

# Your child's psychiatric hospitalization

A practical guide for caregivers



**Boston  
Children's  
Hospital**

Inpatient  
Psychiatry

Until every child is well™





This guide was prepared by the Department of Psychiatry at Boston Children's Hospital in collaboration with the families we serve.

Written by:

David R. DeMaso, MD, director of the Department of Psychiatry  
and Colleen Ryan, MD, medical director of the Inpatient Psychiatry Service

With special help from:

Beverly Andrea, RN

Nancy Anthony

William R. Beardslee, MD

Martha Butler, PMH, CNS

Channa Carroll, BA

Kate Ginnis, LICSW

Christine Lorigo, RN

Cheri Sinclair, RN

This work has been supported by a grant from the Sidney A. Swensrud Foundation. In this guide, 'caregivers' refers to a child's primary caretakers, regardless of whether they are the biological parents, adoptive parents or legal guardians.

# T A B L E O F C O N T E N T S

**1 | WELCOME**

**2 | ABOUT US**

- Our unit
- Our patients
- Our care

**3 | YOUR CHILD'S HOSPITALIZATION**

- Admission process
- Our treatment team
- Our treatment approach
- Daily schedule
- Family involvement

**10 | HELPFUL INFORMATION**

- Contacting us
- The unit layout
- Safety
- Meals
- Finances

**13 | COPING WITH YOUR CHILD'S STAY**

- Helping your child
- Helping your family

**15 | GOING HOME**

**17 | FREQUENTLY ASKED QUESTIONS**

# Welcome to Boston Children's Hospital's Inpatient Psychiatry Service

Not every caregiver has the same reaction to his or her child's hospitalization for a psychiatric illness. It may be frightening, upsetting and hard to come to terms with. It may be a relief that your child is getting help. In either case, you may feel guilt, shame, sadness or anger that your child is struggling with psychiatric illness.

The hospital environment can also be overwhelming and intimidating.

Caregivers have to give up many of their normal responsibilities, and may feel left out when this happens. You may feel embarrassed, especially if your child has behavior problems. All of these feelings are completely normal.

"The most important thing for caregivers to know? That they need to ask as many questions as they want to ask, and that the staff, doctors and clinicians are very approachable . . . They are approachable but they need to be approached . . ."

While your child is here, you are part of the team. We encourage you to keep a list of questions and important information that you want to talk about with us. You know your child better than anyone else, so any information you can give us about your child's strengths, favorite activities or reactions to difficult situations will be very helpful for us.

*"The most important thing for caregivers to know? That they need to ask as many questions as they want to ask, and that the staff, doctors and clinicians are very approachable . . . They are approachable but they need to be approached . . ."*

No caregiver likes to see their child hospitalized, but we hope that this guide will reassure you, prepare you for what to expect and empower you to be an active partner in your child's care.

*Sincerely,  
The Inpatient Psychiatry Team*

*"When our daughter was first admitted, it felt too sudden. We couldn't believe that we couldn't do it ourselves."*

*"For us, the admission was not traumatic. We knew that it was what we needed to do to help him."*

# About Us

## Our Unit

The Boston Children’s Hospital Inpatient Psychiatry Service (IPS) is a 16-bed, secure inpatient psychiatric unit. We are licensed by the Massachusetts Department of Mental Health.

## Our Patients

We treat children and adolescents ages 8 to 17. Although not all of our patients have physical illnesses, we specialize in the treatment of youth with physical illnesses who also have emotional or behavioral difficulties.

## Our Care

We provide patient- and family-centered care. We use focused psychiatric assessment and current, effective treatments within a safe environment. These things will help your child work on their current troubles. We work together with your entire family to stabilize your child and determine the best steps for them after leaving our unit.



# Your child's hospitalization

## Admission process

The admission process involves a few different steps, and some steps may vary depending on the time of day or the day of the week that your child comes to our unit. Here are the basics:

*"We had a record of all of his care up to that point, and we brought it with us. We gave it to the people on Bader 5 and they really read it."*

- 1** | When you come to the unit, a nurse and a doctor on the IPS will meet with you and your child to begin the admission.
- 2** | You will be asked to fill out a document called a "Conditional Voluntary". This form, required by the Commonwealth of Massachusetts, is how you will give consent for your child to be admitted to a secure inpatient psychiatric unit.
- 3** | You will next be asked to sign consent forms to give us permission to contact any other treatment providers your child has, including a therapist, psychiatrist, primary care doctor, and a school administrator. This will help ensure a smooth transition when your child leaves the hospital.
- 4** | Within the first few days of your child's arrival, a doctor, nurse, and other clinicians will meet with him or her as a team. This meeting is when they will get to know your child, understand the issues that brought them to the hospital, and start a plan for treatment..



