

WELCOME BOOK



**Behavioral Health
Center**

Westchester Medical Center Health Network

Westchester Medical Center Adolescent Inpatient Unit: B1



WELCOME TO UNIT B1!

Your Treatment Team would like to welcome you to B1, the adolescent inpatient unit at Westchester Medical Center. B1 is a multidisciplinary therapeutic milieu. This means that we have many different types of clinicians and treatment providers that will work with you during your stay. We understand that this may be a very difficult time for you. Our mission is to provide compassionate and comprehensive care while helping you to foster self-resilience. It is our goal to help you to live a full and functional life as you move toward independence. We look forward to working together with you to make this happen!

As we get to know you and other important people in your life (i.e., caregivers, therapists, school personnel, clergy members, community resource providers), we would also like for you to get to know who we are and what we do. This book is designed to help familiarize you with the unit staff, schedule, and rules, and to become more clear about the treatment we offer here on B1.

THE UNIT

B1 has space for 20 males and females, staying sometimes in single rooms and other times sharing. There is also a dining room and two “day rooms” where group therapies, community meetings, and unit activities are held. Teens also attend school for about two hours per day, either on or off of the unit.

Off of the main unit, there is a weight room, art therapy room, music room, game room, and full size gym where teens can participate in therapeutic groups and activities. Teens may also go outside into an adjoining gated courtyard (weather permitting) to get some fresh air, play basketball, tend to the unit garden, enjoy a BBQ, or simply relax. We also have books, toys, journals, cards, puzzles, movies, magazines, and other items for leisure time.

CONTACT INFORMATION



Nursing Station
Pay Phones (to reach patients)

(914) 493-7182
(914) 592-9237/9219

YOUR STAFF



We are very proud of our highly qualified and dedicated staff. All staff members have been specially trained to work with children and teens that have various problems, including depression, anxiety, history of trauma, difficulty managing anger, and trouble accepting limits.

The Unit Chief is the doctor in charge of the unit. Licensed Clinical Social Workers, Mental Health Counselors, Expressive Therapists, Certified Therapeutic Recreation Specialists, and Licensed Creative Arts Therapists will lead daily therapeutic programs and get to know you during your stay. Everyday, you will also interact with our nurses and PCTs, who will help you to work towards your therapeutic goals.

Division Chief: Abraham Bartell, MD (914.493.1818)

Dr. Bartell is a board certified child and adolescent psychiatrist. He oversees the Division of Child and Adolescent psychiatry, including clinical services the training programs.

Unit Chief: Christopher Karampahtsis, MD (914.493.1816)

Dr. Karampahtsis is a board certified child and adolescent psychiatrist. He oversees the treatment on the unit and supervises the psychiatry fellows and residents.

Nurse Practitioner: Elisabeth Maher, MSN, PMHNP-BC (914.493.7343)

Elisabeth is a board certified psychiatric mental health nurse practitioner. She conducts individual and family therapy, and will work with you and your caregivers to determine your medication and treatment options.

Child Psychiatry Fellow/Resident

Westchester Medical Center is a teaching hospital; therefore, your doctor may be a psychiatry fellow or resident. All fellows and residents are under the direct supervision of Dr. Karampahtsis.

Registered Professional Nurses and Licensed Practical Nurses (914.493.7182)

We are very proud of our RNs and LPNs who will ensure that you are safe, have your medication, are well supervised and cared for, and have someone to talk to. There are always at least two nurses working per shift.

Clinical Supervisor: Maria Barreto, LCSW-R (914.493.6473)

Maria supervises the Mental Health Therapists, Recreational Therapists, and Art Therapists. She also conducts groups, teaches medical students, and oversees the PCT staff on the unit.

Unit Social Workers: Eunice Opoku, LMSW (914.493.1894); Elyse Gehring, LMSW (914.493.5580)

Eunice and Elyse conduct social assessments, lead therapy groups, and provide supportive counseling and family therapy.

Case Manager: Adwoa Konadu, BA (914.493.1908)

Adwoa will meet with you and work with your school and outside providers to coordinate your discharge planning.

Recreation Therapist: Jenny Favre, MS

Jenny is a Therapeutic Recreation Specialist who leads daily Recreation Therapy (RT) groups. These groups are goal driven and focus on: improving health and wellness, developing new leisure interests, learning coping skills, and improving coping skills. Group allows for active participation in physical activities, as well as discussion groups that focus on education.

