Children's Hospital Boston

Helping with Your Child's Psychiatric Hospitalization:

A Practical Guide for Parents

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Preparing for Your Child's Psychiatric Hospitalization

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

Parents have many different reactions to the experience of having a child hospitalized for depression or other psychiatric illness. For some, it is frightening or upsetting that their child needs to be hospitalized. For others, it may be a relief that their child is getting help for his/her symptoms. There may be feelings of guilt, shame, sadness, or anger that their child is struggling with psychiatric illness. Many parents experience all of these feelings as they come to terms with their child's hospitalization. As with a child who is physically ill, hospitalization for mental illness often feels overwhelming in the beginning. We hope this guide will help in managing the experience. Above all, we on The Richmond Service, in the Department of Psychiatry, and in the rest of the hospital want to help you and your child as much as possible.

In the hospital parents are faced with a new environment that can be overwhelming and intimidating. Parents have to relinquish many of their caregiving responsibilities to the hospital's team of caregivers. Some parents feel "left out" when this happens. Parents sometimes worry about being evaluated or criticized by caregivers in the hospital, especially if their child has behavior problems. They may feel inadequate as parents if staff is better able to gain cooperation from their child.

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

Remember that you are an essential part of your child's treatment team.

You know your child better than anyone else. You can help your child's team of caregivers (or treatment team) by sharing how your child reacts to stress and what has been helpful in the past. You can let the team know of your child's strengths and what s/he enjoys.

Know who is on your child's treatment team and which clinician is in charge of your child's care.

**We have put this guide together with the help of parents who have had their children hospitalized and we have used their words throughout the manual.*

There will be many doctors, nurses, and clinicians involved in your child's care. When multiple care providers are involved, there may be times when people have different ideas and opinions about your child's treatment. Some parents may find this confusing or worry that "no one knows what is going on." It is very important to know the person who leads your child's treatment team and stay in communication at meetings or by phone.

Keep a list of questions or important information that you wish to discuss with the doctors and the treatment team.

"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."

About the Richmond Inpatient Psychiatry Service

Overview

The Richmond Service, also known as Bader 5, is an 18-bed inpatient unit that specializes in caring for children with depression, anxiety, eating disorders, and other psychiatric illnesses. Bader 5 also specializes in treating children with physical illnesses who also have emotional or behavioral difficulties. Bader 5 provides family-oriented psychiatric assessment and treatment for children and adolescents who are having difficulty managing troubles outside the hospital. The primary goal of the service is to reduce the problems that brought about your child's admission and return him/her to a more comfortable environment for ongoing care.

Admissions

Generally, your child will be admitted to Bader 5 following a medical and psychiatric evaluation in response to a "crisis" (e.g., thoughts of hurting). The admission will be completed by a nurse and one of the clinicians on the unit, who may or may not be your child's ongoing clinician depending on the time of the admission. During the admission, you will be asked to sign your child into the unit. There will be several other forms that you may be asked to sign, including consents to contact any outside treatment providers, such as therapist, psychiatrist, primary care doctor,

school administrator, and others who are involved in your child's care. Having contact with outside providers is an essential part of your child's treatment plan on Bader 5, as s/he will be an inpatient for a limited time and will likely return to the care of his/her outpatient treaters upon discharge.

The Treatment Team

The 18 patients on Bader 5 are split into two teams, the Blue Team and the Green Team. Each is led by a staff psychiatrist who is trained to treat children and adolescents. Each team also includes psychologists, social workers, nurses, a pediatrician and a nutritionist. Since Children's Hospital is a teaching hospital, trainees in any of these disciplines may be included in your child's treatment team. When your child is admitted to Bader 5, s/he will be assigned to a specific treatment team and will be assigned a case clinician (therapist) within that team who will manage your child's care. Members of each treatment team meet daily to review your child's progress, behavioral changes, medical and nutritional needs, contacts with outpatient providers, and discharge planning.

Because there are so many different people involved in your child's care, it is important to know what role each person plays. Below is an explanation of the providers' different roles.