## Our treatment team

Your child will be assigned a treatment team on the unit. Each team has one social worker, a psychiatry resident or fellow, a psychiatry attending, a nursing team, and other clinicians who all help with different parts of your child's treatment.

- **Medical Director:** The Medical Director oversees clinical care for all patients and academic programming for trainees. He or she collaborates with the Patient Services and Program Director on unit operation and provides daily supervision and consultation to IPS Team. The Medical Director is also responsible for medical care of patients in consultation with Pediatric Hospitalist and Pediatric Nurse Practitioner.
- **Patient Services and Program Director:** The Patient Services and Program Director oversees 24hour nursing care, collaborates with the Medical Director on unit operations, and helps develop treatment plans collaboratively with nursing staff and clinicians. He or she also supervises Registered Nurses, Milieu Counselors, Group Therapists and Teachers.
- **Attending Psychiatrist:** The Attending Psychiatrist leads your child's team and oversees your child's care throughout the entire hospitalization. As Boston Children's is a teaching hospital of Harvard Medical School, your child will have either a child and adolescent psychiatry fellow or a general psychiatry resident assigned to his or her clinical team. These staff are supervised daily by the Attending Psychiatrist.
- **Psychiatric Nurse Practitioner:** The Psychiatric Nurse Practitioner performs daily assessments, medication evaluations, prescriptions and discharge planning as part of your child's team in collaboration with the Attending Psychiatrist.



- **Social Worker:** The Social Worker will guide you through the hospitalization, providing therapeutic interventions with you and your child. He or she also coordinates your child's care, including disposition planning.
- **Pediatric Care Team:** A Pediatric Hospitalist and Pediatric Nurse Practitioner jointly provide medical assessments and treatment as indicated for all newly admitted patients. They stay involved to address medical issues during your child's stay, communicating with your child's outpatient primary care providers and/or hospital consultant(s) as needed.
- **Nursing Team:** This group of Registered Nurses and Milieu Counselors provides direct supervision and daily care of your child. They also help develop your child's treatment plan.
- **Dietitian:** The Dietician addresses your child's nutritional needs or eating issues (if applicable), monitors weight and vital signs and adjusts meal plans as necessary.
- **Recreational Therapist and an Expressive Arts Therapist:** These staff provide helpful interventions such as mindfulness techniques, yoga, exercise, art, and/or music to develop new healthy coping skills.
- **Teachers:** The Teacher reviews your child's learning needs and, with your permission, coordinates with your child's school. He or she also tutors and monitors a classroom on weekdays.

- **Occupational Therapist:** The Occupational Therapist assesses your child's needs to incorporate sensory-based interventions (touch, smell, sound, movement, and oral sensory) to help your child improve regulation of their thoughts, feelings and actions.

- **Human Rights Officer:** The Human Rights Officer assures all patients are advised on their human rights. During the course of your child's hospitalization, he or she will assist in the resolution of concerns a patient or caregiver may have regarding these rights.