Expressive Therapist: Kristen Hattier, MT-BC

Kristen is a board certified music therapist who leads daily Expressive and Creative Arts Therapy (ET) groups. She may also work with you on an individual basis to help you to develop your expressive and creative talents. The goal of these groups is to provide a safe and alternative means of self-expression.

Patient Care Technicians (PCTs)

PCTs will work closely with you to provide for your daily needs, address crises should they arise, and ensure safety while on and off of the unit. They will also lead therapeutic activities and make sure that you receive your status privileges when earned.

Medical Students and Volunteers

As Westchester Medical Center is a teaching hospital, medical students and volunteers may assist on the unit during your stay. They may co-lead groups with staff members or assist the Treatment Team by contacting important people in your life to gather necessary information.

Administrative Assistant: Lorraine Harper

Lorraine works closely with all staff members and oversees the unit's administrative responsibilities, including ordering supplies, managing the unit's medical charts, and coordinating admissions and discharges.

Teachers

Our school program is managed by Education Inc. We are fortunate to have wonderful teachers within our school program. Your teachers lead classes throughout the day, contact your school, coordinate your assignments, and assist you in reaching your academic goals while in the hospital.

Speech and Language Services

We have a relationship with the Speech and Language Pathology Department at New York Medical College's School of Public Health. A team of students and their supervisor come weekly to complete assessments with referred teens to help them to improve their social skills and receptive/expressive language abilities.

Additional Staff Members

There are many other hospital personnel that are readily available to you during your stay. These providers include physicians within the Adolescent Medicine Department (to address chronic and acute medical problems), dieticians, translators, and religious leaders.

WHAT WE DO: MILIEU THERAPY

What will you do all day? The milieu (pronounced: mill-you) is the community or environment that you will be a part of while on the unit. It is a highly structured therapeutic setting that is under direct and continuous supervision by staff.

Upon arrival, you will be seen by the doctors, nurses, social worker, and other members of the Treatment Team for an evaluation. This is a multi-step process. The physical assessment will include a physical exam, blood work, and urinalysis. The psychiatric evaluation will include reviewing your reason(s) for admission, obtaining a detailed history of progress at school, home, and in the community, and gathering information about family and social relationships. During this time, the doctors, nurses, and social workers may ask questions about early developmental history, school, medication, and other issues that may have contributed to the need for your hospitalization.

Upon your admission and throughout your stay, the Treatment Team will talk with you, as well as other important people in your life, such as caregivers, residential staff, school personnel, outside therapists, and caseworkers. The Treatment Team will meet daily (during "Rounds") to talk about diagnoses, a treatment plan, goals for treatment, medication (if needed), and discharge plans. We will also review how you are doing in group, in your individual work (including medication compliance), and on the unit overall. Although you will not attend these daily meetings, you will still be a crucial part of treatment planning. The doctor will speak with you about medication before starting or making changes to your regimen.

Everyday, you will be involved in group therapy, which is led by a clinical staff member including the psychiatrist, social workers, creative art therapists, nurses, and child psychiatry fellows and residents. Groups are run using approved protocols that have been developed by the Treatment Team. Various topics are addressed, including identifying and discussing stressors, learning and practicing coping skills, improving social skills, psychoeducation regarding medication and health issues, and discharge planning.

Expressive Therapy and Recreation Therapy groups are recovery based and goal driven groups designed to assist in healing and reestablishing independence. They are offered twice daily. Categories of Expressive Therapy and Recreation Therapy groups include: processing (talking), creative arts, educational, life skills, wellness/self-management, competitive skills, community resources, and socialization/recreational activities. Off-unit RT/ET groups provide a less restrictive environment and include: a full size gym, a fitness room with a treadmill, elliptical trainer, and weight systems, a game room with video games and a pool table, ping-pong table, and foosball table, an art room with multiple art supplies, a music therapy room with a digital piano and full size drums, and an outdoor site.



GETTING STARTED



At the time of your admission, you will be introduced to the milieu and given a tour of the unit. Our program is designed to help you to identify the difficult areas in your life and discover more positive and socially acceptable ways to manage those areas.