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

The **case clinician (therapist)** may be a psychiatrist, a psychologist, or a social worker. This staff person will work most closely with your child and family on a daily basis. The clinician will meet with your child several times each week to provide individual therapy and will meet with the family once or twice a week. If the clinician is a social worker or psychologist, a psychiatrist will be assigned to prescribe any medication. The case clinician also will be responsible for contacting your child's outpatient providers, making recommendations for additional service needs and coordinating your child's discharge and aftercare plan. If you have questions about your child's treatment plan or care, the case clinician would be the primary person to contact.

The **nursing team** is comprised of two registered nurses and two milieu counselors. The nursing staff provides the direct supervision and daily care of your child, and will usually be the first people that you see when you come onto the unit. The nursing team works closely with the doctors and clinicians to develop a treatment plan,

assess your child's response to medications and behavioral interventions, and make recommendation for changes. The nursing team also works closely with the family to provide teaching, communicate issues with the treatment team, and facilitate the transition home.

The **attending (or staff) psychiatrist** leads your child's team and oversees your child's care throughout the entire hospitalization. The psychiatrist reviews each patient's progress on a daily basis and is involved in decisions about medication changes, treatment issues, and discharge planning. Contact the psychiatrist if you have any questions about treatment that have not been addressed by your child's therapist.

The **pediatrician** and/or **nurse practitioner** will provide a physical exam shortly after your child is admitted to the hospital. S/he will order any necessary lab tests or procedures your child may need and will be involved in managing any medical issues during your child's hospitalization. S/he also will communicate with your child's outpatient pediatrician to gather information and coordinate your child's medical needs after discharge.

The **clinical dietitian** is involved if your child has any special nutritional needs or eating issues. She will assess your child's nutritional needs, monitor weight and vital signs, and adjust meal plans as necessary. The dietitian also works with the team to develop a concise discharge plan addressing nutritional and aftercare plans for children with eating disorders.

The **therapeutic recreation specialists** provide group structure for your child to promote interaction with other children, assess motor skills and ability to concentrate, and teach children ways to productively use free time and develop new coping skills.

There are two **teachers** on Bader 5, one for the school-age program and one for adolescents. They can work with your child's school to better understand your child's learning needs, facilitate a plan to help your child complete assignments while hospitalized, and make recommendations for additional services or testing your child may need. They provide tutoring to patients while they are hospitalized.

The **Program Director** is a senior nurse who oversees all aspects of the Bader 5 program. The director attends daily clinical rounds and facilitates communication with all caregivers. The program director supervises nursing staff and recommends how to manage children who are having a difficult time. The program director is available to meet with parents who have unanswered questions or concerns about their child's treatment.

The **Medical Director** is the senior child and adolescent psychiatrist on the unit. The director provides consultation and back-up coverage for

"Know as much as you can about who you are speaking to."

both attending physicians and is involved in monitoring all aspects of the Bader 5 program. The medical director is available to meet with parents who have questions or concerns about their child's treatment.

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

Ages of Patients

The children treated on Bader 5 range in age from 2 to 18 years old. The unit is divided into two age groups. Children between the ages of 6 to 12 are in the school-age program and teens from 13 to 18 are in the adolescent program. Children younger than 6 have individualized programs that include some of the school-age therapy and activity groups.

The Physical Layout

The physical structure of the unit resembles a "T," with the entrance to the unit at the "foot" of the T. When you enter the unit, the nursing station is directly in front of you at the end of the hall. Generally, younger children's rooms are in the main hallway, adolescents' rooms are in the hallway to the left of the nursing station, and group rooms, offices, and conference rooms are to the right of the nursing station. There are a few single rooms that are used in special circumstances, but children and adolescents usually have one or two roommates. There is one washer and dryer on the unit, but many parents choose to do their child's laundry at home.

Safety

There are many special safety measures taken on Bader 5. The unit has a double door that is kept locked at all times. When you arrive at the unit, you must ring the doorbell and a staff person will open the door for you. At this time you will be asked to sign in. This ensures that only authorized visitors are on the unit, protecting your child's safety and confidentiality. It also allows staff to know who is on the unit at all times. When you sign in, staff also will check any belongings that you bring to your child to ensure they are safe and appropriate for your child to have on the unit. They will ask to hold any smoking materials, medication, or sharp objects that you may have while you are visiting. This is done for the safety of all of the children on the unit.

