Welcome to PDT

The Psychiatric Day Treatment (PDT) program is a short-term partial hospitalization program for children and adolescents with serious emotional and behavioral difficulties who are unable to function in their typical home, school and community environments. Patients admitted to the PDT program are generally experiencing a high level of distress, but are able to remain safe at home with adequate supports. Admission may occur after an inpatient stay in order to facilitate continued stabilization following a crisis and/or after outpatient treatment is deemed ineffective.

The program provides milieu-based therapy with an emphasis on group interventions. Family therapy, psychological assessment and individual therapy area also provided based on your child’s specific needs. Although children and adolescents are admitted for a variety of concerns, the primary focus of treatment is on stabilizing more acute crisis issues in order to help your child function more successfully in their typical daily environments. This may involve clarifying diagnoses, evaluating and stabilizing medications, and stabilizing acute emotional and behavioral problems. As your child progresses through the PDT program, your team will also work with you to identify appropriate after-care services to help continue treatment following discharge.

In this handbook, you will find information about the staff and services available in the PDT program, as well as information about how to get the most benefit out of your child’s stay. Please review this information and speak with your treatment team if you have any questions.
Location and Parking

The Psychiatric Day Treatment (PDT) program is located in the Gary Pavilion at Children’s Hospital Colorado

Our hospital is located near the intersection of I-225 and East Colfax, and very easy to access. See the following page for driving directions to the Gary Pavilion at Children’s Hospital Colorado, or visit http://www.childrenscolorado.org/locations to map driving directions from your home to our front door. Locate and click on the balloon boy on the map, then click “Get Directions.”

Traveling by public transportation?

Visit www.rtd-denver.com to map your new route or call (303) 299-6000 for help.

Convenient, easy-to-find parking

Patients, families and visitors to the Gary Pavilion will find parking in Lot 10, just east of the Gary Pavilion main entrance (see map below). Parking is free for patients and parents with validations. Please use the cross walk from Lot 10 to the main entrance of the Gary Pavilion. (Please note: The main entrance for the Gary Pavilion is on the east side of the building and covered by an awning. The Kempe Center entrance is on the southeast corner of the building – see photo on the following page.)
Driving directions to the Gary Pavilion

From the North

Take I-25 S. Merge onto I-270 E via the exit on the left toward AIRPORT/AURORA/LIMON. Merge onto I-70 E via the exit on the left. Merge onto I-225 S toward Colorado Springs/Aurora. Take the Colfax Avenue exit, Exit 10. Turn right onto E. Colfax Ave. The hospital is on the north side of Colfax. Turn north on Victor Street. Go through the stop sign. The Gary Pavilion is on the west side of the street. Parking is available in Lot 10 on the east side of the street.

From the Northeast/Airport

Travel south on Pena Blvd. Merge onto I-225 S via exit 282 toward Aurora/Colorado Springs. Take the Colfax Avenue exit, Exit 10. Turn right onto E. Colfax Avenue. The hospital is on the north side of Colfax. Turn north on Victor Street. Go through the stop sign. The Gary Pavilion is on the west side of the street. Parking is available in Lot 10 on the east side of the street.

From the East

From I-70 W, merge onto Colfax Ave exit, Exit 288 on left. Turn right onto E. Colfax Ave. The hospital is on the north side of Colfax. Turn north on Victor Street. Go through the stop sign. The Gary Pavilion is on the west side of the street. Parking is available in Lot 10 on the east side of the street.

From the South

Take I-25 N toward Denver. Merge onto I-225 N via Exit 200 toward I-70 Limon. Take the Colfax Avenue exit, Exit 10. Turn left onto E Colfax Ave. The hospital is on the north side of Colfax. Turn north on Victor Street. Go through the stop sign. The Gary Pavilion is on the west side of the street. Parking is available in Lot 10 on the east side of the street.

From the Southwest/West

Take I-70 E toward Denver. Merge onto I-225 S toward Colorado Springs/Aurora. Take the Colfax Avenue exit, Exit 10. Turn right onto E. Colfax Ave. The hospital is on the north side of Colfax. Turn north on Victor Street. Go through the stop sign. The Gary Pavilion is on the west side of the street. Parking is available in Lot 10 on the east side of the street.