Shortly after your admission, you will also have time to meet your staff and peers. To help us to get to know you and for you to feel more comfortable with us, you will be interviewed by the Treatment Team. This is a great time to share concerns and ask any questions that you may have. We will also work together at this time to identify your treatment goals and create your treatment plan. Please note that when you first arrive, you will not be able to leave the unit to attend off-unit programs. This is NOT a punishment. We just want to get to know you better to make sure that you are safe to leave the unit and will enjoy and benefit from these groups.

CONFIDENTIALITY



For confidentiality purposes, you are NOT permitted to take pictures on the unit (this includes both with cameras and with cell phones). We also ask that you respect the privacy of others. For example, you may see someone you know from your neighborhood- please keep this information to yourself.

Confidentiality also has its limits. All staff members work collaboratively and share information to ensure that we are meeting all of your therapeutic needs. Additionally, we will take the necessary steps to protect you and others if you share information regarding abuse and potential threat (to yourself or others). Furthermore, if a peer discloses a dangerous situation to you, please speak with a staff member immediately so that we can support their needs and help to maintain their safety.

UNIT RULES AND SAFETY

B1 has some basic rules we expect everyone to follow. Some of these rules will be familiar to you, such as respecting the rights of others, including using safe language and refraining from physical contact (“No PC”). We have rules against fighting, stealing, destruction of property, and harming self or others. Some rules may be new for you (i.e., times for curfew and meals). We strongly encourage you to participate in all aspects of your treatment (group therapy, medication management, school, recreation therapy, and general unit activities).



Upon arrival to the unit, one of the nurses will meet with you independently to complete an Individualized Crisis Prevention Plan. This plan helps us to get to know you and be prepared for difficult situations that may arise. For example, you and the nurse will discuss triggers and emotional warning signs, as well as the various ways that our staff can provide you with individualized care and support. The Individualized Crisis Prevent Plan will be utilized throughout your hospitalization and helps to maintain your safety and the safety of others on the unit.

Our trained staff employs many techniques to assist you in following unit rules and maintaining good behavioral control. Some examples of these techniques are: verbal de-escalation when they are upset, redirection, distraction, calming techniques, positive reinforcement of healthy behaviors,

and use of our “comfort room.” Our comfort room is a small room with soft comfort objects that you may utilize to regain control when you are upset.

PATIENT ROOMS

Teens are often in rooms with peers, but occasionally may stay in a single room. We request that the rooms be kept neat and that beds are made each morning. We expect that patients refrain from destroying or defacing property and respect the environment of the unit and other program areas. Please note that patients are not permitted to enter another patient’s room.

CLOTHING AND LAUNDRY

We encourage teens to wear their own clothing. We would appreciate that clothing be sent from your home or placement. A washer and dryer are available for you to use. However, caregivers do have the option of taking items home to be washed. Also, please note that sharing of clothing is not permitted.



DRESS CODE

- Shirts must be worn at all times
- Tank tops and sleeveless shirts are not permitted
- Jeans must sit on the hips and may not hang below the buttocks
- Skirts must be at least knee-length
- Shorts must reach the mid-thigh
- Socks must be worn at all times
- Laces on shoes will be determined on an individual basis
- Clothing (i.e., hoodies, pants) may not contain a drawstring
- Clothing, of any type, cannot be skin tight or too revealing
- Hoop piercings and necklaces are not permitted
- Hats and head coverings may not be worn indoors, except when worn in religious observance
- Hoods from hoodies may not be worn up
- The privilege of wearing makeup may be earned

VALUABLES

We check each patient’s clothing and belongings upon admission. Valuables are sent to the property office located in the main hospital. We cannot assume responsibility for money or valuables that are brought onto the unit. We recommend that valuable items be kept at home or in your placement when possible.

PERSONAL ITEMS

Having personal items can be very important to teenagers. They can be comforting and familiar, and can help keep you calm when emotions get high. As such, you may wish to have a few things with you during your hospitalization. Below is a list of some things that are permitted and prohibited on the unit. If an item of personal interest to you is missing from the list, please ask staff if you are allowed to have it while on B1. Also, please note that staff is not permitted to store snacks and other food or drink items on the unit. Additionally, please be advised that we are a peanut and tree nut free facility.

