



BEHAVIORAL MEDICINE CENTER OF BAPTIST HOSPITAL

INPATIENT MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS

PROVIDING PATIENT-CENTERED CARE AND TRAUMA-INFORMED CARE FOR CHILDREN

Trauma can be both a medical and psychological event in the eyes of children and families experiencing serious illnesses, injuries or painful procedures. By integrating an understanding of traumatic stress into their routine interactions with children and families, health care providers can:

- Reduce the impact of difficult or frightening medical events.
- Help children and families cope with emotional reactions to illness and injury.

Traumatic stress reactions, left unaddressed, can have serious implications for medical treatment and health outcomes and can represent a “hidden cost” to the health care system. Traumatic stress symptoms have been associated with:

- Adverse health outcomes.
- Less effective treatment and medication adherence.
- Worsened functional outcomes.

TRAUMA INFORMED CARE RESOURCES

- **16 Trauma-Informed, Evidence-Based Recommendations for Advocates Working with Children Exposed to Intimate Partner Violence**
PromisingFuturesWithoutViolence.org/files/2013/01/16-trauma-informed-evidence-based-recommendations-for-advocates2.pdf
- **Learning Materials and Resources**
Samhsa.gov/child-trauma/learning-materials-resources
- **Healthcare Toolbox**
HealthCareToolBox.org/?gclid=CPbki8bJsdQCFdelswodvFEEMw
- **Child Welfare Information Gateway**
ChildWelfare.gov/topics/responding/trauma/
- **National Child Traumatic Stress Network-Trauma Facts for Educators**
NCTSN.org/resources/topics/creating-trauma-informed-systems
- **Child Trauma Toolkit for Educators**
NCTSN.org/sites/default/files/assets/pdfs/child_trauma_toolkit_final.pdf
- **Children and Trauma-Update for MH Professionals**
APA.org/pi/families/resources/children-trauma-update.aspx

The Behavioral Medicine Center team is eager to work patients and families to address mental health needs. For more information about our program, call **850.434.4808**. You can also reach our 24-hour direct referral team at **850.469.5811**.



A MISSION AND PHILOSOPHY

Baptist Health Care’s Mission is helping people throughout life’s journey. Behavioral Medicine Center of Baptist Hospital’s distinct role in fulfilling this Mission is a compassionate focus on youth mental health services. Our experienced and compassionate team embraces a culture characterized by respect for individuals.

Our philosophy at Behavioral Medicine Center inspires us to believe that all care provided to those we serve should be based on principles that support the Recovery Model and Trauma-Informed Care. These methods emphasize physical, psychological and emotional safety and they help our patients rebuild a sense of control and empowerment. We work to create an environment of absolute safety where seclusion and restraint are unnecessary and considered a treatment failure. The use of seclusion and/or restraint is only used as a safety measure of last resort. We exercise respect, kindness, individual choice and education to help those in our care feel calm and secure.

Our services focus on providing a safe environment free from violence and coercion. We work collaboratively with individuals, giving them a voice in their own care and include them in all decision making. We value each person as an individual and treat all with respect and dignity. Therapeutic interactions are based on providing hope for recovery. Every effort shall be made to engage each person in treatment by providing choices that address individual needs. Recovery plans reflect a collaborative agreement based on an individual’s perception of needs as well as his or her current stage of change. Service provision strives for a trauma-free environment that fosters collaboration, respect and hope to the people we serve.



YOUTH MENTAL HEALTH SERVICES

The Behavioral Medicine Center of Baptist Hospital is a 26-bed unit dedicated to children ages 5 to 17 who are experiencing problems coping with the events of these developmental periods. We believe that children should be treated in the least restrictive environment and that an inpatient unit is a stepping stone for helping them to stabilize while addressing safety concerns. For this reason, the Behavioral Medicine Center’s children inpatient unit is designed with safety in mind, with appropriate age range units.

Since children coming to our program are experiencing significant stressors or are having difficulty with unsafe behaviors and impulsivity, we closely monitor all children and enact appropriate safeguards individualized to the needs of each child.

The environment that the children live in is called a milieu. Our milieu is designed to be therapeutic. Opportunities for working on issues occur in multiple formats. The unit is staffed 24 hours a day by nurses and psychiatric technicians. We have multiple therapeutic groups, leisure development and other therapeutic programs for all patients on the unit. They are geared to facilitate safety and encourage emotional growth.

OBJECTIVES:

- Emphasis on effective interventions treating behavior and emotional problems.
- Provide a structure for positive reinforcement based on developmental level and developmental tasks to be accomplished.
- Provide a planned milieu to include games to enhance developmental level, recreational group activities to foster peer interactions, arts to foster creativity and psycho-educational groups that promote growth and recovery.
- Teach patients coping skills on how to handle stress and frustrations by problem solving.

THE PATIENTS

Children from across the region are admitted to Baptist Hospital’s Behavioral Medicine Center. Family backgrounds and experiences are diverse. Most of our patients have been admitted due to mental health and/or substance use issues. The most common diagnoses are depression, attention deficit disorder, psychosis, disruptive mood dysregulation disorder, adjustment disorder, oppositional defiant disorder and autism spectrum disorder. The average length of stay is three to five days.

THE TREATMENT TEAM

Children are treated by a team of professionals, including a child/adolescent psychiatrist, a clinical social worker, therapists, nursing staff and psychiatric technicians.

You can expect our treatment team to:

- Provide nurturance and respect.
- Provide an atmosphere of teaching and learning.
- Provide choices.
- Listen to what our children and families are saying.
- Work collaboratively with our children and families.

INTERVENTIONS

Our goal is to provide children with the best possible care in a non-violent, non-coercive and welcoming environment. We want to teach children alternatives to self-injurious behaviors or striking out at others. Alternatives may include:

- Talking it out with staff.
- Journaling or artwork.
- Spending quiet time in their room.
- Involvement in another activity, such as reading, music, exercise or television.
- Reduced environmental noise.
- Companionship.
- Relaxation techniques.
- Increased visitation.
- Familiar staff.

Part of the learning process is helping children practice new skills in a supportive environment. Behaviors that can cause a serious risk to clients or others can be targeted through a specialized treatment plan to reward positive behaviors.

POSITIVE REINFORCEMENT GUIDELINES

THE GOALS OF POSITIVE REINFORCEMENT ARE:

- To encourage appropriate coping strategies and social skills.
- To effectively and therapeutically provide early intervention to avoid escalation of negative behaviors.
- To provide feedback on behaviors using a positive reinforcement system.

THE EXPECTATIONS OF THE POSITIVE REINFORCEMENT GUIDELINES ARE:

- Model and reward appropriate social behavior on a continual basis.
- Consistently encourage and teach the child to stop, think and then use.

THE 5-STEP PROBLEM SOLVING MODEL.

- What is the problem?
- What can I do?
- What happens if I...?
- I will...?
- What happened when I...?

Children are rewarded based on their developmental age and abilities, therefore, expectations should be individualized. The focus for implementation is to work diligently at giving immediate verbal praise followed by a tangible item (certificate). Everyone working directly and indirectly with the children is encouraged to participate in giving verbal praise and reward. The team is specific in what is being reinforced. They use phrases such as, “Thank you for being seated” or “I like the way you are following directions.” Being consistent in positive reinforcement teaches others how to use positive reinforcement.