## Our treatment approach

- **Assessment:** Our staff works with you and your child to understand the focal treatment problem(s) that have led to your child's hospitalization. This is called Focal Treatment Planning, or FTP. During FTP, staff will identify a plan to return your child to a less intensive care setting as soon as possible and outline a discharge program that will set your child on a path to health and wellness.
- **Treatment:** The Focal Treatment Plan will include individual, group and/or family therapies and therapeutic interactions with our Nursing Team. Every child receives a medication evaluation from our psychiatrists as well as a consultation with pediatric specialists as indicated. Every child and family develops a safety and coping plan with the expectation for use during hospitalization.
- **Goals:** Before leaving the IPS, it is expected that:
  - the focal treatment problem(s) are resolved or are resolving
  - your family and child have an improved ability to cope with their illness, and
  - modifiable measures related to safety in the home, school, and community have been addressed.
  - You and your child will have developed the shared safety and coping plan (to be advanced to a symptom management plan) on managing your child's illness, addressing safety issues, and what to do if symptoms return outside the IPS.
- **Medications:** While not all children on the IPS receive medication, medication can be a valuable tool for treating psychiatric symptoms. If indicated, the psychiatrist on your child's treatment team will discuss this possibility with you and review medication target symptoms, actions and potential side effects. The only time a child would receive medication without your informed consent would be in an emergency situation, on a one time basis, and you would be notified as soon as possible.
- **Length of Stay:** We aim to discharge all children as soon as possible. Our average length of stay is between 7-10 days, but it varies depending on resolution or near resolution of the focal treatment problem(s). Some children are discharged sooner, others later; this depends on safety, degree of symptom severity and after care planning.

## Daily Schedule

The unit's treatment programming provides day-to-day group therapy, onsite schooling, nutritional programming, and pediatric care as indicated.

### Weekday schedule

Weekdays on the IPS are structured to provide time for school, groups, individual therapy and family meetings. Your child will also have 'self-care time', which is similar to free time, when he or she can either take space in their rooms to read or do an activity they enjoy or join peers and staff in one of our two lounges to relax. There are also select times, such as 'evening recreation group', when staff and patients watch movies or play games together. Many groups focus on teaching and practicing age-appropriate coping skills such as relaxation, gentle exercise and healthy distracting activities.

6:30 – 8:00 a.m.	Wake up. Check vital signs. Get ready for the day.
8:00 – 9:00 a.m.	Breakfast and goals group to review goals and plan for the day
9:00 a.m. – 12:00 p.m.	School
12:00 – 12:30 p.m.	Lunch
12:30 – 1:15 p.m.	Self-care time
1:15 – 5:00 p.m.	Groups, individual, or family therapy sessions
5:00 – 5:30 p.m.	Dinner
5:30–6:15 p.m.	Self-care time
6:15–7:00 p.m.	Evening recreation group
6:00 – 7:30 p.m.	Visiting hours (on Wednesdays, there is a family night activity)
8:30 p.m.	Bedtime for school-age children (ages 8-12)
9:30 p.m.	Bedtime for adolescents (ages 13-17)

### Weekend schedule

Weekends are less structured. However, children and adolescents still have the opportunity to participate in group programming and will be encouraged to work on their safety and coping plans.

Nursing staff remain fully available on weekends, but your clinical team members will not be seeing your child. Your child will see the on-call psychiatrist briefly on weekend mornings to review the past 24 hours. A child psychiatry fellow and pediatrician are also on call to address any psychiatric or medical issues that may arise.



## Family involvement

Family involvement is critical to your child's treatment. You have the greatest understanding of how your child responds to stress and what has been helpful in the past. As such, you are an important member of the treatment team.

*"I tell caregivers to remember that you're the people who are going to do the work."*

Please bring any medical records and psychiatric or school testing results, if available, to the first family meeting. It is also a good idea to write down any questions or suggestions you might have.

## Family meetings

You will be asked to attend at least two family meetings per week. These meetings provide an important opportunity for you to identify stumbling blocks, plan ways to help your child cope and keep them safe once at home. Usually, you will first meet your child's social worker alone, and then your child will join for the second part of the meeting.

As you might expect, some children become upset during family meetings. Some will need to leave meetings for a time to calm down. Our staff is there to help your child return to the family meeting as soon as possible. Please note that staff cannot supervise young siblings during these meetings.

## Suggested visiting hours

Weekdays: 6 p.m.–8 p.m.

Weekends: 10 a.m.–8 p.m.

Other visiting times can be arranged with the clinical treatment team. Siblings or family friends under age 21 must be accompanied by the caregiver/guardian. If extended family or friends want to visit, please pre-arrange a time with staff.



