT-UCS), which is accredited by the Texas Education Agency and meets all the requirements of the Texas Essential Knowledge and Skills. All students must be withdrawn from their current school in order to be enrolled in the UT-UCS. Each child's educational needs are met on an individualized basis. ARD meetings are scheduled as needed by our diagnostician. Teachers and administrators are trained in special education. Classes are modified to accommodate the specialized needs of your child that have been determined through the neuropsychological examination.

Our school day consists of five hours of academic instruction in reading/language arts, math science, and social studies. We are on a six-week grading period. UT-UCS provides schooling year round.

If you have questions regarding your child's education, please contact the school office at (512) 528-2145.

## **BEHAVIORAL MANAGEMENT PHILOSOPHY**

The Children's Neurobehavioral Unit's policy is to respond to a patient's dysfunctional behavior with an intervention that has a therapeutic rather than a punitive intent. The goal is to decrease socially inappropriate behavior and replace it with a more desirable prosocial behavior. The strategy is to treat dysfunctional behavior as "off target" behavior that needs to be redirected, rather than "bad" behavior that needs to be punished. When setting limits on "off target" behavior, we do not reject the patient or label that patient as "bad." However, we do stop and redirect the behavior, explain/demonstrate a more appropriate behavior for that situation, and prompt the patient to try to attempt to enact this socially appropriate "target" behavior. In this way, the direct care staff is acting like a coach, encouraging closer and closer approximations to the "target" prosocial behavior. The purpose of responding to dysfunctional behavior in this manner is to accomplish effective retraining that does not interfere with patient rights. Dysfunctional behavior requires immediate intervention to maximize the efficacy of the retraining. The direct care staff will separate the patient from the group, explain what behavior was observed, why it is not appropriate, suggest an alternative behavior, and praise the patient for a positive choice if one is made, or with natural or logical consequences for a negative choice. This approach to dysfunctional behavior must not be confused with crisis intervention techniques used in response to behaviors that are clearly dangerous such as self-abuse, suicidal behavior, severe assaults, homicidal behavior, or other clear dangers to self, others, or property. The purpose of crisis intervention is to make the situation safe, and may include escorting the patient to a safe area, a physical hold by staff, seclusion, or PRN medication under the supervision of a Registered Nurse and with a doctor's order. Staff members who are trained specifically in Satori Alternatives to Managing Aggression (SAMA) will carry out these crisis interventions. They have been taught techniques to deescalate the patient's behavior and return him/her to the regular program as soon as his/her behavior no longer poses a threat to him/herself or others. Techniques follow the policy of the least restrictive technique needs to keep the patient and others safe.

## **LEVEL SYSTEM**

A level system is used on the unit that treats each day as a new start. The children earn points throughout the day which then are counted and they are awarded their level (i.e. green, yellow, or red). Every day the children participate in reward time in which they are allowed to play with different toys and equipment (i.e. Playstation, legos, etc.) based on the level that they have earned. Once a week, the children are also taken to the point store to spend the points that they have earned during the week. This is also a time to go over each child's treatment goals with him/her. There are additional rewards such as ice cream parties which are based on the number of green levels earned throughout the week.

## BEHAVIORAL MANAGEMENT INTERVENTIONS

- A. Redirection: as used on the neurobehavioral unit, is a common behavioral strategy to decrease inappropriate behavior. The patient is informed that the behavior in question is inappropriate (limit setting), and the staff suggests a more appropriate behavior (redirection) to meet that person's need or situation. The staff then rewards with praise when redirection is successful.
- B. Voluntary Time Out: removing the patient from the rewards of the social group. The nursing staff suggests a Voluntary Time Out when horseplay gets too rough or unit rules are broken. The patient is asked to leave the activity or social room and may go to the hallway. This is voluntary, but if directions are followed the patient is rewarded with praise. If not followed, the staff will give the patient some reasonable choices for how the behavioral problem can be resolved. Time Out is used for 15 minutes or less.
- C. Activity by Activity: The child is held back from the next activity if his or her behavior in the previous activity is inappropriate. Participation in each activity is earned based on the child's behavior in the previous activity.
- D. Unit Restriction (UR): is a temporary freeze of off-unit activities. Off-unit activities are not standard but are special privileges that can be earned when the patient has adequate impulse control to safely handle off-unit activities. In effect, UR is a temporary ban on the special privilege. This may be a brief UR (where the patient is held back from one off-unit activity, e.g. cafeteria), or for all activities for 4 hours, or a 24-hour UR (where all off-unit activities are excluded for 24 hours). During the UR time the patient continues to have access to schoolwork, therapies, all nursing services, and has the usual unit activities. Movement on the unit is not restricted. Patient rights are never restricted. Restrictions that limit the children to the unit for safety purposes are defined by a physician's order.

