

CUMBERLAND HEIGHTS YOUTH PROGRAM RISK ASSESSMENT AND MANAGEMENT PROCEDURES

At the time of the initial inquiry call, youth patients are screened for suicidal or homicidal thoughts, plans, or attempts, as well as for psychotic disorders. Those patients displaying active symptomatology are referred to a more acute level of care. During the initial chemical dependency assessment, the following areas, among others, are probed more deeply:

- a) history of or active suicidal ideation, plan, or attempts;
- b) history of or active homicidal ideation, plan, or attempts;
- c) history of violence or threats thereof, including property damage;
- d) legal history and current legal status;
- e) history of psychiatric symptoms, including treatment/medications;
- f) history of abuse (physical, sexual, emotional, etc.);
- g) history of sexual acting out;
- h) history of or active self-mutilation;

In addition, a detailed chemical use history, family history, and psychosocial history is taken. Those persons who display active suicidal or homicidal ideation or psychotic disorders are referred to a more acute level of care. Appropriateness for admission of those persons with other psychiatric disorders, including self-mutilation or sexual acting out behavior, is determined on a case by case basis by the physician, in consultation with the Admissions Nurse.

Should a patient become psychiatrically unstable during his/her treatment at Cumberland Heights, a protocol of "close observation" may be initiated by staff and the physician is notified. The physician then determines the frequency of assessment that is needed. This may range from continuous one on one monitoring and assessment until the patient is transferred to an acute care setting to an assessment on an hourly basis. Depending on the particulars of the situation, the patient may be moved to the nursing area or may remain in the youth milieu. If transfer is not imminent, a psychiatric consultation is scheduled. "Close observation" remains in effect until the physician discontinues the order. After close observation has been discontinued, staff assess the patient's status every shift for a minimum of 72 hours.

Should a patient become agitated and/or potentially violent, a Code Yellow is called. This alerts all staff in the building to come to the area to support the de-escalation. If actual violence occurs, a Code Pink is called. Code Pink alerts all available manpower to the area. All Youth staff are trained in Nonviolent Crisis Prevention and Intervention with yearly updates. Holds are used for emergency management only. Cumberland Heights does not use restraint and seclusion. Violence is a criterion for discharge to a more appropriate facility.

Should patients begin to develop behavior management issues while in treatment, a therapeutic contract is negotiated with the patient to support self-management and

the continuation of treatment. Such contracts are used in, but not limited to, the following situations:

- a) horseplay that increases the risk of accidental injury
- b) a pattern of spending time with a particular peer in the group
- c) disrespectful communication to peers and/or staff
- d) non-compliance with treatment regime (i.e. late to group, not completing assignments, etc.).

Part of each therapeutic contract involves the patient's notification of the parents of the contract and the terms thereof. Inability to keep the contract is a criterion for discharge to a more appropriate facility.

Finally, the therapeutic process itself is used as an ongoing risk assessment and management tool. In addition to continuous assessment and treatment plan revisions, counselors use individual and group counseling, as well as family therapy, to educate and model appropriate methods of feeling expression and management. An active therapeutic recreation program is designed to provide a physical outlet as well. The program is organized around a community milieu model; patients are encouraged to hold each other accountable for their behavior and its enhancement of or detracting from the recovery process.

Reviewed:
12/08 PC/CM