Our mailing address:

Children's Hospital Colorado
13123 East 16th Avenue
Aurora, CO 80045
Attn: Inpatient Psychiatric Unit
(720) 777-2540

Security: Once you enter the Gary Pavilion, please check-in at our first floor Welcome Desk where you will be issued a Children's Hospital “badge-for-a-day.” Once you have your badge, you will be directed to the fourth floor for Patient Check-in. Please note: This process may be different from that of the main hospital. Be sure to arrive early for your appointment to allow time for this check-in process.
### Your Treatment Team:

#### Attending Psychiatrist:
Oversees your child's care, manages medical care and medications, and assesses your child’s need for ongoing treatment.

- • __________________
- • (720) 777-________

#### Nurse Practitioner:
Prescribes medication and assesses your child's need for ongoing treatment.

- • __________________
- • (720) 777 - _________

#### Behavioral Health Clinician (Therapist):
Meets with you twice weekly. Assists you with stabilizing your child in the home, school and community. Helps you create a safe environment for discharge.

- • __________________
- • (720) 777-___________

#### Nurse:
Responsible for carrying out your child's care, with an emphasis on family-centered care. Checks in with your child multiple times per day.

- • Jeanette
  - 720-777-8383

#### Mental Health Counselor:
Monitors your child to ensure his/her safety in the hospital environment. Facilitates groups and unit activities.

- • Child Room: Lisa and Lisa
  - 720-777-8377
- • Teen Room: Eric, Lindsey & Marin
  - 720-777-8239

#### Psychologist:
Provides psychological testing and evaluation. Consultation regarding individual, family and group therapy.

- • Consults with treatment teams and is available to provide feedback to families upon request
  - Cheri Hall
  - 720-777-8374

#### Educational Specialist:
Reviews educational information and the team's findings to make formal recommendations for any needed changes within the school setting.

- • Cheri Hall
  - 720-777-8374

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Children's Hospital Colorado is a teaching hospital. Therefore, your child may be assessed by various levels of trainees including medical students, residents, fellows, social work and psychology interns, and nurse practitioner students. These trainees receive on-site supervision by licensed professionals within their discipline.
Three Phases of Treatment

**Orientation & Assessment**

During this phase you will:

- Complete an admissions interview with a nurse
- Learn about the program rules and treatment services
- Complete intake questionnaires
- Meet with your treatment team to discuss the reasons for your child’s admission and identify treatment goals

**Stabilization**

During this phase you will:

- Participate in family therapy sessions
- Attend regular meetings with your treatment team
- Learn about the skills that your child is developing in the program
- Plan for your child’s return school and the community

**Transition**

During this phase you will:

- Complete a plan for your child to remain safe at home and/or school
- Meet with your treatment team to review your child’s progress in treatment and identify issues that require further attention
- Schedule follow-up appointments with outpatient providers

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COMPONENTS OF TREATMENT

Psychological Assessment:

Patients and parents may be asked to complete questionnaires or other assessments to help diagnoses, treatment, and a transition plan. Additional testing by their treatment teams. If this is the case, your treatment team will discuss this with you and the psychologist will provide test results and feedback to you once testing is completed.

Treatment Groups:

Patients attend a range of therapy groups during the course of their stay. Many groups teach skills associated with recommended treatments in the field, such as cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT). There is an overarching focus on teaching coping and communication skills that can help your child to navigate stressors that he/she may face. There are also groups with the focus of providing support and increasing sense of self and self-esteem.

Assigned Individual and Family Therapy Work:

All patients are assigned treatment work by their treatment teams, and are expected to share their treatment work with their families. We recommend that patients teach their parents the coping skills and other skills they are learning in order to help them maintain and utilize their new skills once they discharge from the program.