These behavioral management interventions are used to maintain discipline and motivate behavioral change, and are quite different from Special Treatment Procedures, which are used for safety. There is a clear difference between behavior that is inappropriate and behavior that is dangerous. Inappropriate behavior would include a violation of unit rules, cursing, lying, stealing, or other benign but unacceptable behaviors. Dangerous behavior would include cutting on oneself, making weapons, violent assaults, homicidal or suicidal behavior, or similar actions that would require immediate staff action to maintain safety. The Special Treatment Procedures, described below, are only used for such dangerous behavior.

## **SPECIAL TREATMENT PROCEDURES**

Special treatment procedures are never used as behavioral interventions, but only for reasons of safety when a patient presents an active danger to him/herself or others. Staff are trained specifically in Satori Alternatives to Managing Aggression (SAMA) and follow techniques learned to deescalate the patient's behavior and return them to the regular program as soon as the patient no longer poses a threat to themselves or others. Techniques follow the policy of least restrictive technique to prevent the patient from hurting him/herself or others. Special Treatment Procedures from least to most restrictive include:

- A. Escort: verbal direction with physical contact while walking with the patient.
  
- B. Protective Hold: physical intervention to prevent a patient from harming him/herself or others. A physical hold requires a doctor's order.
  
- C. Seclusion: involuntary isolation of a patient in a seclusion room from which he/she is prevented from leaving (whether the door is locked or unlocked) to prevent the patient from harm to self or others. RN supervised procedure requiring a doctor's order as described in Policy and Procedure Manual.

## **PATIENT RIGHTS**

Patient rights may only be restricted for therapeutic safety reasons with a doctor's order that will be reviewed every 24 hours or more often as needed.

## **Patient and Family Responsibilities**

Because we are partners in the safe delivery of care, there are things we need you to agree to do for us.

- **Providing Information**  
We need for you and your family to tell us the truth about everything we ask. It is very important not to keep secrets from us. This information might help us keep you and others safe.
- **Asking Questions**  
You and your family must ask questions when you do not understand what we expect of you.
- **Following Instructions**  
You and your family need to follow your treatment plan. Be sure and tell us if you can't follow the plan and why.
- **Accepting Consequences**  
You and your family are responsible for what may happen if you do not follow the plan of care.
- **Following Rules and Regulations**  
Patients and families are expected to follow all of Meridell's rules.
- **Showing Respect and Consideration**  
You and your family are expected to be considerate of others and their property.
- **Meeting Financial Commitments**  
Families should promptly meet any financial obligation agreed to on admission and at any time during treatment.

### **PATIENTS' RIGHTS AND RESPONSIBILITIES**

AS A PATIENT AT MERIDELL ACHIEVEMENT CENTER, **YOU** HAVE A RIGHT:

- To be cared for and treated in the Program that is best suited to your treatment needs.
- To be treated in a manner that respects you and your values and your beliefs.
- To have your physical, emotional, developmental, educational, social and religious needs met.
- To be free from abuse, neglect and any other unusual punishment.
- To receive consequences that are described in your Program Handbook if you do not meet the Program expectations.
- To receive an explanation if you receive any consequences.
- To be in an environment that keeps you safe and respects your need for personal privacy.
- To receive educational services that are appropriate to your age and your education level.
- To have staff assist you and provide training in personal care and hygiene.
- To have and wear personal clothing like peers in your community.
- To have personal possessions that meet the guidelines in your Program Handbook.
- To be provided with clothes that will protect you in any kind of weather.
- To maintain regular contact with your family, unless your Treatment Team or the court decides it is not in your best interest.
- To send and receive personal mail, to have telephone conversations and to have visitors, unless your Treatment Team or the court decides it is not in your best interest.
- To have mental health or medical professionals that are not on Meridell's staff be involved in your treatment at the expense of you and your family.
- To have your family refuse treatment on your behalf and the right to an explanation of the consequences of that decision.
- To contact an attorney or your legal representative.
- To have Meridell use its best efforts to meet your specific communication needs.
- To receive confidential care and treatment.
- To give Meridell your written approval if we ask to use your photograph or we ask you to be a part of our public relations activities.

AS A PATIENT AT MERIDELL ACHIEVEMENT CENTER, YOU HAVE A RIGHT:

- To never be required to make any public statement about Meridell or your treatment at Meridell.
- To receive only the medications your physician determines you need for treatment.
- To have a personal Treatment Plan that describes the treatment you will receive to help you meet your personal treatment objectives while at Meridell, and the plan for what your continued treatment will be after you are discharged.
- To be involved in developing and reviewing your Treatment Plan.
- To receive care for any physical problems you have that affect your treatment at Meridell or your personal safety.
- To be informed about how to report suspected abuse or neglect or a violation of these rights. You have a right to make your report without fear of any consequences.

AS A PATIENT AT MERIDELL, YOU HAVE THE RESPONSIBILITY TO:

- To provide accurate and complete health information and to understand your plan of care.
- To follow the agreed-upon plan of care.
- To accept responsibility for the outcomes of refusing treatment or for not following the agreed-upon plan of care.
- To fulfill your financial obligations.
- To follow Meridell's expectations about patient care and conduct.
- To be considerate and respectful of the rights and property of other patients and Meridell and its staff.