Bathroom doors are kept locked. This is another safety issue that allows staff to monitor children closely and provide observation or assistance if necessary. Please be assured that a staff person is available 24 hours a day to provide your child quick access to the bathroom at any time.

Parents may observe some children sleeping on beds in the hallway. This allows staff to constantly observe children who need close monitoring due to medical or safety concerns.

Meals

Children eat meals together, family style, with staff. There is usually one meal selection, but some children on special diets have meals sent up on trays. It's important that parents make staff aware of any special dietary requirements your child may have. Snacks also are offered three times a day. We try to encourage healthy food choices and prohibit any caffeinated drinks on the unit.

Visiting/Telephone Use

Because children on Bader 5 spend much of their day in classes, groups, or appointments, visiting hours are limited during the week. Special exceptions may be made to accommodate specific scheduling needs or to coordinate visits with meals or family meetings.

Visiting hours are from 6–7:30 p.m. during the week and from 10 a.m. to 7:30 p.m. on weekends. On Wednesday evenings visiting is extended until 8 p.m. and there is a family night activity.

Parents are asked to complete a visitor list to indicate the friends and family allowed to visit and also to indicate people restricted from visiting. You also can indicate if you have concerns about restrictions in telephone and mail contact. A parent of the patient must supervise visitation of siblings or friends under 21.

There are two patient telephones on the unit: 617-355-8274 (for adolescents) and 617-355-7101 (for school-age children). To reach your child, you should call between the hours of 7 a.m. and 9 p.m. Telephone calls should be scheduled around meals and unit activities. To reach your child's treatment team or a staff person on the unit, please call 617-355-7721. You should feel comfortable calling the office at any time to share concerns or if you cannot reach your child.

Pastoral services can be arranged through the hospital for persons of all denominations, but many families arrange for someone from their own church to visit.

Passes

As your child's treatment on the unit progresses, s/he may be eligible for planned passes off the unit. Time off the unit is important in helping you and your child develop skills and comfort in being together outside the unit. You and your child may be given "assignments" by your treatment team to practice during your time off the unit. Passes or "leaves of absence" can vary from a 15-minute walk off the unit to a few hours at home. Passes are planned with the treatment team.

"When my child was discharged from the hospital, people would ask us, 'Is he better?' We said, 'He's a lot better than he was.' ...It's important to remember that this is an ongoing struggle...."

Finances

Many parents are concerned about their ability to pay for their child's hospitalization. Insurance is usually the primary method of payment for an inpatient hospitalization. The crisis clinician or intake worker who assesses that your child needs hospitalization will obtain initial authorization from your insurance company before your child is admitted to Bader 5.

If you have insurance, know your mental health benefits. Most insurance companies have a mental health toll-free number (generally found on the back of your insurance card) to answer questions about benefits. You can contact your insurance company and inquire about coverage, including: number of days of inpatient care allowed per year, any co-payments or deductibles that are your responsibility, and whether Children's Hospital Boston's unit is considered "in-network" or "out-of-network" for your insurance plan. 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. The Patient Care Coordinator on Bader 5 is available to assist with any questions that arise related to financing your child's stay on Bader 5.

Your Child's Hospitalization

No parent wants to see his/her child in the hospital. The staff on Bader 5 is devoted to getting your child home as quickly as possible. Your child's treatment team will work with you and your child to develop a treatment plan designed to address the issues and symptoms that brought your child to the hospital. The treatment plan likely will include individual, group, and family therapy, and, as indicated, a medication evaluation. There may be other components of your child's treatment, depending on their reason for admission, including consultation with a dietician or with other medical specialists. In addition, the team will assess your child's need for follow-up in outpatient care after s/he is discharged, and work to connect you and your child with these services before discharge.

Before your child can go home, s/he must show a decrease in the symptoms that brought him/her to the hospital and an improved ability to cope with his/her illness. Both you and your child must have a clear plan about how to manage at home, how to address safety issues and what to do should your child's symptoms return. Please remember that your child's stay on Bader 5 is meant to help stabilize him/her while in crisis, and to give you and your child

some skills to cope if his/her symptoms worsen in the future. A stay on Bader 5 may be a critical part of your child's treatment, but it is just one piece of an ongoing process. It is critical that your child continues to get treatment after discharge from Bader 5 to maintain his/her health and to help prevent future inpatient admissions.