OK (please bring)

clothes (equal to 5 outfits)
pajamas
underwear and socks
slippers
sneakers
school work
pillow/blanket
pictures from home (not in frames)
books or magazines (age appropriate)
journal
toiletries (toothpaste, brush, face wash)

Not Allowed (do not bring)

radios, tapes, CDs, iPods
TV, DVD/MP3 player, iPads
expensive (electronic) toys
plastic bags
toy guns, swords, etc.
sharp or dangerous toys
items in glass bottles
cell phones
gum
cigarettes and lighters
cologne, perfume,



*“You have brains in your head. You have feet in your shoes.
You can steer yourself any direction you choose.” - Dr. Seuss*

B1 PROGRAM SCHEDULE

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAURDAY
7:00 AM	WAKE UP	WAKE UP	WAKE UP	WAKE UP	WAKE UP	WAKE UP	WAKE UP
7:30 AM	Vitals, ADLs, Meds, and Breakfast	Vitals, ADLs, Meds, and Breakfast	Vitals, ADLs, Meds, and Breakfast	Vitals, ADLs, Meds, and Breakfast	Vitals, ADLs, Meds, and Breakfast	Vitals, ADLs, Meds, and Breakfast	Vitals, ADLs, Meds, and Breakfast
8:00 AM	SAP Group	SAP Group	SAP Group	SAP Group	SAP Group (RT/ET)	SAP Group (RT/ET)	SAP Group
8:30 AM	Exercise Group	School	School	School	School	School	Exercise Group
9:00 AM	Wellness Group	Group (RT/ET)	Group (RT/ET)	Group (RT/ET)	Spiritual Connection	Group (RT/ET)	Wellness Group
10:00 AM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
11:00 AM	Karaoke	School	School	School	School	School	ET (Taylor)
12:00 PM	Group (RT/ET)	Community Meeting	SW Group	SW Group	Education Group	Nutrition Group	BINGO
12:30 PM	Group (RT/ET)	Snack	Alateen	Wellness Group	Wellness Group	Community Meeting	Movie Group and Snack
1:00 PM	Group (RT/ET)	Group (RT/ET)	RT/ET on-unit	RT/ET on-unit	RT/ET on-unit	Pizza Party	ET (Taylor)
1:30 PM	Group (RT/ET)	Group (RT/ET)	Music Group	Music Group	Music Group	Music Group	ET (Taylor)
2:00 PM	Group (RT/ET)	Snack	DINNER	DINNER	DINNER	DINNER	DINNER
2:30 PM	Group (RT/ET)	Group (RT/ET)	Organized Games and Last Call				
3:00 PM	Group (RT/ET)	Group (RT/ET)	ROOM TIME				
3:30 PM	Group (RT/ET)	Group (RT/ET)	SAP Group- Day in Review				
4:00 PM	Group (RT/ET)	Relaxation Group, Vitals, Meds, ADLs					
4:30 PM	Group (RT/ET)	Relaxation Group, Vitals, Meds, ADLs					
5:00 PM	Group (RT/ET)	Relaxation Group, Vitals, Meds, ADLs					
5:30 PM	Group (RT/ET)	Relaxation Group, Vitals, Meds, ADLs					
6:30 PM	Group (RT/ET)	Relaxation Group, Vitals, Meds, ADLs					
7:30 PM	Group (RT/ET)	Relaxation Group, Vitals, Meds, ADLs					
8:00 PM	Group (RT/ET)	Relaxation Group, Vitals, Meds, ADLs					
9:00 PM	Group (RT/ET)	Relaxation Group, Vitals, Meds, ADLs					

KEY:

Group- PCT	Group- RT/ET	School	Miscellaneous
Group- RN/PCT	Group- SW	Group- RN/LPN	Group- MD

** Please note, schedule is subject to change.

This is our weekly schedule. Doctors, social workers, nurses, and RT/ET staff will meet with you at different points throughout the day and week. Also, there are often other unit activities that occur

during the week and weekend. These may include: gym time, arts and crafts, movies, board/card game tournaments, and sports. You will be seen by a doctor every day, even during the weekend.

TELEPHONE GUIDELINES

You are allowed to make and receive phone calls when you are in the hospital. If you are in group, school, or participating in a unit activity when someone tries to call you, we will notify you of the message and encourage you to call your friend or caregiver back during a designated time. Please limit all phone calls to 10 minutes and two per shift so that everyone can have a chance to use the phone and so that you can be sure to attend scheduled activities.

If you have any upsetting news to share with your child, please call the nurse's station first so that we can be prepared to provide support to your child should he/she become upset. In addition, if your child shares something with you that you find upsetting or are concerned about, please call us immediately so that we may work to resolve the issue together. The number to the nurse's station is (914) 493-7182.



