The program therapist will be the general point of contact for families throughout treatment. At the point of admission, the treatment team will begin to communicate with outside providers (as authorized through ROI’s) and begin to plan for discharge.

Families will also be working closely with a family therapist each week. The program Nurse will be communicating specific information about medications as needed.

The entire treatment team will work collaboratively to provide stellar treatment for the patients and family system. Please don’t hesitate to ask any questions to any of our staff members. Below is the contact information for each program. Further contact information and business cards are available at each reception desk and will be provided to families upon admission.

Aris Clinic:
Phone: (651) 259-9750
Fax: (651) 259-9790
Website: www.aris-clinic.com

Grievance
Aris encourages open communication between patients and their parents/guardians and staff with the objective of resolving concerns or grievances through appropriate problem solving actions.

Upon admission, patients and their parents/guardian are informed of their rights and responsibilities and informed of the process by which they can voice any concerns related to their rights and/or treatment. This information is also posted in the patient care areas.

Staff is trained to respond promptly to all grievances voiced by patients and/or their families. If a concern is not resolved at the treatment team level, patients are encouraged to contact their therapist to complete a grievance form which is forwarded to the Patient Advocate for attention.
Boundaries
Patients receiving IOP level of treatment may be vulnerable and are oftentimes unable to make healthy decisions about physical space and emotional boundaries. Time spent at Aris should be focused on treatment goals. Patients will not be allowed to share personal information with other patients in the program at any time. This includes:
- Home address
- Phone numbers
- Email addresses
- Internet social networking information (facebook, etc)
*Violation of this may result in immediate discharge from the IOP*

Violence
Violence toward staff, fellow patients or visitors of Aris is not tolerated. Aggressive symptoms usually indicate a need for inpatient care. Staff at Aris are training in Crisis Intervention and may initiate physical restraint if necessary. Any violence occurring on Prairie property may be reported to law enforcement for prosecution.

Points Sheets
“Points Sheets” are forms that highlight common psychiatric symptoms. Staff fills out daily points sheets to quickly advise parents/guardians of how their son or daughter’s day has gone. Parents/guardians fill out points sheets to quickly inform staff of how the patient’s evening or weekend has gone. Please bring the parent’s points sheets in at the beginning of each treatment day for staff to review. If you would like to talk to a nursing staff member at drop-off or to have a phone call later in the day, please inform the staff.

Hygiene
Maintaining personal hygiene is part of recovery. Patients are encouraged to take regular showers or baths at home. If necessary, staff will broach hygiene topics with parents/guardians if issues are compromising treatment and well-

Welcome to the Child Adolescent Intensive Outpatient Program (IOP)
The Child Adolescent Intensive Outpatient Program (IOP) is part of the Aris Clinic for children’s psychiatric illness.

IOP provides active, intensive therapeutic services in a coordinated and structured environment. This patient handbook outlines how we provide treatment and the expectations for patient participation. We hope this helps familiarize you and your child with our treatment approach.

Since this treatment is designed to work with children and adolescents, we consider each individual’s cognitive, emotional, developmental, family and spiritual needs while thoroughly evaluating all underlying psychiatric conditions.

Patients may be admitted to IOP from a hospital, an emergency department or may be starting treatment in IOP directly. Parents, teachers, doctors, therapists, counselors, or family may also refer patients to the IOP.

Patients who enter IOP have had significant difficulties functioning in their family, school and/or community. The treatment staff works closely with patients and their families to identify and assess problems and then begin steps towards treating identified issues.

These steps often involve dealing with problems differently than in the past, both medically and behaviorally. The staff is available to assist and support making such changes as well as meeting as needed to discuss treatment progress and recommendations.

To facilitate communication between the treatment staff and parents/guardians, we ask that parents/guardians complete a daily point sheet informing the treatment team on the progress being made in the home. The treatment team will also fill out daily point sheets informing the family on progress within the program.
Your Treatment Team

Treatment Planning
Patients and their parents/guardian meet with a clinical staff member upon admission and develop a master treatment plan outlining the problematic behaviors needing to be addressed throughout the course of treatment. The treatment team reviews treatment plans weekly and may modify them as needed.

