

The Center

Posttraumatic Disorders Program

Welcome!

You have made an important decision in choosing admission to this specialized treatment program. THE CENTER inpatient program is designed to help you stabilize immediate life concerns, crises, and symptoms. Additionally, the program will help you learn about the effects of past trauma and teach you skills for self-management and for improving relationships. We encourage you to utilize THE CENTER to the fullest. In all likelihood, you enter the program with a variety of emotions and issues. We ask you to begin to determine your personal goals for this hospitalization from the time of your admission. Please be aware that the average length to stay is relatively brief, so your goals need to be focused and realistic.

Please be sure to read the next two pages which provides a listing of the unit rules. You are expected to abide by these rules during your admission as a condition of your hospitalization at THE CENTER.

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Unit Rules

- 1) As a member of this Community, you are expected to participate in maintaining a safe and healing environment with healthy boundaries for yourself and others.
- 2) THE CENTER program schedule is posted on the large board in the hallway. A clinical schedule will be posted each day with individual appointments. Patients are expected to be out of bed and ready to participate. Psychiatric and individual therapy appointments may begin as early as 8:00am; the program day of groups starts at 9:00am. In order to facilitate restful sleep the television will be turned off at 10:00am (except for weekend movies.) Please plan your therapy day accordingly each morning.
- 3) **Group attendance** is expected of all patients unless excused by a member of the treatment team. Even if you are hesitant to try a group modality, please do so. You will find unexpected benefits. Take responsibility to arrive *on time*; no admittance to a group will be permitted *after* the first ten minutes. You are expected to attend the entire group. If you must leave, please check in with the nursing staff, and then return before the end of the group.
- 4) **Safety** is essential. You are required to maintain personal safety and to contribute to a safe community atmosphere. Safety checks by staff and restrictions occur as needed, and you are asked to take as much responsibility as possible. If you are placed on constant observation, you will be given an assignment to plan safety for yourself. This safety plan must be completed and approved by the Treatment Team in order to move to a less restricted level.
- 5) **Dress** comfortably on the unit. Please wear shoes in the hallway and common areas. Nightclothes should only be worn in the privacy of your

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room. Staff may suggest a change in clothing if it is inappropriate to the setting.

- 6) **Visiting** hours for friends and family are as follows: Monday and Wednesday evenings between 7:30pm-8:30pm; weekends and holidays between 1:00pm-2:00pm. Visiting should take place in the common areas. Visiting with other patients should also take place in the common areas; it is *not* permitted in private bedrooms. Please respect boundaries.
- 7) **Touching** between patients or between staff and patients should be restricted, if at all, and should only take place with permission. If should be *brief* and remain at a *casual* level (e.g. touch on the arm of the hand, a good-bye hug). Extended and extensive caretaking, comforting and hugging between patients is not permitted. Staff will intervene and stop these behaviors. These behaviors distract from work on therapeutic issues. *Any form of sexual contact is prohibited, and staff reserve the right to discharge patients who engage in sexual contact and who are unable and/or unwilling to take responsibility to immediately stop sexual behaviors.*
- 8) **"Sharps"** are potentially dangerous items, which are stored at the time of your admission when luggage is checked by nursing staff. Sharps may be obtained and signed out at specific times.
- 9) **No food or beverage** can be brought onto the unit from outside. The unit has a small kitchen that patients have access to throughout their stay. This kitchen is stocked with water, coffee, tea, and snacks from our cafeteria and dietary department. Physicians and nurses can write orders to accommodate any dietary concerns or restrictions.
- 10) **Outside contact** with staff members during the course of an admission or post-discharge is not permitted. Please do not call staff post-discharge. You will be redirected to your outpatient therapist for

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support. For an emergency readmission assessment, you will be directed to the hospital's Clinical Assessment Center. Staff members are prohibited from sharing home or mobile phone numbers, e-mail address, home address, and other personal information.

11) Post-discharge visits to the unit should only take place after 30 days. Please do not make personal calls to staff or request that messages be given to patients still on the unit. Post-discharge friendship and relationships are discouraged; they often serve as distractions to the therapeutic work.

Program Philosophy

THE CENTER inpatient program offers treatment for adults who exhibit acute symptoms associated with posttraumatic disorders resulting from significant childhood trauma and/or adult trauma. Devised to meet the varied needs of patients at different stages of treatment this program provides rapid stabilization and essential training in self-management skills.

