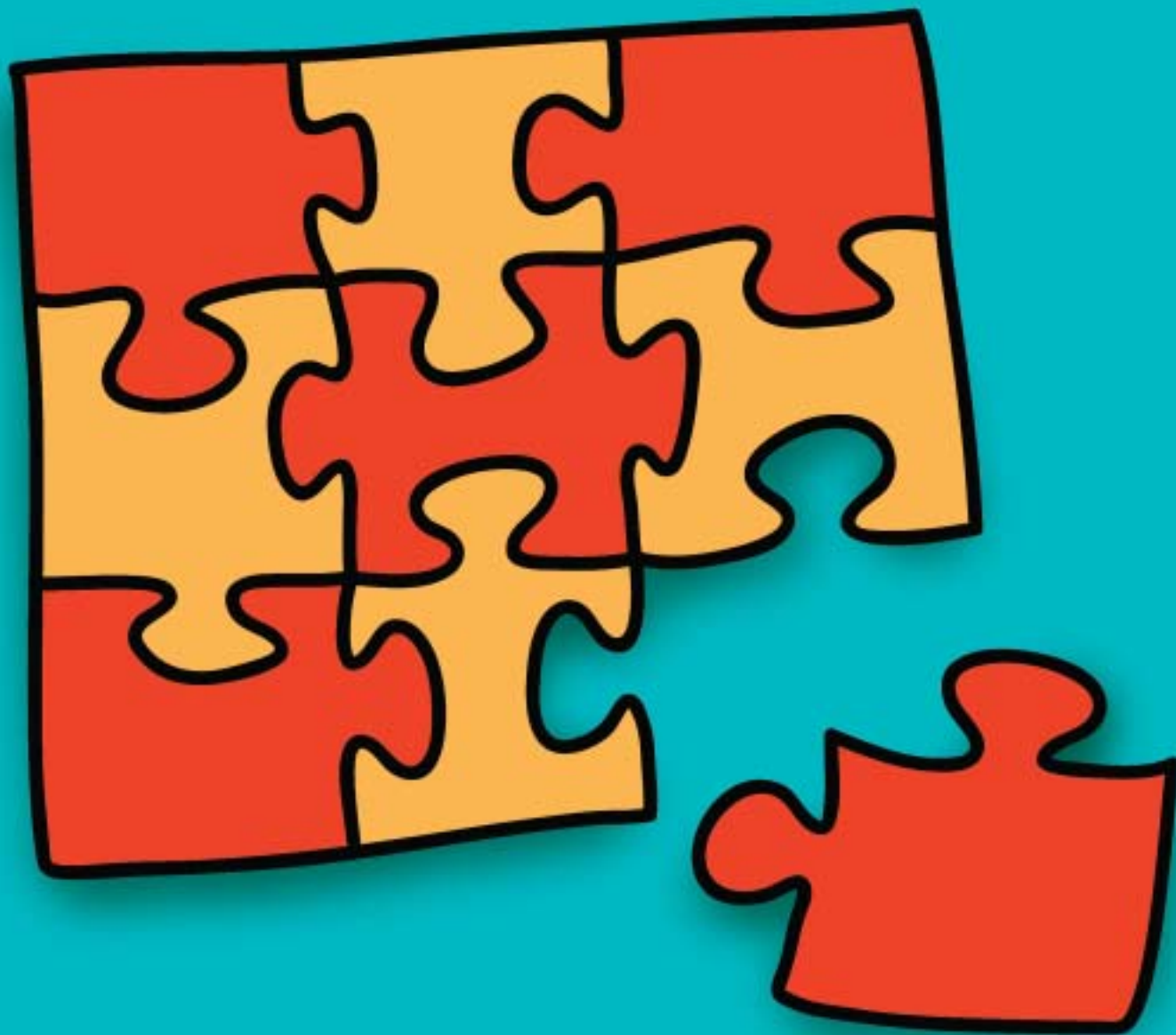


A Guide for Parents



SEVERE DISRUPTIVE BEHAVIOR
Disorders Program

WHAT'S INSIDE

Welcome	3		
How we work	3		
Registration Process	3		
PART I — THE DAY HOSPITAL			
Types of treatment	4		
Milieu therapy	4		
Individual therapy	4		
Family therapy	4		
Occupational therapy	5		
Social skills training	5		
Pet therapy	5		
Art therapy	5		
Drama therapy	5		
Music therapy	6		
Gym and swim	6		
Medical supervision	6		
Medication	7		
Home visits	7		
Behavior charts	7		
Research	7		
A typical day and week	8		
Policies and regulations	10		
Parent availability	10		
Lunch	10		
Dress code	10		
No smoking policy	10		
Contact with other children in the program, outside program hours	10		
Articles from home	11		
Gifts	11		
Special activities	11		
Aggression or acting out	11		
– Time-out	11		
– Separation room	11		
– Restraining	11		
– Physical aggression	11		
		– Destruction of property	12
		– Dangerous weapons	12
		Family therapy attendance	12
		Absence and illness	12
		Vaccinations	12
		School re-integration and follow-up	13
		Medical transfer to General Practitioner or Pediatrician after program discharge	13
		Follow-up after discharge	13
PART II — ANGRIGNON SCHOOL			
		Vision statement	14
		School structure and time	14
		Pedagogical days	15
		Individual Education Plans (IEP)	15
		Report cards	15
		Parent/teacher nights	15
		Registration	15
		Transportation	15
		School bus behavior	15
		Outings	16
		Homework	16
		Homework chart	16
		School supplies	16
		Safe school policy	16
		Classroom behavior	17
		Physical aggression	17
		Behavior charts	17
		School reintegration and follow-up	17
		Annex I	
		Glossary	18
		Annex II	
		Supply list	
		– Day Hospital	19
		– School	19
		Annexe III	
		Useful names and numbers	20

Welcome

The purpose of this booklet is to inform parent(s) or caregivers about the daily routine of the day hospital (Lyal Pavilion) of the Severe Disruptive Behavior Disorders Program (SDBDP). It is also a guide to the treatment and approach of the specialized services which will be offered. The booklet includes a section on the Angrignon school.

Children who present severe disruptive behavior disorders are children who tend to disrupt their environment (school, home, community). These children can present with attention deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, etc. Definitions of these terms can be found at the end of this booklet.

How we work

Our day hospital is an intensive family- and child-oriented therapeutic milieu. That means that the efficiency of our therapy is based on the close working relationship between our teams and you, parents and caregivers.