# Helpful information

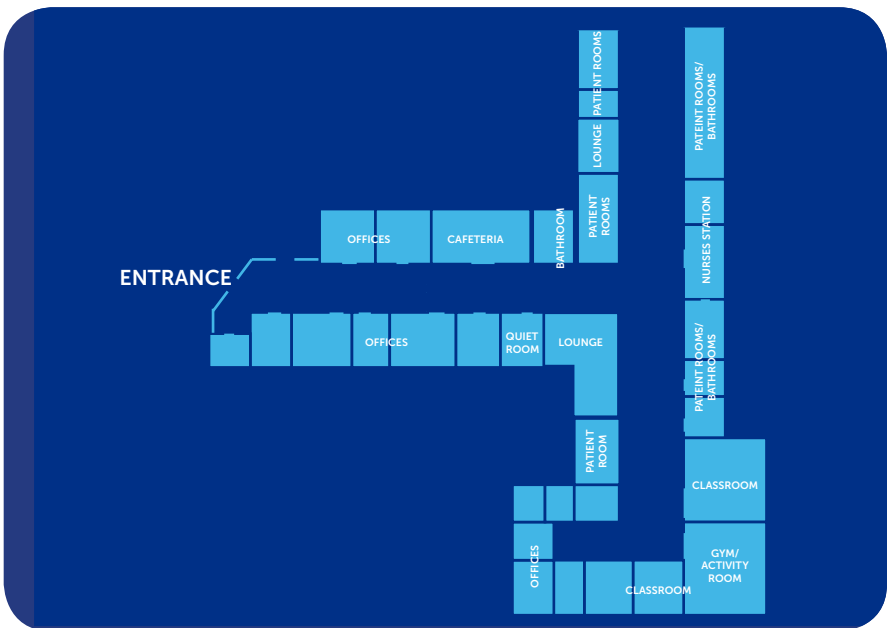
## Contacting us

There are two unit telephones that patients can use to make or receive calls when they are not in groups or school. You can always reach us directly by calling the unit at 617-355-7721.

## The unit layout

The IPS is laid out like a “T,” with the entrance at the “foot” of the T. When you enter and walk up the hall, you’ll find staff offices, meeting rooms, the dining room/kitchen and sensory room on either side of you. At the end of the hall, directly in front of you, is the communication center. The school-age children’s rooms and lounge, classrooms and gym are in the main hallway to the right, and the adolescents’ rooms and lounge are to the left.

All children and adolescents on the IPS have a roommate, except in certain special circumstances. There are two rooms with hospital beds and medical equipment to meet the needs of patients with physical illnesses. The unit also has a washer and dryer, but caregivers may elect to do their child’s laundry at home.



## Safety

We take many special measures to ensure safety and confidentiality for all our patients. The unit has two doors at the entrance that are kept locked at all times. When you arrive and ring the doorbell, a staff person will open the door for you. You will be asked to answer a routine set of questions to ensure that only authorized visitors are on the unit. Staff will also check any belongings that you bring onto the unit to ensure they are safe and appropriate to have on the unit, and will ask to hold any smoking materials, medication, or sharp objects that you may have with you.

*"It was comforting to know that he was in a safe place."*

Bathroom doors on the unit are kept locked to allow staff to monitor children closely and provide observation or assistance if necessary. Please know that a staff person can provide your child quick access to the bathroom 24 hours a day.

For safety and privacy reasons, we do not allow cell phones or electronic devices with photography or internet capability. Children are welcome to use these devices during family visits in a private room, under caregiver supervision.

## Meals

Children and staff typically eat meals together, "family style." There is usually one meal for everyone, but children on special diets (i.e. vegetarian) have meals sent up on trays. If your child has special dietary requirements, please let the staff know when you meet with them at admission. We also offer snacks three times a day and encourage healthy food and beverage choices. Caffeinated drinks are not allowed, and we discourage consumption of soda and juices with high sugar content. The unit kitchen has some space for your child's special snack foods, but please limit how much you bring.

## Finances

Many caregivers are concerned about their ability to pay for their child's hospitalization, or whether it will be covered by insurance. If you have insurance, the crisis clinician or intake worker who assesses your child before admission will obtain initial authorization from your insurance company. It is helpful if you know your insurance plan's benefits. Most insurance companies have a mental health toll-free number (generally shown on the back of your insurance card) that you can use to ask questions about coverage, including the number of days of inpatient psychiatric care allowed per year, any co-payments or deductibles you must pay, and whether the plan considers Boston Children's Hospital "in network" or "out of network".

If you do not have insurance or if your child's mental health benefits run out, you may be eligible for Massachusetts Medicaid (MassHealth). Your child's clinician can help you begin this process. Our Nurse Case Manager is available to assist with any questions that arise related to financing your child's stay.