## **PATIENT RIGHTS**

- (1) The right to appropriate care and treatment in the least restrictive setting available that can meet the child's needs;
  - (2) The right to be free from discrimination on the basis of gender, race, religion, national origin, or sexual orientation;
  - (3) The right to have physical, emotional, developmental, educational, social, and religious needs met;
  - (4) The right to be free of abuse, neglect, and exploitation as defined in Texas Family Code, §261.401;
  - (5) The right to be free from any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment, which includes:
    - (A) Shaking the child;
    - (B) Subjecting the child to corporal punishment;
    - (C) Threatening the child with corporal punishment;
    - (D) Any unproductive work that serves no purpose except to demean the child, such as moving rocks from one pile to another or digging a hole and then filling it in;
    - (E) Denying the child food, sleep, toileting facilities, mail, or family visits as punishment;
    - (F) Subjecting the child to remarks that belittle or ridicule the child or the child's family; and
    - (G) Threatening the child with the loss of placement or shelter as punishment;
  - (6) The right to discipline that is appropriate to the child's age and developmental level;
  - (7) The right to have restrictions or disciplinary consequences explained when the measures are imposed;
  - (8) The right to a humane environment, including any treatment environment that provides reasonable protection from harm and appropriate privacy for personal needs;
  - (9) The right to receive educational services appropriate to the child's age and developmental level;
  - (10) The right to training in personal care, hygiene, and grooming;
  - (11) The right to reasonable opportunities to participate in community functions, including recreational and social activities such as Little League teams, Girl Scouts and Boy Scouts, and extracurricular school activities outside of the operation, if appropriate;
  - (12) The right to have adequate personal clothing, which must be suitable to the child's age and size and comparable to the clothing of other children in the community;
  - (13) The right to have personal possessions at the child's placement and to acquire additional possessions within reasonable limits;
  - (14) The right to be provided with adequate protective clothing against natural elements such as rain, snow, wind, cold, sun, and insects;
- Texas Department of Family & Protective Services      01/2007
- (15) The right to maintain regular contact with family members unless the child's best interest, appropriate professionals, or court necessitates restrictions;
  - (16) The right to send and receive uncensored mail, to have telephone conversations, and to have visitors, unless the child's best interest, appropriate professionals, or court order necessitates restrictions;
  - (17) The right to hire independent mental health-care professionals, medical professionals, and attorneys at the child's own expense;

- (18) The right to be compensated for any work done for the operation as part of the child's service plan or vocational training, with the exception of assigned routine duties that relate to the child's living environment, such as cleaning his room or other chores, or work assigned as a disciplinary measure;
- (19) The right to have personal earnings, allowances, possessions, and gifts as the child's personal property;
- (20) The right to be able to communicate in a language or any other means that is understandable to the child at admission or within a reasonable time after an emergency admission of a child, if applicable, such as having a plan for an interpreter, having at least one person at the operation at all times who can communicate with the child in the child's own language, or other means to communicate with the child in the child's own language;
- (21) The right to confidential care and treatment;
- (22) The right to consent in writing before performing any publicity or fund raising activity for the operation, including the use of his photograph;
- (23) The right not to be required to make public statements acknowledging his gratitude to the operation;
- (24) The right not to receive unnecessary or excessive medication;
- (25) The right to have a comprehensive service plan that addresses the child's needs, including transitional and discharge planning;
- (26) The right to participate in the development and review of the child's service plan within the limits of the child's comprehension and ability to manage the information;
- (27) The right to receive emotional, mental health, or chemical dependency treatment separate from adults (other than young adults) who are receiving services;
- (28) The right to receive appropriate treatment for physical problems that affect the child's treatment or safety; and
- (29) The right to report abuse, neglect, exploitation, or violation of personal rights without fear of punishment, interference, coercion, or retaliation.

Meridell is determined to protect your rights. The only reason these rights can be limited is if your doctor thinks you may hurt yourself or someone else, or if the doctor thinks the limitation is necessary for your treatment. Any time your rights are restricted your doctor will tell you why and for how long. The doctor has to reconsider this restriction on a regular basis so that you can have all your rights back as soon as possible.

If you think your rights aren't being protected, or you just want to talk to someone about your treatment, there are several places you can call:

**Consumer Services and Rights Protection  
Texas Department of Mental Health and Mental Retardation  
Center**  
P.O. Box 12668  
Austin, TX 78711-2668  
800-315-3876

**Jim Perryman  
Patient Advocate  
Meridell Achievement**  
P.O. Box 87  
Liberty Hill, TX 78642  
800-366-8656

**Advocacy Incorporated**  
7800 Shoal Creek Blvd. Suite 171  
Austin, TX 78757  
800-315-3876

**Joint Commission**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
800-994-6610

Texas Department of Family & Protective Services 01/2007

**PARENT ACKNOWLEDGEMENT OF  
RECEIPT OF PARENT HANDBOOK**

Patient Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

I have received the Parent Handbook to the Children's Neurobehavioral Unit and understand that I am responsible for all information in this handbook.

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

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Parent Signature

Date