Our program's aim is to help these children develop a more positive attitude so that they can function better at home, school and within their community. Our team is made up of , behavior modification agents, educators, nurses, occupational therapists, psychiatrists, psychoeducators, psychologists, social workers, teachers and many other experienced professionals.

Each family is assigned a case manager who coordinates all aspects of treatment, and each child is assigned a teacher who plays the same role as a teacher in a regular school. These two people are your contact people, so if anything comes up regarding treatment or behavior, you can speak directly to your case manager and if you need to discuss anything related to school affairs, you can contact the child's teacher.

Registration Process

The registration process starts out with a discussion between you and a liaison agent. The agent's role will be to ask you questions to help determine whether the program would be appropriate for your child.

If your child meets the registration criteria, you will be asked to provide pertinent documents. At that time, you may take a tour of the Day Hospital. You and your family will then be scheduled for a clinical evaluation with an interdisciplinary team. Then, in light of all the information, a decision will be made by the psychiatrist as to whether your child requires the program services. Proper authorization forms (program registration and eventual school reintegration forms) will need to be signed at this point.

Remember, we are here to help and we hope that you and your child will get the most out of the program. So if you have any questions or concerns, please feel free to call us at any time. Please refer to page 22, entitled "Annexe III: Useful names and numbers".

As you already know, our day hospital is an intensive family—and child—oriented therapeutic milieu. That means that the efficiency of our therapy is based on the close working relationship between our teams and you, parents and caregivers.

This section is designed to inform you of the different treatments and research programs offered by the Day Hospital. Also, our day treatment program is affiliated with the McGill University given that the Douglas Hospital is a McGill teaching hospital. Because your involvement is very important, we offer you an example of a typical day in our Day Hospital. Lastly, we offer you the program's rules and regulations.