How will my child spend his/her day?

During the week children on Bader 5 have a very structured day. Their schedule provides time for school, groups, and individual and family therapy. Special arrangements for visiting can be made to accommodate parents' schedules or to coordinate a visit with a planned family meeting

6:30 – 8:00	Wake up. Monitor vital signs. Get ready for the day.
8:00 – 9:00	Breakfast. Community meeting to review goals and plan for the day.
9:00 – 12:00	School. (There is a short break at 10 a.m.)
12:00 – 1:00	Lunch
1:00 – 5:00	Therapeutic groups. Individual or family therapy sessions also may be scheduled during this time.
5:00 – 6:00	Dinner
6:00 – Bedtime	Free time. Relaxing evening group.
6:00 – 7:30	Visiting hours. Each Wednesday evening at 6 p.m. there is a family night activity.
8:30	Bedtime for school-aged children
9:30	Bedtime for adolescents

Weekend Schedule

Weekends are less structured to give your child some time to rest after a busy week and to spend more time with family. There are several groups offered between 9 a.m. and 3 p.m. on weekends, but your child may choose to spend time with family instead of attending groups.

Medication

Medication can be a valuable tool for the treatment of symptoms such as depression, anxiety, psychosis, insomnia, and agitation. However, not every child treated on Bader 5 receives medication. Your child's treatment team may recommend medication if they feel it could decrease your child's symptoms or provide some relief for his/her distress. The doctor will discuss with you the possibility of using medication as a part of your child's treatment and review medication actions and potential side effects. Medications are not ordered without informed consent from parents. The only time a child could receive medication without your consent would be in an emergency situation, and you would be notified as soon as possible.

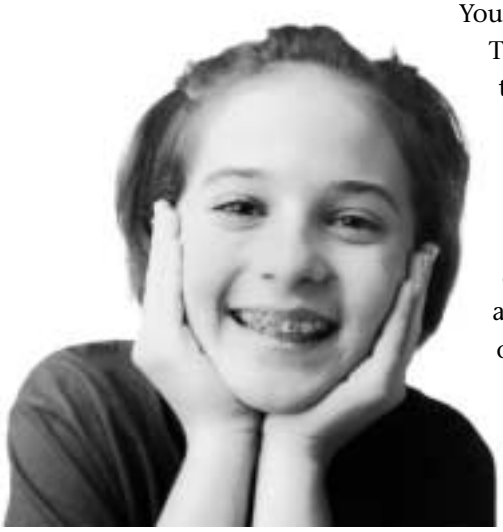
"I would tell parents to remember that you're the people who are going to do the work."

Your child's therapy

A clinician will meet with your child several times each week to build a relationship with your child, gain some insight into and understanding of your child's issues, and develop a plan for treatment. The clinician also will assess your child and make recommendations for medications if necessary.

Family therapy

Your 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. You are asked to bring to the first family meeting any medical records and psychiatric or school testing if it is available. It is also a good idea to write down any questions or suggestions you might have pertaining to your child's treatment.



You will be asked to attend at least two family meetings per week. These meetings provide an important opportunity for the family to improve communication, identify stumbling blocks to getting along, and plan for changes at home. Clinicians will usually meet first with parent(s) alone, and then have the child join for the second part of the meeting. Some children may become upset during these meetings if sensitive issues are addressed. Some children may need to leave meetings for a time to calm down before returning to the meeting. The staff on the unit will support children so they may return to the family meeting as soon as possible.

Your child is on Bader 5 for a limited time, and then most likely will return home to live. Family meetings are a critical piece of your child's treatment for a smooth transition home.

Helping Your Child Cope

Once you arrive at the hospital, it is important to find ways to make the transition and your child's stay as easy as possible. It's normal for a child to show different feelings once s/he is in the hospital and to act differently from how s/he acts at home. Your child's response to the hospital will depend a lot on his/ her age and development. Your child's treatment team can help you support your child in making the transition onto the unit.

"The people on Bader 5 recognize that they are not just working with an individual, but with a family unit."