Patients and their parents/guardian are involved in the development of treatment plan goals.

Your Treatment Team may include:

Child and Adolescent Psychiatrists
Physicians with specialized training in all aspects of care of mentally ill and/or addicted children and adolescents.

General Psychiatrists
Physicians trained in treating mentally ill or addicted patients of all ages.

Family and Individual Therapists
Masters level therapists experienced in helping families cope better with the challenges of childhood psychiatric disorders.

Nurses
Licensed nurses with specialized training in caring for psychiatrically ill patients.

Social Workers
The Social Workers will help guide treatment planning, facilitate psychoeducation groups and act as the casemanager for each patient.

Psychiatric Technicians
Psychiatric Technicians constitute most of the direct patient care, facilitating groups and coordinating the patient’s day of programming.

Rules and Guidelines

Attendance
Regular attendance in the program is essential to your child’s recovery. Non-attendance may result in discharge unless there is prior approval. Likewise, unexcused lateness and early departure may result in discharge from the program. Some insurance companies will not cover shortened days; payment for services in this case falls entirely to the legal guarantor.

Dress Code
- Shirts must cover the patient’s midriff at all times
- Shorts which are at least knee length may be worn
- Pajama pants, lounging pants, slippers and flip-flops are not allowed
- Camouflage clothing, crop tops, tank tops, sleeveless shirts, hooded sweatshirts (hoodies), sunglasses, hats and visors are not allowed
- Sharing of clothing or personal items is not allowed
- Tight fitting or revealing clothing is not allowed
- Shirts or other clothing with alcohol/drug advertising or offensive language and symbols are not allowed
- Underwear must not be visible
- Excessive make-up, perfumes or colognes are not allowed

It will be left to staff discretion to determine what is appropriate. Violations of dress code will result in the need to wear IOP scrubs.

Conduct
- All personal items will need to be kept in lockers during the day
- Food, gum, or beverages of any kind (including bottled water) will not be allowed in the program
- Patient may not have in their possession any over-the-counter or prescription medications
- Backpacks, purses, and other bags are not allowed in the program. Staff reserve the right to check all items brought into the program by patients
- Cigarettes and lighters are prohibited and will be thrown away.
- Disrespectful language or threats will not be tolerated
Individual (Patient) Rights and Medical Records

- All patients have the right to inspect and copy their own protected health information (medical record) on request, except for mental health records, which must be reviewed with a psychiatrist first. In cases where exposure to the record might be harmful to the patient, the psychiatrist may deny the request.
  - If you request a copy of your psychiatric record, we will generally review the record with you. It is unlikely that there would be information in the chart that a patient should not or could not read, but much of the information in the chart may require explanation.

- Patients also have the right to amend or append their medical (or psychiatric) record. Physicians have the right to deny such a request if it is believed that the information in the medical record is accurate, but in that case the patient request must still be attached to the medical record.

- Patients have the right to an accounting of all disclosures to other parties. This means that if you ask for a list of whom we have released psychiatric information to we will supply it to you.

- Patients have the right to have reasonable requests for confidential communications accommodated.

- You can give written authorization for Aris to disclose your psychiatric information to anyone you choose, and you may revoke the authorization in writing at any time.

- Patients have the right to receive a written notice of privacy practices from providers and health plans.

Daily Schedule

Each day patients will receive a variety of treatment modalities provided by a multi-disciplinary treatment team. Patients are programmed with groups of similar aged peers. Each day the patients receive three hours of intensive therapeutic programming which may include but is not limited to process groups (therapist led explained in detail below), psychoeducation, social skills, life skills, relaxation, activity, coping skills, anger management, sleep hygiene, healthy eating, benefits to exercise, healthy choices, getting along with others, communication, procrastination, thought stopping, reframing and restructuring, recognizing vicious cycles (depression, anxiety, mood lability, etc.), nursing group. Aris also recognizes the significant stressors patients experience in their school settings and provides three hours of school to accompany therapeutic programming from the beginning of September through the end of May.

