CHILD & ADOLESCENT PARTIAL HOSPITALIZATION TREATMENT CONTRACT

DIRECTIONS: Please read each of the following topics that relate to the Child/Adolescent Partial Hospitalization Program. Each Parent or Legal Guardian must initial beside each subsection confirming that you have read and understood the information. Please feel free to contact the program at 782-4660, option 0, with any questions regarding this treatment contract.

Parent or Legal <u>Guardian #1</u>	Parent or Legal <u>Guardian #2</u>	
Initials	Initials	Attendance and Participation All participants are expected to attend the Pennsylvania Psychiatric Institute (PPI) Partial Hospitalization Program each day. It has been our experience that for effective treatment to occur, individuals must be present daily and on time. Therefore, <u>unexcused absences from</u> <u>treatment will result in potential discharge from the program.</u>
Initials	Initials	Family Participation Active family participation is also essential if treatment is to be successful. It is important that parents provide at least two telephone numbers where you can be reached during the day. This will ensure that direct communication can occur between the family and treatment providers as needed. In addition, <u>regular family meetings with a program therapist are expected throughout the course of treatment.</u> A lack of participation in treatment by the family, including any cancelled or missed family meetings, will result in potential discharge from the program.
Initials	Initials	Therapeutic Physical Holds/Crisis Prevention and Intervention All PPI staff are trained in the Crisis Prevention and Intervention Model as designed by CPI. During the course of treatment, it may be necessary to utilize a physical hold to maintain the safety of an individual in the program. <u>Please know that this option will be utilized as a last</u> resort and only after less restrictive attempts to intervene have proven ineffective in addressing dangerous behavior. Dangerous behavior is defined as: behavior which may result in serious harm to self, physical aggression towards others and/or property destruction which places others in imminent danger. In the event that a physical hold is utilized, please know that a member of our staff will contact the family by telephone at the earliest possible moment. In addition, our staff will sit with the child or adolescent once he or she is calm to discuss the incident and the reason for the need to utilize a physical hold. New coping strategies will be taught to reduce the likelihood of the need for such intervention in the future.



A Collaboration of Penn State Hershey & PinnacleHealth

CHILD AND ADOLESCENT PARTIAL HOSPITALIZATION PROGRAM TREATMENT CONTRACT

Psychiatric Emergencies/Referrals to Inpatient Level of Care

Initials Initials

By definition, a partial hospitalization program is designed to prevent the necessity of a higher level of care, such as an inpatient hospitalization, or to provide additional support to individuals who have recently completed an inpatient hospitalization stay but are not yet prepared to return to traditional outpatient services. Although our goal is to prevent the necessity of a higher level of care, there is the possibility that a program participant will require inpatient hospitalization during the course of treatment in our program. The treatment team will contact the client's family in the event that this occurs to discuss concerns and to assist in the transition to that level of care. The parent or guardian is expected to make reasonable efforts to meet in person with his or her child and treatment team at the program immediately upon receiving notification of the need for a higher level of care.

Ambulance Transfer to the Emergency Department

Initials Initials

Initials

Should it be determined that a client requires emergent medical care or an inpatient psychiatric hospitalization at a facility other than PPI, it is the practice of the Pennsylvania Psychiatric Institute to utilize an ambulance for transportation. Our staff will notify the family immediately in the event that an ambulance is necessary. The parent or guardian must be present at the time of transfer and is expected to make reasonable efforts to meet in person with his or her child and treatment team at the program immediately upon receiving notification of the need for a higher level of care.

Limitations to Confidentiality/Mandated Reporting

The privacy of all our clients is important to us. There are situations, however, in which we are legally obligated to share information without the client's or family's consent. These situations include:

- 1) Intent to cause serious harm to self or others
- 2) Suspected abuse (physical, sexual and/or emotional) and/or neglect of a child.

Pennsylvania state law states that anyone who comes into contact with children in the course of employment is mandated to report any and all cases of suspected abuse and neglect. <u>All staff here at the Pennsylvania Psychiatric Institute are mandated to report suspected abuse and neglect.</u> This includes both current and past events. These reports will be filed directly with the Pennsylvania Department of Humans Services via Child Line.



A Collaboration of Penn State Hershey & PinnacleHealth

CHILD AND ADOLESCENT PARTIAL HOSPITALIZATION PROGRAM TREATMENT CONTRACT

Cancelling All OP Appointments While in the Partial Hospital Program

Initials Initials

Collaborative care is a priority at the Pennsylvania Psychiatric Institute. We will contact our client's current providers to inform them of a client's acceptance to our program and will provide a Discharge Summary upon completion which describes treatment and follow up recommendations. We ask that clients not continue with their outpatient providers during their stay in the partial hospital program. This is to protect the safety and wellbeing of clients as dual care can result in miscommunication, delayed progress, over-medication and treatment confusion.

Psychotropic Medications

Initials Initials

At admission, clients are seen by a Psychiatrist who may recommend a medication regimen as a part of a complete plan of care. Families are encouraged to be open to these types of recommendations and to be prepared to address any potential medication-related concerns during the initial meeting with the psychiatrist. In addition, families are encouraged to report any medication side effects or related concerns promptly to the program therapist, nursing staff or physician.

Exclusionary Criteria

Initials Initials

Although we aim to serve the needs of all children and adolescents who are experiencing emotional and/or behavioral concerns, there are situations in which referrals to another provider are warranted. These include the following:

- o Substance abuse as a primary concern
- o An active eating disorder as a primary concern
- o Conduct disorder as a primary concern

If it is determined that our program cannot meet the needs of your child, our team will provide you with recommendations as to other potential treatment providers.

Initials Initials

Discharge Criteria

The average length of stay for an acute partial hospitalization program is 10-14 business days. However, each child is unique and each length of stay is based upon the child's progress towards achieving treatment goals. These goals are determined by the treatment team at the beginning of the child's stay. The treatment team includes: the child/adolescent, parent(s)/guardian(s), PPI staff and other providers as appropriate. Progress towards goals is observed daily in the program and discussed weekly at treatment team meetings as well as in family sessions. When it is determined that a child can be safely maintained at an outpatient level of care, a Discharge Planning Meeting is convened to coordinate after care.



A Collaboration of Penn State Hershey & PinnacleHealth

CHILD AND ADOLESCENT PARTIAL HOSPITALIZATION PROGRAM TREATMENT CONTRACT

Your signature below indicates that you have reviewed and understand the information contained in the Child and Adolescent Partial Hospitalization Program Treatment Contract. Your signature also indicates that if you had any questions regarding this information, you were given an opportunity to speak with one of our staff prior to signing this document.



A Collaboration of Penn State Hershey & PinnacleHealth

CHILD AND ADOLESCENT PARTIAL HOSPITALIZATION PROGRAM TREATMENT CONTRACT