Acknowledge your child's distress

Support your child in making this difficult transition. Reassure your child that s/he will be in the hospital for as short a period of time as possible. The average hospital stay is approximately two weeks, but this is highly variable depending on your child's needs. His/her stay can range from a few days to several weeks. Remind your child that his/her ability to talk about troubles and work with staff is the best way to get out of the hospital as quickly as possible. Avoid promising when your child can leave the hospital.

Make your child comfortable

During the hospitalization, it is reassuring to have some familiar belongings from home. You can bring several changes of comfortable clothes and pajamas, toiletries, comforter, and pillows. Younger children may want to bring a few favorite toys or stuffed animals. Teens may want to bring a radio or CD player. It's also acceptable to bring books, journals, and pictures of family and friends. Due to safety concerns, any electronics should be battery operated rather than having a power cord. Any pictures should be in plastic frames, as metal and/or glass frames are not allowed.

Plan visits and transitions

Let your child know when you will be leaving and when you will return to the hospital. Younger or anxious children may need additional support to cope with parents coming and going. If your child is having a particularly difficult time saying good bye, staff can help you develop a separation plan and they can spend time with your child as you leave the unit. It is also helpful to plan phone call times to check in with your child during the day. Staff can help you identify the best times to call when your child is not participating in a group or meal.

Discuss treatment decisions with your child

Your child should understand that you are an important member of their treatment team and that you are actively involved in decisions affecting his/her care. Discuss team recommendations for medication or behavioral changes with your child, so that s/he is assured that you are involved in treatment decisions.

Helping Your Family Cope

The experience of having your child admitted for a psychiatric hospitalization can put strain on all family members. There are time demands that can affect parents' work situations, personal relationships, and siblings. There is also the dilemma of deciding how to talk about a psychiatric illness and fears of how people will respond. Many parents find that having a child hospitalized is overwhelming at first, but gradually they find ways to cope while supporting themselves and their child(ren). It can be helpful to acknowledge the stress of the hospitalization and try to plan ways to cope.

"We have [several] children. In order to keep things stable for everyone, I would visit Bader 5 while my wife stayed home with the others. We were lucky to have the resources to do that...."

Prioritize

Most parents acknowledge that their family is their number one priority. It is essential that you are involved in your child's treatment and available to support your child during this difficult time. Bader 5 staff can try to schedule meetings at a time that will be least disruptive to your work schedule. Visiting time can be coordinated around family meetings or meals. It is also important to plan for time at home with the rest of the family. Often it is difficult to make time for commitments, errands, or housework that may be part of your usual routine. Try to prioritize which of these everyday tasks need to be done and which can wait.

Accept help

When a parent is focused on supporting a child in crisis, a regular schedule can be stressful or impossible. Some parents cannot ask for or accept help, particularly when they are accustomed to juggling busy schedules and have always managed in the past. This is a time to reach out to family and close friends. There are many small ways people can offer support. They could watch other children while you are at the hospital or provide transportation to after school activities. They could make a meal, run errands, or walk the dog. They might even take a turn visiting your child in the hospital. People who are concerned about you and your family may be looking for ways to help and often feel reassured if they can contribute.

"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."

Schedule special time

Since having a child in the hospital is time and energy consuming, it is important to find time to spend with the rest of the family. Some two-parent families find that it is most helpful to have one parent plan a special evening with the children at home while the other visits Bader 5. For single parent families, it can be helpful to involve other family members in visiting as well as helping with the children at home, so that your child in the hospital and those at home all get some of your time. Also, it is important for parents to plan to spend some time alone together to stay connected and support each other.

"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...."

Talk with someone you trust

Some parents have shared that they felt overwhelmed during the time their child was hospitalized. Some have expressed feelings of guilt, fears that somehow their actions may have caused their child's illness. Some parents feel isolated and alone. Others may be overcome by sadness, fearing their child may not fully recover or be able to achieve their previous goals. It is important to have an outlet to talk about these feelings. Bader 5 staff is certainly available to provide support. It is also important to stay in touch with 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. Many close friends and family members may have had some experience with a loved one who became depressed or needed a psychiatric hospitalization. They may be able to provide some insight or support. Some people in the community may have very strong ideas, be judgmental or try to assign blame. This reaction often comes from a lack of understanding about mental illness, and societal stigma attached to it. Unfortunately, these people sometimes surface in the most unlikely places like a church or a school.