Programming
Aris offers multi-disciplinary and multi-modal courses of treatment. This means that patients are able to meet with a variety of licensed professionals and participating in a variety of methods of treatment. This approach creates an optimal setting for thorough assessment by the treatment team and allows the team to provide therapy from numerous angles.

Process group creates a safe setting for patients to share their thoughts and experiences with one another to learn to identify and understand their own experiences and symptoms. Other groups also allow patients to share experiences to grow and become stronger. An integral component of programming is then to teach patients the coping skills they need to help lessen the severity and duration of their symptoms.
General Information

Case Management
Case Management is coordinating activities identified on a treatment plan as necessary to attain treatment goals. This includes coordination with the patient’s usual school, medical, mental health or other services that may be provided by Aris or through other providers and agencies. The treatment team works with each patient and their family to provide case management services.

Discharge
Length of stay in IOP is based on each patient’s individual needs. Length of stay averages about 30 treatment days (Monday – Friday.)

For successful discharge, the patient should achieve the treatment goals identified in the treatment plan. At times, discharge may occur because patients are unable to resolve their identified issues or make progress toward achieving treatment goals within the IOP level of care. Discharge may also occur when the treatment team determines the patient is not appropriate for, or unable to participate meaningfully within the program. When a patient’s symptoms do not improve, intensify or new symptoms appear, Aris staff facilitates referral to a different, appropriate level of care.

Patient Boundaries
Aris strongly advises against developing personal relationships with fellow patients (see rules and guidelines). Patients receiving treatment are vulnerable and oftentimes unable to make healthy decisions about physical space and emotional boundaries.

Confidentiality
Aris honors the confidentiality of all patients. It is expected that patients and their families also honor each other’s confidentiality to foster a more therapeutic environment.

HIPAA / Medical Records

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 created standards were to protect patients’ health information when it is disclosed but also to facilitate the flow of medical information between providers.

Release of Information
Parents/guardians are asked to sign a release of information (ROI) upon admission so the Aris treatment team can contact other pertinent providers to insure appropriate communication during programming. Updates will be sent to these providers as deemed necessary by the treatment team and as approved by the parent/guardians. After treatment is complete, other providers may request that Aris share information with them to help facilitate ongoing care. This information is only shared if a valid ROI is completed, or if it is required by federal law that this information be shared (i.e. emergencies, national security, public health issues).

An ROI is not needed to communicate treatment information with your insurance company for the purposes of obtaining authorization for treatment and subsequent payment for services. Please contact a staff member if you have further questions related to HIPAA or the sharing of medical information. More information can be found through the U.S. Department of Health and Human Services website: www.hhs.gov

Prior to a patient starting in treatment, the parent/guardian would have acknowledged the confidentiality policy and Notice of Privacy Practices which further outlines the management of private health information.

Medical Records
The Aris treatment team will keep careful documentation of all aspects of treatment to monitor progress and to help facilitate future growth. The team will begin to build a medical record chart the day of admission. Federal Law specifies that the physical chart remain the property of Aris, the information contained within is the property of the patient.
School

The team at Aris believes strongly that school/education plays an extremely important and influential role in the lives of children and adolescents. That is why Aris collaborates with local school districts to incorporate regular schooling into the daily Intensive Outpatient Program. This is an essential component for clarifying diagnosis and treatment.

Although the importance for mental health services often outweighs the need for schooling when a child or adolescent meets criteria for IOP—the wellness of a child’s mental state is often deeply woven into the educational and social success experienced in the school setting. Aris hosts a classroom for the local school district to provide the educational services to all patients as follows:

- Woodbury classroom is managed by Intermediate District 916

Parents are asked to sign a Release of Information (ROI) so that school contact may be made. **Parents/guardians should also take responsibility for contacting schools.** Educational staff may include a special education teacher, certified teaching specialist, licensed teacher, paraprofessional or additional tutors as necessary. Parents/guardians obtain the patient’s educational materials and bring to the program with the patient. Education is a student’s responsibility. The teacher assists in completing assignments. Patients communicate with teachers when there are questions or concerns.