Types of treatment



Milieu therapy

Milieu therapy teaches children how to express their feelings with words rather than through disruptive behavior. We look at the child's existing behaviors and talk about setting limits and finding effective coping behaviors. This type of therapy helps children build their self-esteem by adjusting expectations to their actual abilities, while the group setting helps improve how they relate to each other.



Individual therapy

Individual therapy sessions are a time for a child to share his/her thoughts and feelings with a therapist, one-on-one, in a non-threatening environment. The aim is to help children understand themselves and what they're going through by looking at their past and present behavior patterns.



Family therapy

Family therapy sessions usually include the entire family—so that everyone can get help coping with what they are experiencing. You will discuss things like the child's symptoms as well as when and how the problem may have started. Parents may be asked to adjust their approach, if needed. The sessions are very useful in identifying each person's role within the family system.



Occupational therapy

Pediatric occupational therapy helps children with motor, behavioral, social and learning difficulties reach their highest functional ability so that they can do things that fulfill them—like playing, climbing, jumping, riding a bicycle, drawing, writing, etc. The occupational therapist starts by assessing the developmental level of the child's gross motor, fine motor, visual motor, visual perceptual skills and academic skills and then works with the child to develop the skills needed to reach his/her highest level of functioning. Consultations and recommendations are available to both parents and teachers.



Social skills training

Social skills training helps children learn how to interact with others in a socially acceptable way, so that they may take part in the community. For best results, children work in small groups—usually with 6 children and two therapists.

The training takes a structural learning psychoeducational and behavioral approach which includes:

1. Modeling
2. Role playing
3. Feedback on the child role playing
4. Feedback to the child on his use of training in daily activities.



Pet therapy

The pet therapy uses animals to treat social, affective and/or cognitive problems. Therapists bring in animals to help reduce anxiety and withdrawal, increase focus, promote appropriate socialization and empathetic responses as well as provide emotional stability.



Art therapy

Art therapy offers children a way to express themselves creatively. Using a variety of materials and play, art therapy helps children make sense of relationships and events in their lives, and adapt better to them. The children are seen individually or in small groups.



Drama therapy

Offered in individual sessions or in small groups, drama therapy brings drama and theatre together with psychotherapy. Children participate in games, stories and plays where they explore and even alter the roles they and others play in their daily lives.



Music therapy

In music therapy, children get to express their thoughts and feelings through musical play and imagery play. In this type of therapy, they are also taught to care for each other through relaxation. The children are either seen in groups and/or individually, depending on availability and needs.



Gym and swim

Our physical education program is based on the Quebec physical education curriculum, and it offers a variety of age appropriate activities that encourage gross motor skills development. The program focuses on incorporating locomotor skills into various sports units in the gym and pool areas and we use the latest adapted physical education research and instructional techniques to set goals for each child. What's more, the program helps children improve their socialization skills in small group settings.



Our recreation and leisure program works in collaboration with the physical education program. It promotes physical activity through structured recreational activities in the gym and swimming pool as well as outings and special events. Through modified and lead-up games, the program helps children learn to cooperate and work together as a team as well as develop play skills and learn the rules of different games. The ratio of two staff per group of six children is an ideal setting for children to increase their self-confidence through physical activity.



Medical supervision

Medical rounds are done daily by the program psychiatrist. At this time symptoms and medication effects are evaluated. Discussions with the team take place on a daily basis.



Medication

The psychiatrist and program staff assess whether a medication is doing its job. Before any medication is ever given, however, parents must have agreed to it.



Home visits

Occasionally, one or two members of the treatment team may want to come to your home to see how your family functions. It can also be a good opportunity for the workers, parents/caregivers and siblings to discuss home difficulties like meal time, bedtime, curfew, home rules, etc.



Behavior charts

We use charts to give us an overview of a child's progress, and we find that they work best with the parents' or guardians' cooperation. Staff will look at the charts every day and use them as a basis for discussion with a child, trying to find solutions to problems or reinforce positive behaviors.