B1 UNIT PAYPHONES

(914) 592-9237
(914) 592-9219

DAILY VISITING HOURS

1:30-3:00pm
6:30-8:00pm



Our days are fully scheduled. We think it is important for you to be visited by parents and other caregivers. However, we have a few rules about visiting that we would like to share with you.

1. All visitors must be at least 21 years of age in order to come onto the unit
2. Please limit the number of visitors (2 at a time) and keep it to immediate family and caregivers
3. Please come during visiting hours unless other arrangements have been discussed with the Treatment Team
4. No cell phones or cameras on the unit, please (that is a hospital wide rule)

BUDDY BENCH



The "Buddy Bench" is a chair on the unit that teens can choose to sit in when they are feeling lonely or are in need of some extra support. Sitting on the "Buddy Bench" is an easy way to signal to others that you would like to chat, even if you have a hard time saying it or asking for help.

PATIENT CRISIS RESPONSE PLAN

In the event that a behavioral crisis arises, you will hear the words “Code Gray Unit B1” announced. When this happens, you are expected to fully follow all instructions from staff to maintain your own safety and the safety of those around you. Noncompliance or getting involved in the crisis may result in consequences for you as well.



COOLING OFF

Patients may request to “take 5” if they need some time to themselves to calm down and use coping skills after being triggered. Staff can also encourage you to “take 5” as a way to help you to cool off. Typically a “take 5” occurs in your room, but can also take place in a different location on the unit if you receive permission from staff. “Take 5” is a great way to show yourself and the staff that you can make safe, mature, and responsible choices and that you are working on your goals.

Patients can also be directed by staff to take a “chill-out.” A “chill-out” is a 15 minute break from the community that can occur in your individual room or the quiet room. Patients will be instructed to take a “chill-out” if their behavior is starting to become disruptive to the community (i.e., yelling, excessive arguing, being disrespectful to peers or staff, general noncompliance). While taking a “chill-out,” patients are encouraged to use their coping skills so that they can stay in good control. Patients that are able to effectively use their “chill-out” can return to the community after 15 minutes. If the problematic behavior continues or escalates, additional consequences may result.

LEVELS SYSTEM

There are two levels within our Levels System. Level 1 is a basic status and you are considered to be “on Level 1” when you are first admitted. “Level 1s” who are in good standing are allowed to participate in all on unit activities, including school, RT/ET, leisure time, and meal times.

“Levels 2s” are permitted to go off unit when accompanied by staff to participate in off-unit privileges, including the weight room, game room, music room, and art room. “Level 2s” are also invited to attend a weekly pizza party on Fridays. In order to be eligible for Level 2, you must exhibit safe and respectful behavior, comply with your medication regimen, attend and participate in school and group, and show good self-care. If you feel that you meet these requirements, you are invited to submit a Level 2 Application. Level 2 Applications are distributed daily during the morning SAP (goals) Group.

Please note that “just” completing the Level 2 Application will NOT guarantee your promotion. As such, the Treatment Team may give you feedback and request that additional goals are met prior to your promotion being granted. Additionally, self-injurious behavior, acts of aggression, destruction of property, medication noncompliance, and poor ADLs may result in the drop of your Level. You can earn Level 2 again by showing good emotional and behavioral control, complying with unit rules and your individualized treatment plan, and resubmitting a Level 2 Application.

SELF-AWARENESS PROGRAM (SAP)

The purpose of the Self-Awareness Program is to encourage you to understand your response to any given situation, and to replace problematic behavior with more effective coping skills. By participating in the Self-Awareness Program, you will learn how to maintain and, if necessary, regain control of your emotions and behavior.

You will have a point sheet to track your day and the points that you have earned. You earn points based upon your behavior. You can earn up to 5 points per period for arriving on time, participating, acting in a respectful manner, maintaining good behavioral control, and working towards your personal daily goal. You can also earn bonus points continuously throughout the day for positive behaviors such as using coping skills, seeking staff for assistance in dealing with a difficult situation, taking initiative to better the community, and knowing your medication regimen. Points are added up at the end of each day to determine if you will be “on privileges” or “off privileges” for the following day.

Once you have earned a point, it is yours to keep and cannot be taken away from you. However, please keep in mind that your behavior, not just the number of points that you earn, will determine your privileges. For example, your privileges may be dropped if you are aggressive towards others or attempt to destroy unit property.