Prior to discharging from the program, the educational team may coordinate a school staffing to invite the family and staff from the patient’s home school to review treatment progress, recommendations for continued care, and any changes made to the individual education plan (IEP). Aris and classroom staff may consult with the patient’s home school if an alternative educational placement is recommended after IOP.

Aris recommends the PACER Center for parents seeking advocacy for their child’s educational rights at 800-537-2237. The PACER Center can help parents understand laws surrounding disabilities and IEP’s.

Transportation

Adolescent patients may drive themselves to and from the program when authorized by the attending Physician. Patients are not allowed to give rides to other patients.

Resident school districts are required to transport patients to care and treatment centers when educational services are offered. The treatment team can assist parents in arranging transportation through your resident school district prior to admission. It is the parents responsibility to communicate with the transportation company of any changes.

Lunches

Lunches and snacks are provided by Aris each program day. Please notify staff if the patient has any specific dietary needs.

Medications

Treatment of some illnesses may include the recommendation by a Physician for the use of medications. Medications are only dispensed after the staff has provided education on the specific medication to the patient and the parent/guardian has granted approval to begin the medication ordered. A Nurse administers any medication scheduled to be given during the time the patient is at the program. Patient’s families are responsible for obtaining and paying for any prescription medications. All medications are kept in a locked cabinet in the nursing office. Patient non-compliance with medications is addressed as a treatment issue.

Electronics/Cell Phones

Patients are allowed to bring cell phones and other electronics to IOP but will be kept with staff during the day. To protect confidentiality, taking pictures of patients is not allowed.

Telephones are on-site and may be used by patients for making necessary phone calls only with approval from staff.
Drug Screens
When indicated, a Physician orders urine drug screens and/or breathalyzers for patients if there is suspicion of drug or alcohol use or as part of monitoring sobriety. These may be scheduled or random. Any refusal to comply with a drug screen when requested is viewed as an admission of using drugs or alcohol and results in appropriate consequences.

Holidays
IOP programming may continue as usual on Federal and school holidays when they occur Monday to Friday. IOP closures for these holidays will be communicated via letter sent home with the patient. The IOP closes for the following holidays: Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day, and New Year’s Day. School will follow their local calendar which may result in shortened days.

Illness
It is the legal guardian’s responsibility to inform the Nurse of illness or any other occurrence that would prevent the child from attending on a scheduled day. If a patient becomes physically ill, nursing staff notify parents. Your child’s psychiatrist may request a family practice consult with a routine provider. If the patient is ill enough to prevent effective participation, or the illness is communicable, staff request parents pick up their child.

Parents need to schedule routine medical appointments outside of program hours so it does not interfere with treatment in IOP.

Weather Emergencies
When the local school district (South Washington ISD #833) closes due to weather conditions, Aris will also close. Please watch Kare 11, or check www.kare11.com for closing information. Aris will appear on the ticker if closed. Please use your judgment regarding road conditions, wind chill, etc., as to when you bring your child to IOP.

We call parents to inform them of the closing so they can pick their child up. IOP remains open until all parents are able to pick up their children.

General Information continued...

Treatment Decisions

Your child’s treatment team understands the importance of collaboration with family members and other providers.

Treatment Team & Family Collaboration

Recognizing Parents’ Wisdom
Aris recognizes and respects that parental/guardian rights and judgment ultimately govern treatment decisions for their children. That is why we view our recommendations to you as fundamentally collaborative in nature, in the same way that we work together as a team of doctors, nurses, social workers and therapists to integrate multiple perspectives and information sources into a comprehensive diagnosis and treatment plan.

Ensuring Professional and Scientific Standards
At the same time, our practitioners may in their professional judgment deem certain recommendations essential or critical to successful treatment. Therefore some recommendations may become a condition of continued treatment in our programs. Insurance companies also at times, require that certain forms of treatment be part of a covered treatment plan.

Discharge from our programs may occur when in our professionals’ judgment a disagreement about treatment recommendations prevents us from providing responsible care. We would only interrupt care when an impasse persists even after careful discussion between the treatment team and parents or guardians. In such cases we may offer alternate treatment referral suggestions.