Research



Clinical and pharmacogenetic study of attention deficit hyperactivity disorder (ADHD)

As a university hospital, our aim is to broaden the knowledge of different disorders to develop more effective treatment and prevention. That's why a team of child psychiatrists, psychiatric geneticists and researchers from the Douglas Hospital have started a research study on Attention Deficit and Hyperactivity Disorder (ADHD), one of the most common disorders diagnosed in children. Our team is committed to exploring the causes and developing better treatments for ADHD.

Today, the most common treatment for ADHD is Ritalin—and for many children, it's an effective choice. But there are some children that Ritalin does not seem to help and their response to the medication needs to be evaluated, so they are invited to participate in this research study.



What are the goals of our study?

To determine whether Ritalin helps the child or not: We ask the children to participate in a two-week medication trial where one week, they receive Ritalin, and another week, a placebo (a pill that looks exactly like Ritalin but is actually not real medication). Throughout the two weeks, we ask the children to perform special attention tasks in order to evaluate if Ritalin helps enhance their performance and we also ask parents and teachers to observe the children and complete short questionnaires about his/her behavior during the medication trial. All the information is gathered and the parents are given detailed results of the study.

To determine what causes ADHD: To explore the genetic and environmental components of ADHD, we ask parents to provide a family history, information about the pregnancy and delivery of the child, and the child's symptoms.

To investigate factors that could influence the child's response to Ritalin. The children complete a battery of neuro-psychological tests as well as tests to evaluate their psychological and academic functioning.

A typical day—an overview

The Severe Disruptive Behavior Disorders Program is an intensive therapeutic milieu. Our goal during the stay is to help the child and his/her family understand the child's problems and alleviate the child's symptoms so that he/she can function better within the community, home and school. The program offers a balance of treatment and academic activities, and children are encouraged to participate in all activities, every day.

A typical day begins around 8:30 a.m., when the children arrive at the designated school area, by school bus. At this time, treatment officially begins. If there have been any problems on the bus ride over they are immediately dealt with—with the child and the driver. The children are then accompanied to the Lyall Pavilion. Rounds are done early every morning so that the physician can discuss any issues with each child's case manager.

Throughout the day, children take part in Milieu group treatment activities designed to help them understand and manage their thoughts, feelings and behavior. Daily Milieu meetings take place so that the case managers and children can deal with any issues or problems that may have arisen the previous day, night or weekend, and nip them in the bud. Activities (like crafts, games or gardening) are geared to the child's age group and are very effective in increasing their self-esteem, developing social skills and managing daily frustrations. The time they spend with other children is very useful in helping them achieve their treatment goals as well as being personally fulfilling. What's more, they also help the children understand their environment and show them how they fit into it. Expressive therapies—such as art, music and pet therapy—enable the children to express themselves creatively.

During the course of the week children also take part in individual sessions with a therapist and no other children around. These sessions address the child's specific needs and may include occupational or even speech therapy.

Every day, children eat lunch in their respective treatment rooms with their case manager who uses this time to help children cope with the events of the morning, learn social skills and relax.

When lunch time finishes at 12:45, the children are ushered to the school portion of their day. This academic time takes place in another building so that children differentiate between treatment and school and learn which behaviors are appropriate for each. This also helps the children understand that the teacher is in charge of their schooling and the case manager is responsible for their clinical treatment. Although the children are at school, the case managers are available to assist if any behavior problem should come up. At 3:00 PM the staff accompany the children to the school bus area.

A typical week

Arrival 8:30	Arrival 8:30	Arrival 8:30	Arrival 8:30	Arrival 8:30
Medical rounds 9:00	Medical rounds 9:00	Medical rounds 9:00	Medical rounds 9:00	Medical rounds 9:00
Milieu Meeting 9:30 – 10:30	Milieu Meetings 9:30 – 10:00	Milieu Group 9:30 – 10:00	Milieu group 9:30 – 10:00	Milieu group 9:30 – 10:00
Milieu Groups 10:30 – 11:15	Social Skills 10:00 – 11:00	Gym & Swim 10:00 – 11:00	Drama Therapy 10:00 – 10:45	Gym & Swim 10:00 – 11:00
Art Therapy 11:15 – 12:00	Milieu group 11:00 – 12:00	Occupation Therapy 11:15 – 12:00	Milieu group 11:00 – 12:00	Weekly-Review 11:15 – 12:00
Lunch 12:00 – 1:00	Lunch 12:00 – 1:00	Lunch 12:00 – 3:00	Lunch 12:00 – 13:00	Lunch 12:00 – 1:00
School 12:45 – 3:00	School 12:45 – 3:00	School 12:45 – 3:00	School 12:45 – 3:00	School 12:45 – 3:00
Departure 3:00 – 3:15	Departure 3:00 – 3:15	Departure 3:00 – 3:15	Departure 3:00 – 3:15	Departure 3:00 – 3:15