Medication Evaluation and Management:

Your child will be evaluated to manage medications that he/she is currently taking and determine whether medication changes or additions are necessary. Except in cases of emergency, the prescribing provider will speak with you before initiating or changing medications. The prescribing provider who oversees your child’s medication may be a nurse practitioner, resident or fellow who works on the team with the attending psychiatrist.
**Ponzio Creative Arts Therapy:**

The Ponzio Creative Arts team provides individual, group, and family services throughout Children’s Hospital Colorado. Groups are facilitated by Music, Yoga, Dance/Movement, and Art Therapists in all psychiatric units. These masters-level therapists collaborate with clinical teams to work toward patients’ psychiatric treatment goals using the creative arts. Yoga, dance/movement, music, video, and art become vehicles to identify, explore and transform emotional and psychological difficulties. One-on-one creative arts therapy services are provided by referral to augment psychiatric treatment in fostering a creative outlet for healing.

**Occupational Therapy:**

The Occupational Therapy discipline includes assessment, individual and/or group treatment depending on the specific needs of the child. This discipline is primarily concerned with bringing about engagement in occupation (or purposeful activity) to support participation in life. The focus of occupational therapy interventions are in the following areas: motor development and coordination, learning, feeding, play/leisure skills, sensory processing, sensory motor coping skills, social skills and activities of daily living.

**Educational Support:**

A licensed education specialist is on staff to help assess patient’s educational needs, to work with the team to help make suggestions for strategies and accommodations at school aimed at helping your child be a successful student, to take part in re-entry meetings/IEP meetings/general conferences as needed, and to help create a plan for catching up on missing assignments and/or assessments as needed. If your child is able to focus on making up work from school, please bring in work from their school and leave it for the Education Programs Specialist.
Program Expectations & Rules

Attendance:
• Daily attendance is required; if a child is determined to be physically ill during the day the nurse will determine if he/she needs to be sent home.
• No more than 2 days can be missed during the admission to Psych Day Treatment, if an extended absence is expected, contact the therapist to determine if a different start date may be appropriate.
• If you are not able to bring your child to the program by 10:30 a.m., they will not be able to attend for that day, unless prior arrangements have been made with the treatment team.

Expectations for the Program:
• In the Teen Room, each student must bring a back and forth sheet or have a parent verbally check-in with a staff member daily. *One missed back and forth or check in with parents for the week results in the teen missing gym for the day. Two missed back and forth sheets or check in with parents for the week will result in the teen staying back from Teen Lounge on Friday.*
• Students must eat 50% of lunch in order to attend gym and, for teens, the Teen Lounge on Friday.
• Electronics are not allowed in program (laptops, iPods, iPads, phones, etc.). There will be computers in the classroom for treatment work/school only. Social media sites and email are off limits (Facebook, Tumbler, Twitter, Instagram, Gmail, etc.)
• Program begins at 8:30am and parents must call if running late. If students are doing a school transition day, students must be present for 4 hours of the day.

Dress Code:
• No tank tops or shirts revealing shoulders, stomach, chest, back, bra straps.
• No clothing that is see-through including shirts and leggings.
• No undergarments showing.
• Shorts must be knee length
• Skirts and dresses are not allowed unless leggings are worn underneath.
• No violent or drug related language, logos or images on clothing.
• No bandanas, hats, or hoods on head while in the program.
• No gang-related paraphernalia
• Pants must fit as closely to waist as possible. Sagging is not permitted.
• Appropriate belts, jewelry, and make-up are allowed. Please keep in mind that CHCO is not responsible for lost items.
  
  *Note: Students will need to change into scrubs for the day if they do not follow the dress code.*

Boundaries:
• No physical contact between patients is allowed. This includes hugging, fixing each other’s hair, etc.
• Lending of personal belongings and/or gifts is not allowed including artwork and crafts.
• Sharing of personal contact information is not allowed, including social networking information.
• Note and picture passing is not permitted.

Behavior Expectations
• Each patient is healing from a unique set of circumstances that brought them to the hospital; please remember this when choosing the topic of conversation with peers, as conversation that involves violence, drug usage or of a sexual nature can inhibit the therapeutic process of another patient or yourself.
**Peer Leader** – You have actively participated in your treatment, had several days on green level, and are preparing to discharge from the program.

**Examples of Peer Leader behaviors include:**
- Participating in all program activities
- Completing all treatment work, homework and daily back and forth sheets
- Communicating in a safe and respectful manner with staff, peers and family members
- Modeling safe and health coping skills for peers
- Applying what you have learned in treatment to challenging situations and relationships

**As a Peer Leader, you are able to:**
- Help orient new patients to the program
- Help teach skills to other patients

**Green Level** – You are actively participating in your treatment and are using the support of your treatment team to make progress on your goals.