ON/OFF PRIVILEGES

Off Privileges

- You are “off privileges” when you are first admitted. You will also be “off privileges” if you do not attend programming, engage in self-harm behavior, or act in an aggressive manner within the unit. Any episodes of restraint or seclusion will automatically result in loss of privileges for the remainder of the day and will make you ineligible for privileges the following day.

On Privileges

- In order to be promoted to “on privileges,” you must earn at least 50 points (out of 70) daily, as well as participate in programming, demonstrate safe behavior (not harmful towards yourself, others, or unit property), comply with your medication regimen/labwork/medical tests, and take care of your ADLs (activities of daily living include showering, brushing your teeth, changing your clothes).
- Examples of “On Privileges” include:
 - Personal use of portable DVD player to watch a movie
 - Personal use of the radio to listen to music
 - Personal use of tablet to play games
 - “Spending” points in the Unit Point Store
 - Sign-out games from the game closet
 - Staff and RT/ET assistant



- Attend the unit Pizza Party on Friday

OUT OF PROGRAM PROTOCOL

Patients will be considered Out of Program (OOP) if they engage in behavior that endangers themselves, those around them, and/or the community at large. The length of time that patients will remain Out of Program depends upon the behavior that was exhibited.

Patients will be removed from the community and considered OOP for at least **24 hours** in the event that any of the following occurs:

- Physical aggression towards peers or staff
- Destruction of property
- Physical restraint or seclusion

Patients will be removed from the community and considered OOP for at least **6 hours of program** in the event that any of the following occurs:

- Menacing or threatening behavior towards peers or staff
- Medication noncompliance
- Excessive disruption within the community

Guidelines and Procedures:

- Patients will be removed from the community for a period of 6-24 hours
 - Note: this does NOT mean that they are restricted to their rooms. Patients may spend time in other areas of the unit if no peers are in their immediate vicinity
- Patients are expected to complete an OOP packet and review the worksheets with a staff member
- Patients are expected to complete all school work and applicable group activities while OOP
- The “time clock” is put on pause when if the patient is not compliant with the plan. As such, time will be extended as needed until the patient has cooperated with the OOP plan for a full 6-24 hours
- During the period, patients that are OOP are not permitted to go outside to the courtyard
- Level 2 status will be held or dropped to Level 1 at staff’s discretion
- Patients are allowed to watch television while OOP, assuming that they have completed their OOP packet and are cooperating with staff and the OOP plan
- While OOP, patients are encouraged to color, draw, write, organize their rooms, practice their coping skills, complete word searches/sudoku puzzles, etc.

DIALECTICAL BEHAVIOR THERAPY (DBT) PROGRAMMING

Dialectical Behavior Therapy (DBT) is a treatment program that is designed to help people change patterns of behavior that are not effective, such as self-harm, suicidal thinking, aggression, impulsivity, and substance abuse. DBT helps people to learn about the triggers that lead to reactive states and figure out which coping skills to use to manage unsafe behavior. Within Unit B1, the DBT skills are taught during daily 60-minute group therapy sessions and are reinforced throughout the day by all members of the clinical and milieu staff. The following is an outline of the skills you will be encouraged to learn during your hospitalization.

Core Mindfulness Skills Module

The Core Mindfulness skill module is the foundation for all other skills taught in DBT. DBT recognizes three separate but equally important states of mind: Emotion Mind, Reasonable Mind, and Wise Mind. While in Emotion Mind, emotions drive interpretations and ways of acting upon the environment, and decisions are made regardless of logic or consequence. In Reasonable Mind, our thoughts and actions are step-wise and objective, and decisions are made based upon logic and reason, abstracting out emotions. Wise Mind describes a state of awareness of both emotion and reason. Making a “Wise Mind” decision is seen as an ultimate goal of the Core Mindfulness skills within Dialectical practice.