Program Goals

- Assessment of individual needs to determine focused goals
- Stabilization and resolution of crises
- Identification and modification of problematic or ineffective coping skills
- Education about effective self-management techniques
- Preparation for return to outpatient treatment

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Program Staff and Activities

THE CENTER offers a range of therapeutic modalities and activities led by a team of professionals from a variety of mental health disciplines. You are encouraged to attend and participate in all activities on a daily basis unless your treatment team recommends otherwise.

The Staff

Treatment Team refers to the multidisciplinary staff, including your psychiatrist, who meets with you upon admission and who then formulates an individualized treatment plan within 72 hours of admission. The team meets daily to review your clinical status and progress, to review and update your treatment plan, and to make recommendations for your care. *Your inpatient social worker will review your treatment plan with you; it is your responsibility to schedule a meeting with him or her within several days of admission.*

Nursing staff provide the foundation for the treatment milieu (or unit community). Members of the nursing staff offer behavioral evaluation, support, medical care, and direction on a 24-hour basis. Primary responsibilities of the nursing staff include:

- Ongoing monitoring of patients, including personal safety, emotional status, medical issues, and self-management;
- Maintaining the safety of the unit environment;
- Dispensing medication as well as educating and monitoring patients about their medications;
- Intervening in crises and emergencies;
- Implementing specific assignments as recommended by the attending psychiatrist, therapist, and/or treatment team;

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- Educating and supporting patients.

You will be assigned a nursing contact person each shift and can expect to meet with your contact for approximately 10 minutes during the shift, *providing that the milieu is stable*. This contact is intended to provide support and to assign or review therapeutic assignments; it is not psychotherapy contact.

Case Management staff coordinate contact with your outpatient therapist, review your treatment plan with you, provide case management services, and arrange family and conjoint meetings and therapy. They also lead group therapy sessions and teach psychoeducation classes on a wide variety of topics pertaining to posttraumatic syndromes and self-management. You will be assigned an inpatient social worker who will support your entire admission, from assessment and treatment planning through discharge.

Our staff **psychiatrist**, makes medical decisions about your care, orders medical or psychological evaluations as needed, and coordinates your overall treatment with other members of the staff. The psychiatrist also contacts and collaborates with outpatient providers, as needed.

Your **psychotherapist** (a psychologist, social worker, professional counselor, or psychology intern) is assigned to provide individual psychotherapy. Your assigned psychotherapist also maintains contact with your outpatient therapist. [Please note: Therapists are assigned to patients upon admission according to their time availability, we are unable to honor requests to work with a particular therapist. Outpatient therapists must have hospital staff privileges to provide therapy to their patients who are hospitalized at THE CENTER. Otherwise, any visit by outpatient therapists

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should be and for the purpose of providing emotional support, not psychotherapy.]

Expressive therapy staff provide specialized creative arts session for the expression and management of feelings and for self-management.

Therapeutic Activities

Psycheducation is an important component of treatment at THE CENTER. Our philosophy of treatment includes supporting personal empowerment through education. We provide structured teachings about abuse and trauma effects including cognitive distortions and dysfunctional behavior patterns and teach a variety of coping and self-management skills. Psycheducation provides a broad range of information, through a number of therapeutic activities, organized around a daily theme and topic. Seven major themes and a variety of sub-topics are incorporated into the weekly schedule. They include:

- Trauma and posttraumatic reactions;
- Self-care and personal safety;
- Relationship and communication skills;
- Identification and safe expression of feelings;
- Regulation, modulation, and control feeling states;
- General life skills; and
- Leisure and relaxation skills.

Group psychotherapy is offered six times a week. It is a setting in which to discuss past and present-day issues and their management. Group therapy counteracts isolation and provides a setting in which to work on emotional expression, relational issues, and problem-solving.

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Expressive therapy activities are designed to foster the safe expression and transformation of stressful material through creative activities and group discussion.

Family and conjoint therapy assists family members and significant others in understanding your concerns and symptoms in order to support you and your treatment. Couples and family meetings are arranged through your social worker as needed or as recommended.

Case management services are also provided by the social work staff to assist you with other practical life and work-related issues impacted by your condition and/or hospital stay.

Community meetings led by the nursing staff along with other members of the treatment team, bring all CENTER patients together at least two times a day to set personal and community goals, to work through milieu and interpersonal issues as needed, and to organize special social and relaxation activities.