**Examples of Green Level behaviors include:**
- Participating in all program activities
- Completing schoolwork and treatment work
- Bringing your complete back and forth sheet to the program daily
- Completing your home goal from the previous night
- Participating in social group at the end of the day

**When you are on Green Level you are able to:**
- Participate in all program activities
- Visit the teen lounge on Fridays

**Yellow Level** – You are participating in some aspects of your treatment, but need extra support from your treatment team to meet daily expectations or make progress toward your goals. You may also need extra support from your team and family to make sure that you are safe.

**Examples of Yellow Level behaviors include:**
- Sharing with your team when you are engaging in self-harm behaviors
- Not bringing your back and forth sheet to the program daily
- Not completing check-ins with parents from the previous night
- Requiring multiple prompts to focus or watch your boundaries with peers
- Violating program rules, such as the dress code
- Having a low level of participation in program activities, such as groups or family meetings

**When you are on Yellow Level you are able to:**
- Participate in most program activities including gym
- Visit the teen lounge on Fridays at the discretion of your treatment team

**When you are on Yellow Level you will need to:**
- Process any unsafe behaviors with your treatment team at the start of your day
- Complete treatment work during social group at the end of the day
- Complete a safety review* before going home at the end of the day

**Red Level** – You are having difficulty engaging in your treatment and need a lot of support from your treatment team to meet daily expectations and work on your treatment goals. You require support from your team and your family to keep you safe with yourself and others.

**Examples of Red Level behaviors include:**
- Unsafe behaviors at home or in the program, including physical aggression towards others, destroying property and self-harm behaviors (when not disclosed to your team)
- Disrespectful or threatening behaviors at home or in the program, including during family meetings
- Having inappropriate boundaries with staff or peers, such as touching, whispering
- Sharing personal contact information
- Repeatedly violating program rules and expectations, such as the dress code
- Misusing computer privileges by visiting prohibited websites, such as Facebook, Tumblr, or Twitter, or accessing inappropriate websites
- Bringing unsafe objects into the program

**When you are on Red Level you will need to:**
- Process any unsafe behaviors with your treatment team at the start of your day
- Remain on the unit during gym time and teen lounge on Fridays
- Complete treatment work during social group at the end of the day
- Complete a safety review* before going home at the end of the day

*Note: Safety review involves discussing any unsafe behaviors that occurred during the day with the treatment team.
The day treatment behavioral system is used for most of our patients. The system allows staff, clinicians, patients and families measure how a patient is behaving in the program and at home. Levels depend on points earned in the program and behaviors at home. Points in the program are earned by being safe, following directions, being respectful and participating in programing. Patients can earn 0-2 points for each activity throughout the day. Responsibilities and privileges for each level are described below.

<table>
<thead>
<tr>
<th>New Star</th>
<th>Rising Star</th>
<th>Super Star</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsibilities:</strong></td>
<td><strong>Responsibilities:</strong></td>
<td><strong>Responsibilities:</strong></td>
</tr>
<tr>
<td>Responsible to learn names and rules, participate in activities, be safe and participate in family and group sessions</td>
<td>Responsible for the same as a “New Star”, a “Rising Star” will start to work on target behaviors and goals.</td>
<td>Responsible for all the same as a “New Star”, a “Rising Star”, a “Super Star” will also help a “New Star” leveled peer learn the rules and be a role model for peers.</td>
</tr>
<tr>
<td><strong>Privileges:</strong></td>
<td><strong>Privileges:</strong></td>
<td><strong>Privileges:</strong></td>
</tr>
<tr>
<td>Is able to help staff with special tasks and go to other parts of the building, also gets free time with 6 or more points in 1 day.</td>
<td>Will have all the same privileges as a “New Star” but will now be able to go on special errands with staff, help staff set up activities, “push the elevator button”, put the schedule on the board, and pick out relaxation music</td>
<td>Will have all the same privileges of a Rising Star, plus the ability to play Game Cube or X-Box during free time, called first for point store and extra free time when time allows.</td>
</tr>
<tr>
<td><strong>To Move to Rising Star:</strong></td>
<td><strong>Move to Super Star:</strong></td>
<td><strong>To move off of Falling Star:</strong></td>
</tr>
<tr>
<td>If 10 points are earned in one day and understanding of rules is demonstrated</td>
<td>If 11 points are earned for 2 days and responsibilities are handled well</td>
<td>A refocus packet must be completed and reviewed by a staff member</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Falling Star</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A drop to falling star will occur if you are,</strong></td>
</tr>
<tr>
<td>- Aggressive toward others or self</td>
</tr>
<tr>
<td>- Hit, kick, throw things, or destroy property.</td>
</tr>
<tr>
<td>- Try to leave program without permission or an attempt to go home without permission from parents/guardian.</td>
</tr>
</tbody>
</table>