"It's important for parents 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."

You may choose to be cautious with unenlightened individuals, sharing only basic information, while utilizing sympathetic people who understand mental illness to elicit support for yourself and your family.

When you share information about your child's hospitalization, you may be cautious at first, "testing the waters" to see how a friend or relative may react. It will quickly become evident whether someone will be supportive or not. You can then judge how much information

to share about your child's illness and hospitalization. Remember that your own feelings about your child's hospitalization are probably influencing how you imagine others will react. When your child is first hospitalized, your own feelings of stress, guilt, shame, or disappointment may bring out similar reactions from friends and family. As you come to terms with your child's illness and hospitalization, you may find that it is easier to share information and to elicit support from friends and family.

Going Home

Going home from the hospital usually brings relief to children and parents. It also can be stressful and raise other concerns. Some parents worry about their ability to keep their child safe at home. Others may be concerned about how their child will return to school and the response they may get from peers. Also, there is fear of a relapse. Everyone on the treatment team wants your child to get home as soon as possible, but it's important to be prepared.

"The first days at home can be terrifying."

Talk with your child

Understand how your child feels about going home and help him or her address any worries s/he may have. Your child's treatment team will help you talk about what happened before coming to the hospital, and work with you to develop a plan to deal with potential problems. It is important for your child to have a clear picture of who to talk to if s/he is under stress or having trouble coping.

Returning to school

Going back to school can be very stressful. Many children worry about what to say to their peers about their absence from school. Some children are comfortable talking about their illness, others may worry about being teased or labeled. Parents can help by talking with their child and making a plan about what to say. Some families are more comfortable explaining their child's absence citing a medical reason. Others may feel comfortable talking about their experience and taking the opportunity to teach people that psychiatric illness, particularly depression, can affect anyone. It's important for you to decide which approach is most comfortable for you and your child. The staff on Bader 5 can help you and your child find the right words to help ease the transition.

Schools are usually helpful in working with a child and family to make the transition from the hospital to school. It may make sense for your child to try partial days for a short time or to have a

decreased work load until s/he is ready to take on his/her usual routine. The plan for returning to school should be part of your child's discharge plan, so that both you and s/he know what to expect during those first weeks at home.

Medications

If your child has been prescribed medications while on Bader 5, know the name, dosage, and administration time(s) of the medications. In addition, you should understand the expected effects and potential side effects of each medication. Nursing staff can help answer questions about how to give the medication, how to adjust the times to fit your child's schedule, and safety issues around storage and administration. Before leaving the hospital, medication dosages and times will be written on your child's discharge form and reviewed with you by a nurse. It's important to continue all medications as prescribed after your child returns home. If you have concerns about any medication dosages or side effects, please contact your outpatient psychiatrist before making any medication changes.

Safety planning

Some parents experience anxiety when they are preparing to take their child home from the hospital. You may be worried about your child's safety or fear a relapse. It's important to talk about these concerns before leaving the hospital and to anticipate handling problems should they arise. Your child's clinician and nursing team will work with you and your child to develop a plan to use at home should your child's symptoms worsen. You and the clinical staff will review with your child who s/he will talk with if s/he is distressed and whom you will contact if you become concerned about your child's safety.

Aftercare appointments

Before leaving the hospital, you will receive a discharge form that lists aftercare appointments for your child. It is very important that your child keeps these appointments to insure that the outpatient treatment team is available to support you and your child. Your child will most likely need to see an individual therapist and it is possible that there will be a recommendation for ongoing family therapy. If your child has started taking medication, s/he will also need an appointment for a psychiatrist to monitor the effects of the medication, adjust dosages, and write new prescriptions. If your child has eating issues, s/he may also need regular appointments with a dietitian and pediatrician. While these appointments can be time consuming and inconvenient, outpatient supports can have a tremendous impact on your child's ability to function outside of the hospital.

Return to a normal routine

It will take a while for life to return to normal. Before coming to the hospital, your child may have had a full schedule including school, activities, and social events. It may be overwhelming for your child to resume a full schedule right away. If your child has eating issues, s/he may need to restrict his/her activity for some time. Even a large family gathering that your child may have previously enjoyed may now feel difficult or stressful. Talk with your child to decide what s/he can handle. It may make sense to delay some planned events until your child feels better able to cope.