N.B. One or more times a week on individual therapy session is scheduled throughout the day. Family therapy sessions scheduled at a time that's convenient for parents and therapist.

Policies and regulations



Parent availability

We ask that all parents provide us with a telephone number where they can be reached in case of an emergency and parents need to make themselves available at all times to pick up their child, if the situation arises.

Lunch and snack



Parents must provide a nutritious meal plus a snack for their child, every day. We do not allow the children to have any junk food like soft drinks, chips, or chocolate bars, throughout the day.



We recommend sandwiches made with cheese, meat, peanut butter, etc. vegetables and fruit for snacks and juice or milk to drink as part of a well-balanced meal. If your child forgets to bring lunch you will be contacted, but if you cannot bring it before lunch time, we will provide one and parents will be charged for it.



Dress code

Please dress your child appropriately for the weather and season. Boots must be worn during the winter months, and children must bring in a bathing suit, gym shorts, jogging pants and running shoes for various activities. T-shirts with inappropriate messages on them are not acceptable and the child will have to change when they arrive on the premises.



No smoking policy

Smoking is not permitted on or near the premises.



Contact with other children in the program outside program hours

We do not encourage the children to socialize or contact each other outside of program hours. However, we understand that ultimately the decision is yours.



Articles from home

Children are allowed toys, games, books or other items to keep them occupied when travelling on the bus. Expensive toys (ex. Game Boy) are not allowed. At school, these items will remain in their bags and may be used only with the teachers' permission.



Gifts (Christmas, etc.)

Gifts to take home are made during the program activities, but gifts from home are discouraged.



Special activities

Special activities (like skating or a BBQ) are held throughout the year for the children to socialize and you may be asked to help fund them.



Aggression or acting out

Time-out

When a child's behavior becomes disruptive, time-out may be called. The child will be asked to leave the ongoing activity and go to a separate area for a quiet discussion between the child and staff.

Separation Room

A room used for unmanageable behavior and/or an opportunity for a child and staff member to have a calm discussion.

Restraining

When a child is out of control, staff members may restrain him/her by holding the child until he is calm and able to communicate with the staff. The technique we use is a basket hold where the child's arms are crossed in front of him/her in a standing or sitting position.



Physical aggression

Physical aggression towards staff is not tolerated and it will result in immediate expulsion from the program. The psychiatrist will then ask you and your child to return to meet with the team where it will be decided if the child will be permanently expelled from the program. Aggression towards peers is not tolerated, either. If it occurs three times, the child will be expelled. You and your child will then be asked to return to meet with the team at the request of the psychiatrist.



Dangerous weapons

No weapons are permitted and if any are discovered they will be confiscated immediately and the child will be sent home. You and your child will then be asked to return to meet with the team to discuss the incident as well as whether or not your child will be permitted back in the program.

Destruction of property

Destruction of property is not accepted and parents will be responsible for paying for all repairs and replacements.

Family therapy attendance

Family therapy is scheduled once a week, and the whole family's participation is obligatory in order for the child to remain in our program. The therapist and family will set a mutually convenient date and time, and both parties will have to inform each other of any cancellations 48 hours in advance.



Absence and illness

If, for any reason, your child cannot attend the program, you are required to notify the case manager before 8:30 a.m. If you cannot reach us, please be sure to leave a message detailing the reason for the absence (sickness, appointment, etc.).

If your child becomes ill while at the hospital, you will be asked to pick him/her up so that he/she may get proper care. Please provide emergency telephone numbers and the name of a person responsible for your child if you cannot be reached.