**Consequences:** Most privileges will be suspended including, free time for the day, loss of field trips, and gum and card drawer.

**To move off of Falling Star:** A refocus packet must be completed and reviewed by a staff member. Being on Falling Star more than one time in a week may result in an individualized refocus program.
To Do List

Important Contacts:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please bring the following items on your child’s first day of PDT:

☐ A copy of your child’s most recent IEP or 504 plan
☐ A copy of any psychological testing or mental health assessments completed by outside providers
☐ Contact information for any outside providers who are involved in your child’s care (e.g., psychiatrist, therapist, teachers or school counselors).

Please bring in the following items into the program daily:

☐ Any prescription medications that your child takes between the hours of 8:30 a.m. and 2:30 p.m., in a labeled prescription bottle
☐ Your child’s up-to-date back and forth book
☐ Any treatment homework that was assigned as part of your child’s care

Questions for my treatment team:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
Frequently Asked Questions

How long will my child be in the program?
Your child’s length of stay will be determined by a variety of factors including, but not limited to, his/her progress in therapy, response to medications, and safety with him/herself and others. The average length of stay for the Psych Day Treatment program ranges from ten to fifteen days. Determining your child’s readiness for discharge is an ongoing process. Factors that your team will consider in assessing readiness for discharge include your child’s safety in the program and at home, stabilization of acute emotional and behavioral issues, and your child’s ability to safely return to school.

Who do I contact if I have questions or want an update about my child?
Your primary point of contact for information and updates is your child’s Behavioral Health Clinician. You may also contact other members of your child’s treatment team to discuss specific aspects of care that they are responsible for. Please refer to page 5 for a list of your child’s treatment team.

What should I do if my child refuses to come to the program?
Please notify the program nurse as soon as possible if your child is refusing to come into the program. It is important to discuss difficulties with program attendance with your treatment team as soon as possible. They will work with you and your child to develop a plan for consistent attendance and/or assess whether other treatment options are more appropriate under the circumstances.

What are important things I can do while my child is in the program?
You are an important part of your child’s treatment in this program. Therefore, it is important that you understand your child’s treatment plan and follow through with recommendations for their care and safety at home. This includes setting recommended limits, practicing behavior management recommendations and administering medications as prescribed. It is also important for you to bring your child to the program on time every day, complete the daily back and forth sheets, attend scheduled meetings and communicate with your team about any behavioral concerns that are happening at home or in the community. Your treatment team will assist you in developing a plan for your child’s ongoing care following discharge. To help with this process, you should provide the contact information for any existing providers and/or contact your insurance company regarding in-network providers if you do not currently have any.

Who do I contact if I have questions about my insurance coverage or the cost of my child’s stay?
Please contact the customer service department of your insurance provider if you have questions or concerns about your child’s coverage. You can also call the Cost Estimate Specialist at 720-777-0720 to help estimate out-of-pocket expenses.

What should I tell my child’s school about his/her absence?
We recommend that you talk to your child’s school about his/her presence in our program. This can help with planning around absences, missed work and your child’s eventual return to school. Our Educational Specialist can help coordinate with teachers and school administrators to identify services that may help your child be more successful in the school setting. This is especially important if your child has had unsafe behaviors at school. Ultimately, it is your decision whether to share specific information about your child’s treatment with the school.