Leisure activities are scheduled periodically. Some are only by doctor's orders.

Although many different treatment modalities are available, no one is more important than any other. You may find that one modality works better for you than others – we urge you to experiment and to use each activity to your maximum advantage in achieving your goals. In fact, some of the work done in one treatment modality will support or strengthen what you do in others.

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You might find that your opportunity or inclination to participate varies from one group to another. If you do not get a chance to talk during one session, try again in the next. If a certain feeling or situation needs more resolution, use the next session as a chance to address it again. Any of the expressive techniques can help you further explore, clarify, express, or contain an emotion or issues. The group leader is the best qualified to explain the benefits of that particular group to you. If you feel uncomfortable, confused about, or threatened by a specific group, consider approaching the leader and exploring ways you can be more comfortable and participate more fully.

AN IMPORTANT NOTE ABOUT SAFETY AND STABILIZATION

A safe and secure environment is essential for both patients and staff. We strive to achieve an atmosphere conducive to personal security and rapid stabilization of symptoms, including self-harm. It is very important that you quickly establish conditions for your personal safety. You will be asked to give a written contract against self-harm and to start self-monitoring your safety level upon admission. A set of unit rules is attached for your information.

AN IMPORTANT NOTE ABOUT CONFIDENTIALITY

Confidentiality concerning the identifies of other patients and personal material discussed in group psychotherapy must be maintained by all patients, per D.C. Law 2-136, the District of Columbia Mental Health Information Act of 1978. The D.C. Law has civil and criminal penalties if

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confidentiality is violated. We ask that you be aware of confidentiality and guards against violating the confidence of any other patient. This extends to all forms of communication including e-mail and other computer messages.

Also, please be aware that, by law, there are **limits of confidentiality when reports of child abuse or threats of harm to others are disclosed to staff**. Confidentiality is maintained by staff except when direct reports of child abuse are made and/or when threats of harm to others are made and do not change or resolve during the course of admission. In these cases, staff is obligated by law to make a report.

Since your time at THE CENTER is limited, your cooperation with the treatment staff and active participation (to the best of your ability) are requested. You will often hear our motto "make haste slowly" as a reminder to regulate your work and its intensity. Please make every effort to learn what this slogan means and to practice it while in the hospital.

We look forward to working with you during your stay.

– Clinical and Nursing Staff, THE

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Patient Safety Guidelines

One of the most important program goals is to insure a safe and secure environment. At the time of admission and during the course of hospitalization, an ongoing assessment of your safety will be made.

Individual patients require varying levels of structure and support in order to maintain their own safety and that of others until they are better able to care for themselves. The following are different levels of monitoring:

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1. Sharp Items Policy

Upon admission and your luggage will be checked for contraband, personal items will be stored, and items that may present a danger to you or others are placed in the "sharps" closet in a bin with your name on it. These articles are available to you at staff discretion through the use of a sign-out system. Sharp items, once signed out, are to be safeguarded and returned *immediately* after use. A "Sharps Restriction" is given when patient is irresponsible with these items. Patients are usually given two warnings before being placed on this restriction, unless they are judged to be in imminent danger. (Please note: Razors are not permitted on the unit. Electric shavers are permitted, but must be signed out as "sharp.")

2. Security Checks

Security checks are done on the unit at the beginning of each shift and throughout the shift by nursing staff. Security checks involve an inspection of all lounges, bedrooms, bathroom, and other areas for any sharp or unsafe materials. Such items are safeguarded at the nurses' station.

3. 15-Minute Checks and Unit Restriction

All patients are visually checked every 15 minutes by a nursing staff member. You will often see a staff member walking about the unit carrying a clipboard noting the presence of each patient.

4. 30-Minute Checks

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After 72-hours, you may submit safety plan for 30" checks, which allows you to leave the unit with staff and select foods in the cafeteria.

5. Personal "Zoning"

"Zoning" is sometimes recommended Self-monitoring may also include sign-in's at the nurses' station at 15-minute and 30-minute intervals. This "tool" will help you monitor the intensity of feelings/urges, this will enable you to note patterns and practice self-management skills.

6. Eyesight Constant Observation and Arms' Length One-to-One Observation

This observation status requires the patient to sit in front of the nursing station and request escort in order to leave location for any reason. These precautions are institute for support until you regain sufficient personal control to demonstrate safe behavior. Patients who are unable to maintain safety without being on constant observation status will, over time, be considered for therapeutic discharge form the program so that they may seek a more restrictive/secure environment.