Should emergency treatment be required, you will be asked to meet your child at the treatment centre.



Vaccinations

The parents present vaccination booklet upon registration in the program. For the most part, parents are responsible for their children's vaccinations. Vaccinations for hepatitis B or other specific vaccines (for infection outbreaks) are done through the on-site CLSC in the Lyall Pavilion and the program nurses coordinate the process. When this occurs, all relevant information and forms will be sent home and you will be asked for authorization. On the day of the vaccination, children must bring their vaccination booklets in with them.



School re-integration and follow-up

Discharge from the day hospital is considered part of the treatment process, and it is the program psychiatrist's responsibility. When the team feels that the child is ready to be discharged from the day hospital, the parents and team work together to develop an appropriate school reintegration plan. Usually, the child is integrated into school progressively—for example, they may go to school two days in the first week, three days in the second week and five days in the third week. If reintegration occurs in September, the child is re-integrated full time.

The case manager initially works with the school staff to facilitate the re-integration process, and the school may contact the him/her to discuss managing potential disruptive behavior problems. Similarly, teachers may contact the teacher affiliated with the program to discuss academic issues.



Medical transfer to General Practitioner or Pediatrician after discharge from the program

All children must have a family doctor or pediatrician. After the child has completed the program, the child will be referred back to the family doctor or pediatrician who will be responsible for the child's care and prescription renewal. Upon discharge, a prescription for three months of medication will be given to the parents. During that time, the parents are expected to make an appointment with their doctor or pediatrician to continue treatment.



Follow-up after discharge

After a child has been discharged from the program, you may make arrangements for family and individual therapy sessions to continue. What's more, case managers are available for consultations with the community, school or family, and their services will continue to be offered until it is felt that they are no longer necessary.



We recognize the importance of working closely with the clinical team to ensure that our program will benefit children throughout their stay. And we also strongly believe in the development of a child's thinking and learning processes, as well as academic skills. That's why the Day Hospital's Severe Disruptive Behavior Disorders Program (SDBDP) works with teachers from the Lester B. Pearson School Board (LBPSB) to provide school services and support for elementary school age children. We offer three English and two French classes, and classrooms are located in the Finley Pavilion.



Vision statement

We, the members of the Lester B. Pearson School Board community comprising students, parents, teachers, professionals, support staff, administrators and commissioners, value:

- A respect for self, for each other, for our diversity and for our environment.

- Striving for excellence by maximizing the potential of each individual and by promoting a commitment to lifelong learning.
- The fostering of responsible citizenship, cooperation and a strong sense of community.
- The importance of a caring, nurturing and safe environment that is responsive to the needs of all.
- An atmosphere of openness, honesty, integrity and accountability.



School structure and time

- Students attend school for 2 1/2 hours a day.
- Academic programs are based on individual needs.
- Different learning styles are taken into consideration.
- Special attention and programming meet the needs of students with identified learning disabilities.
- The curriculum is based upon the education reform, with the focus being on the development of cross-curricular competencies. Theme materials are used to teach concepts and skills.



Pedagogical days

A number of professional days are designated by the school board in conjunction with the teachers' union. At the beginning of each academic year, the school office will make these days known to the parents of children in the program.



Individual Education Plan (IEP)

An IEP will be written to reflect the objectives of each student in the program. The IEP is written within 60 days of the child entering school. Returning students to the program in September will have an IEP written within 30 days. This IEP will accompany the first report card. At that time, parents will be asked if they want to provide feedback or if they wish to add/delete any of the identified objectives.



Report cards

There are four formal reporting sessions during the school year: November, February, April and June.

Parent/Teacher nights

There are four parent/teacher nights in the academic year. Following the reporting sessions in November, February and April, parents will be invited to meet with the teachers to discuss their child's progress.



Registration

Upon registration to SDBDP, parents are asked to bring a birth certificate, eligibility certificate (for English language instruction, where applicable) and the student's most current report card—all of which the school will use to process the child's registration.



Transportation

Transportation to the day hospital (SDBDP) and school program is arranged STRICTLY through the school office, as part of the registration process. Any difficulties with transportation should be reported to the school secretary at 762-3005.