Remember to support yourself

Sometimes it can be very difficult for parents to bring their child home. Parents worry about their child's safety, if they are able to provide enough supervision, or if they can manage conflicts without putting additional stress on their child. Parents 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 son/daughter have to stay in the hospital?

A: Length of stay on Bader 5 varies and is determined by the reason for admission and the progress that your child makes on the unit. It is our goal to make your child's stay in the hospital only as long as is needed to address what brought your child to the hospital. Specific questions about length of stay should be addressed to your child's treatment team.

Q: How old are the kids on the unit?

A: The age range on Bader 5 is from 2–18 years. The children are divided into younger (school-age) and older (adolescent) groups for the purposes of school, therapeutic and activity groups.

Q: Can I stay with my child overnight?

A: Unfortunately, no. Parents cannot stay overnight on Bader 5. There are not appropriate accommodations for you to stay overnight. However, be assured that there is staff available 24 hours/day to ensure your child's comfort and safety.

Q: Will my daughter/son have her/his own room?

A: Usually not. Most of the patient rooms on Bader 5 are semi-private rooms with 2–3 patients. Rooms for younger children are on the main hallway of the unit, while those for adolescents are on the left hallway of the unit.

Q: When can I see my son/daughter?

A: Visiting hours on Bader 5 for parents and siblings are weekdays from 6–7:30 p.m., and on weekends from 10 a.m.–7:30 p.m.

Q: Can other people visit my daughter/son?

A: 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 must be accompanied and supervised by a parent/guardian of the patient.

Q: Can my child wear regular clothes in the hospital?

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

Q: What other things 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. Also items such as photos, books, posters, stuffed animals, a journal, stationery, hair care products, and electric razors may 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. The staff will check any belongings that you bring to your child to ensure their safety.

Q: How do I get in touch with my daughter/son?

A: There are two patient telephones on the unit: 617-355-8274 for adolescents and 617-355-7101 for school-aged children. To reach your child, call between the hours of 7 a.m. and 9 p.m. To reach your child's treatment team or a staff person on the unit, please call 617-355-7721. Parents should feel comfortable calling the office number any time to share new concerns or to let staff know about a difficult phone call with your child.

Q: What will my son/daughter eat while he/she is in the hospital?

A: Meals on Bader 5 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 can let the staff know if your child has any dietary restrictions.

Q: What about school?

A: Part of the day on Bader 5 is dedicated to school. There are two full-time teachers on the unit, one for grades 1–6 and one for grades 7–12, who will help gather assignments from your child's school so your child can keep up with some schoolwork while on the unit.

Q: Who are the clinicians on my daughter's/son's treatment team?

A: There are many members of your child's multidisciplinary treatment team: an attending psychiatrist, a case clinician, a pediatrician, nursing team, a nurse practitioner, a dietitian, a recreational therapist, and a teacher. Each of the members of your child's treatment team plays a critical role in her care. Please refer to the "treatment team" section of this manual (p. 3) for more detailed descriptions of their roles.

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

A: The primary person to ask about your child's progress and treatment is his/her case clinician (therapist). Most clinicians are available by phone after 10 a.m. during the week. If they are not immediately available, you can leave a message, which will be returned as soon as possible. The nursing staff person who is on duty at the time you call can answer questions about how your child is doing or how s/he is spending the day. The staff member assigned to your child during each shift is available to answer questions that arise on evenings and weekends.

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

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

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

A: This is a question that most parents struggle with at some point during their child's admission. Be selective. Know who you are talking to. Use the staff on Bader 5 to discuss how to talk about your child's hospitalization with family, friends, and other community members. Remember that different people are going to have different reactions, some you will expect, and some will surprise you. You may be pleasantly surprised at how supportive one person is, while being disappointed at another person's reaction. Remember that you can choose how much information to share.

Telephone Numbers & Information

Bader 5		
patients	***617-355-8274***	adolescents
(7 a.m.–9 p.m.)	***617-355-7101***	school-age children
desk	***617-355-7721***	treatment team or other staff
treatment team	write in names & numbers below	
pediatrician		
teacher		
personal numbers	write in names & numbers below	