All packages brought to you from family and friends are subject to inspection. You might want to inform them ahead of time to check all packages at the nurses' station. Also, expect to have your purse and packages checked at the nurses' station when you return from a pass. Your cooperation with this policy is appreciated.

The following patient behaviors are unsafe and will result in a restricted status to give you time to work on a safety contract. If you continue to be unsafe over a period of time, you may be administratively discharged from the program or transferred to another unit of the hospital.

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- Self-injury by cutting or abrasion that draws blood or requires stitches
- Self-injury by burning or scalding
- Forceful head banging
- Insertion of foreign objects into your body to cause physical harm
- Inability or refusal to comply with nursing contracts (e.g., suicidality)
- Threatened or actual harm to others (patient or staff)
- Throwing objects
- Damage to hospital property (e.g. forcibly breaking furniture, punching holes in walls)
- Engaging in physical altercations
- Elopement from the unit or from an off-unit activity
- Any attempt at hanging or strangulation
- Refusal to take proper nourishment for more than a 24-hour period

Please Note: We reserve the right to discharge or transfer any patient from the Center as a result of threatened or actual harm to other patients, staff, or visitors.

When any of these behaviors take place, nursing or program staff will contact the attending physician to obtain a restricted status order. The treatment team will meet to assess further action on a case by case basis.

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General Information

- **Physical examination**

To assess physical health status and physical concerns, a physical examination is required within 24 hours of admission. If you have had an exam within seven (7) days prior to your admission and make those records available to PIW at the time of admissions, you can defer the on-site exam. THE CENTER will make every effort to provide a same sex chaperone for support during the exam. Please discuss any special concerns, needs, or health problems prior to the physical.

- **Fire Drills**

Fire drills are held periodically on a scheduled and unscheduled basis in accordance with fire and safety regulations. When you hear the fire alarm, regardless of what meetings or activities are taking places, please immediately assemble where nursing staff directs you. The Charge Nurse will call roll to account for all patients. The staff are trained to respond to real emergencies and will direct patients to a safe area in the event of a real fire. An "ALL CLEAR" will be announced over the page system once the drill is over, and normal activities then resume. When possible, you will be warned in advance of fire drills.

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- **Personal Belongings and Valuables**

Your personal belongings are searched at the time of admission as are all belongings brought into the hospital after admission. Sharp items, or "sharps," are removed for safe-keeping. Any personal belongings considered to be valuable should be sent home for safekeeping. These include sentimental items, cash, credit cards, keys, checkbooks, jewelry, etc. If you are unable to send valuables home, two options are available: (1) you may keep the valuables on your person with complete responsibility for them; (2) you may store items in the hospital safe to be returned to you at discharge. (The hospital cannot otherwise be responsible for any lost or stolen personal belongings.) Clothing and personal belongings must be kept in the closet or drawers in your room and floors kept free of clutter. Wire hangers are not permitted.

Please note: Computers and cellular phones are treated like sharps and must be signed out and returned after each use.

- **Personal medications**

On occasion, during the admission process, prescribed personal medications may be substituted for hospital pharmacy medications. These may only be used until medication can be provided through the pharmacy. Your medication will be stored at the hospital pharmacy until time of discharge, at which time will be returned to you by doctor's order.

- **Medications**

Your medications will be dispensed from the med room by a nurse according to the doctor's orders. Nursing staff will also work with you

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to educate you about your medications and to monitor your physical reactions and emotional status.

- **Drugs and Alcohol**

Drugs and alcohol are forbidden on the unit and while on pass outside the hospital. If necessary, and on a doctor's order, nursing staff will assess you for drug and alcohol use upon your admission or return from a pass.

- **Visiting Hours**

Visitors are welcome on the unit during visiting hours on Mondays and Wednesdays (7:30pm – 8:30pm) and Saturdays, Sundays and holidays (1:00pm-2:00pm). Visitors under 18 require a doctor's order and may require staff supervision.

For your safety and security, the unit is locked. Visitors must register at the receptionist's desk in the main lobby and obtain a "Visitor's Pass" badge to wear while in the building. Visitors must identify themselves and sign in at the nurses' station and have all packages for the patient checked by a nursing staff member. Sharps such as glass flower vases are not allowed.