## Coping with your child's stay

### Helping your child

Families can help in many ways to make their child's transition and hospital stay as easy as possible. It's completely normal for a child to show lots of different feelings and act differently when in the hospital. Your child's treatment team will help you support your child, but here are some tips:

*"The people here recognize that they are not just working with an individual, but with a family unit."*



**Acknowledge your child's distress.** Reassure your child that they will be in the hospital for as short a period of time as possible. However, avoid promising when your child can leave.

**Make your child comfortable.** Having familiar belongings from home is reassuring. You can bring clothes (including pajamas), toiletries, bedding, books, journals, and unframed pictures of family and friends. Children often like to have toys, stuffed animals, radios or iPods/CD players.

**Plan visits and transitions.** Let your child know when you will be coming to visit. If your child is having a difficult time saying goodbye, staff can help. You can also work with staff to plan phone call times to call and check in with your child during the day.

**Discuss treatment decisions with your child.** It is important that your child understand that you are an important member of their treatment team and that you are actively involved in decisions affecting their care. Talk to your child about the treatment recommendations.

*"It's important for caregivers to foster connections within the community. I feel like part of my job is to make the rest of the world understand what [hospitalization] is: not punishment, but help."*

*"With one in the hospital and the other at home, I had to be there for both of them. The flexibility of the program was amazing."*



## Helping your family

Having a child admitted for a psychiatric hospitalization can put strain on the whole family. It can affect a caregiver's work and/ or personal relationships. It can also be hard to talk about a psychiatric illness outside of one's immediate family. Acknowledging the stress of the hospitalization and trying to plan ways to cope can help. Here are some tips:

*"When your child is in the hospital, and it seems like there is no time, it's important to recognize small 'chunks' of time and use them. I used commuting time as quiet time."*

**Prioritize.** It is important that you be as involved as possible in your child's treatment. But it is also important to plan for time with the rest of the family. Some commitments, errands or housework that are part of your usual routine may need to wait.

**Accept help.** This is a time to reach out to family and close friends. People who are concerned about you and your family may be looking for ways to help and often feel reassured if they can contribute. Have them watch other children, make a meal, run errands or walk the dog.

**Schedule special time.** Try to find time to spend with the rest of the family. Have one caregiver plan a special evening with the children at home while the other visits the hospital. For single- caregiver families, it can be helpful to involve other family members in visiting as well as helping with the children at home. Also, it is important for partnered caregivers to plan to spend some time alone together to stay connected and support each other, and for single caregivers to spend time with the people they are close to.

**Talk with someone you trust.** It's important for you to have a sounding board. Our staff are certainly available to provide support, but it is also important to stay in touch with the people close to you who will be available after your child returns home.

Discussing a psychiatric illness can sometimes bring out surprising responses in people. You can decide how much information to share. Your own feelings can sometimes influence how others will react. As you come to terms with your child's illness and hospitalization, you may find that it becomes easier to share information and get support.

## Going home

Going home from the hospital is usually a relief, but it can also be stressful and raise new concerns. Some caregivers worry about their ability to keep their child safe at home. Others may be concerned about their child's return to school and the response he or she may get from peers. Also, there may be fear of a relapse. Everyone on the treatment team wants your child to return home as soon as possible, but it is important to prepare for the transition.

**Talk with your child.** Understand how your child feels about going home and help address any worries they may have. The treatment team will help you plan for potential problems at home.



**Returning to school.** Going back to school can be very stressful. Many children worry about what to say to their classmates about their absence from school. Caregivers can help by talking with their child and making a plan about what to say, and our staff can help you find the right words. The plan for returning to school should be part of your child's discharge plan, so that you all know what to expect during those first weeks at home.

**Medications.** If your child has been prescribed medications, be sure you know their names, dosage and administration times, as well as their expected effects and potential side effects. Nursing staff can help you plan how your child will get medications at home or school. It's important to continue all medications as prescribed. Your treatment team will help you figure out who will prescribe your child's medications after discharge.

**Safety planning.** As you prepare to take your child home from the hospital, you may be worried about your child's safety or a return of symptoms. Your child's clinician and nursing team will help you develop a safety plan, and you will practice this plan with your child during the hospitalization. Together with your child's treatment team, you will plan what to do if you become concerned about your child's safety.