School bus behavior

Students receiving three disruptive behavior warnings from the transportation company will be suspended from transportation for one school day. Parents will be notified of the suspension and the day it will occur so that they may make alternate arrangements. The suspended child can still attend treatment and school programs, but he/she must be transported by the parent.



Outings

During every school year there are three educational outings. There is a nominal fee for each outing, but if a parent is unable to pay it, alternate arrangements can be made by contacting the school office.



Homework

Homework is assigned at the discretion of the student's teachers. Students in cycle 1 seldom get homework until after the Christmas break. Students in cycles 2 and 3 will get homework at the start of the program, depending on their behavior at the time of admission to school.

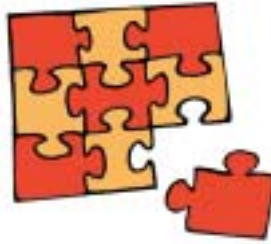
Homework charts

Each student will have a homework chart. Parents are asked to review their child's homework with them and initial it upon completion.



School supplies

Students attending the program are not charged for school supplies, but teachers will notify parents if additional supplies are needed.



Safe school policy

The Lester B. Pearson School Board believes that everyone in our community is entitled to a safe, secure and respectful environment free of all forms of harassment and violent behavior. This policy can be read in its entirety by visiting the web site www.lbpsb.qc.ca

The teaching staff will follow this policy unless otherwise stipulated by the clinical/education team.



Classroom behavior

Our mandate is to help students learn how to function within a classroom setting. If a child cannot behave appropriately, a teacher may ask him/her to leave the classroom. A case manager may be brought in if the child needs additional help controlling his/her behavior.



Physical aggression

Physical aggression towards the teaching staff is not tolerated. If it occurs, the policy as defined by the clinical program will be followed.



Behavior charts

Each student will have a school behavior chart that reflects his/her daily classroom behavior. Parents are asked to review this chart and initial it every day.



School reintegration and follow-up

When the psychiatrist—along with the team—decides to discharge a child from the day hospital SDBDP, the head teacher will arrange a placement conference with the receiving school board. School board professionals, members of the clinical and educational team, parents and the child (if applicable) will all be asked to attend. At the meeting, the appropriate integrative process for the child will be shared. Usually, the student is integrated into school gradually—first with two days a week, then three, then five, but students discharged in September are integrated full-time. Teachers from the receiving schools are encouraged to contact the teachers affiliated with the program to discuss the child's academic progress level and classroom behaviors. At the discretion of the principal, teachers may be released to meet with the receiving school's teaching staff.

Attention Deficit/Hyperactivity Disorder (ADHD)

Children have 2 or 3 main symptoms:

- inattention
- impulsiveness
- hyperactivity

Oppositional Defiant Disorder (ODD)

These children often:

- lose their tempers
- argue with adults
- actively defy or refuse to comply with requests or rules
- deliberately annoy people
- blame others for their mistakes or misbehavior
- are touchy or easily annoyed
- feel angry and resentful
- feel spiteful or vindictive

Conduct Disorder

These children have symptoms of ODD as well as other symptoms like:

- aggression to people and animals
- destruction of property
- deceitfulness or theft
- serious violations of rules

Reference

KAPLAN, Harold I., Benjamin J. SADOCK. *Synopsis of Psychiatry : Behavioral Sciences/Clinical Psychiatry*, Eighth Edition, Lippincott Williams & Wilkins, New York, 1998.

- 1 set of coloured pencils (wood)
- 1 set of markers (washable)
- 1 pad of construction paper
- 1 pair of scissors (round edge)
- 1 comb
- 1 tooth brush
- 1 tube of tooth paste
- 1 plastic glass or cup
- Bathing suit
- Gym shorts
- Jogging pants
- Running shoes
- Basic school supplies
- Backpack
- Pencils
- Eraser

Treatment Centre

Physician _____

Case manager _____

Family therapist _____

Individual therapist _____

General number: **(514) 762-6131, ext. 2113**

Angrignon School

Teacher _____

General number: **(514) 762-3005**