**Aftercare appointments.** Before leaving the hospital, you will receive a discharge form that lists follow-up appointments for your child. It is very important to keep these appointments to ensure that your child can be his or her best outside the hospital.

**Return to a normal routine.** It will take a while for life to return to normal. Talk with your child and decide what they can handle. It may make sense to delay some planned events until they feel better able to cope.

**Remember to support yourself.** Sometimes it can be very difficult for caregivers to bring their child home. Caregivers may worry about their child's safety, whether they are able to provide enough supervision or how to manage conflicts without putting additional stress on their child. You will still need to keep in touch with friends and family who understand and can offer support.



## Frequently Asked Questions

**Q: How long will my child have to stay in the hospital?**

A: Length of stay on the IPS usually ranges from a few days to a few weeks, but it varies depending on the reason for admission, the progress that your child makes while here, and the resources available to your family in the community. The treatment team will be able to give specifics and develop a treatment plan with your input. Overall, it is our goal to make your child's stay only as long as is needed to address the problems that brought them to the hospital.

**Q: How old are the kids on the unit?**

A: Ages range from 8 to 17 years old. For the purposes of school and some therapeutic activities, the patients are divided into younger (school-aged) and older (adolescent) groups.

**Q: Can I stay overnight with my child?**

A: Caregivers cannot stay overnight with their children. We know this is difficult for some caregivers, but please be assured that staff are available 24 hours/day to ensure your child's comfort and safety. Every effort will be made to notify you immediately if there is a significant change in your child's condition.

**Q: Will my child have their own room?**

A: Usually not, unless there are special circumstances. Most of our patient rooms are semi-private (double) rooms.

**Q: Can other people visit my child in the hospital?**

A: Yes. Your child's treatment team will ask you for a list of people (friends or extended family) who have your permission to visit. These visits should be pre-arranged with the team. Anyone younger than 21 years old must be accompanied and supervised by the patient's caregiver(s).

**Q: Does my child wear regular clothes while they are in the hospital?**

A: Yes. You can bring comfortable clothes for your child to wear, such as play or school clothes. You should also bring pajamas.



**Q: What else should I bring?**

A: It is a good idea to bring some things that will make your child comfortable, such as a blanket and/or pillow. Items such as unframed photos, books, posters, stuffed animals, a journal, stationery, hair care products and electric razors can also be brought onto the unit. Anything sharp (razors, pins, scissors, glass or metal picture frames) or other items that may not be safe for the children on the unit should be left at home. Our staff will check any belongings that you bring to ensure their safety.

**Q: How do I get in touch with my child?**

A: To reach your child, your child's treatment team, or a staff person on the unit urgently, call 617-355-7721. If your child or the staff you are looking for are not immediately available, the staff will take a message and your call will be returned as soon as possible. Caregivers should feel comfortable calling the unit any time.

**Q: What will my child eat while in the hospital?**

A: Meals are served "family style," with patients and staff eating together. There is generally one meal selection, but some children on the unit have special diets, depending on their medical or dietary needs. You should let the staff know if your child has any dietary restrictions.

**Q: What about school?**

A: During the academic year, part of every week day is dedicated to school. We have two teachers, one for grades 1-8 and one for grades 9-12. With your permission, he or she will help gather assignments from your child's school so your child can keep up with some schoolwork while on the unit.

**Q: With so many people involved in my child's care, whom do I ask about my child's progress?**

A: The primary person to ask is your child's social worker who is usually available by phone after 10:30 a.m. on weekdays. If your social worker is not immediately available, you can leave a message and it will be returned as soon as possible. Nursing staff are available at all times for a brief update on how your child is doing.

**Q: Will my child have medication changes without my knowledge?**

A: No. Caregivers must be involved and give consent for any medication additions or changes. Only in an emergency would medication ever be administered to your child without your prior knowledge. In such a case, every effort would be made to reach you as soon as possible.

**Q: What do I tell other people about where my child is?**

A: Most caregivers struggle with this question at some point during their child's admission. You can choose how much information to share. Our staff are happy to offer additional guidance.







**Boston  
Children's  
Hospital**

Until every child is well™

Inpatient  
Psychiatry