Core Mindfulness Skills- paying attention “on purpose”

DBT “WHAT” skills:

- Observe: notice your experience of the present moment
- Describe: label what you observe with words
- Participate: fully throw yourself into the present moment
- DBT “HOW” skills:
 - Non-judgmentally: notice without evaluating something as “good” or “bad”
 - One thing at a time: let go of distractions
 - Do what works: do what you need to do to achieve your goals

Emotion Regulation Skills Module

The Emotion Regulation skills module aims to provide teens with skills necessary to manage their mood on a daily basis; these strategies function to increase positive emotions and decrease vulnerability to negative mood states. The Emotion Regulation skills include a number of strategies: education about the relationship between feelings, thoughts and behaviors; engagement in daily pleasant activities; self-care practice; learning to accept and “wait out” uncomfortable emotions; and, engagement in behaviors that represent the safe/effective opposite of dangerous/ineffective impulses.

Emotion Regulation Skills

- Behavioral activation and opposite action
- Reducing vulnerability to negative emotions
- Cheerleading statements
- STRENGTH: How to Stay Out of Emotion Mind
 - S - balance sleep: make sure you are getting enough sleep on a daily basis
 - T - take care of self: treat yourself well and practice healthy living habits
 - R - resist target behaviors: stay away from triggers
 - E - exercise: participate in physical activities daily

- N - nutrition: have a well-balanced diet
- G - gain mastery: work towards a goal, feel accomplished
- T - take time for yourself: make time to ignore distractions and focus on yourself
- H - healthy self-talk: use positive self-talk to encourage yourself

Distress Tolerance Skills Module

The Distress Tolerance skills are related to “Crisis Survival” and teach you how to tolerate and cope with difficult situations without making them worse. These skills are directed towards helping individuals to abstain from engaging in unsafe behaviors as a response to emotionally difficult moments.

Distress Tolerance Skills

- Distract with ACCEPTS:
 - A - activities: do something to distract yourself
 - C - contribute: do something nice for someone else
 - C - comparison: compare yourself to someone else to help you handle a situation more skillfully
 - E - emotions: create a different emotion
 - P - push away: temporarily push the painful situation out of your mind
 - T - thoughts: replace your thoughts or change the way you are thinking
 - S - sensations: utilize your senses to distract and self-soothe
- IMPROVE the moment:
 - I - imagery: imagine a safe, calming place
 - M - meaning: find or create a purpose for the difficult situation, “make lemonade out of lemons”
 - P - prayer: open your heart to your own wise mind
 - R - relax: unwind, do something you enjoy, practice muscle relaxation
 - O - one thing at a time: put your mind in the present, focus on 1 task at a time
 - V - vacation: take a brief vacation in your mind or take an actual break from the situation
 - E - encouragement: cheerlead yourself
- Pros and Cons
- Radical Acceptance

Interpersonal Effectiveness Skills Module

The Interpersonal Effectiveness skills module teaches individuals how to interact with others within their environment in a more skillful manner. It includes “wise mind” strategies for maintaining self-respect, nurturing healthy or desired relationships, and requesting that one’s needs be met, even during emotionally challenging situations. These skills help teens to identify their goals in different interactions and relationships, and use communication skills that balance emotional expression and behavioral control.

Interpersonal Effectiveness Skills

- DEAR MAN: How to TRY to Get Someone to do What You Want
 - D - describe: stick to the facts, clearly describe the situation
 - E - express: express your feelings, opinions, and needs using “I” statements
 - A - assert: ask for what you want or say “no” clearly
 - R - reinforce: reward the person either ahead of time or afterwards for their help
 - M - mindful: keep your focus on what you want and avoid distractions
 - A - appear confident: show that you have confidence in yourself
 - N - negotiate: be willing to give to get
- GIVE: How to Keep a Good Relationship
 - G - gentle: be gentle, nice, and respectful
 - I - interested: listen and act interested in what the other person is saying
 - V - validate: show that you understand the other person’s feelings or opinions
 - E - easy manner: smile, use a little humor, use a “soft shell”
- FAST: How to Keep your Self Respect



- F** - fair: be fair to yourself and the other person
- A** - avoid needless apologies: don't over (or under) apologize
- S** - stick to your values: stick to your own values and opinions
- T** - truthful: be truthful and don't exaggerate or act helpless when you are not

CONTACT LIST

UNIT B1	
Chris Karampahtsis, MD Unit Chief, B1	(914) 493-1816
Elisabeth Maher, MSN, PMHNP-BC Nurse Practitioner, Unit B1	(914) 493-7150
Eunice Opoku, LMSW Mental Health Therapist, Unit B1	(914) 493-1894
Elyse Gehring, LMSW Mental Health Therapist, Unit B1	(914) 493-5580
Adwoa Konadu, BA Case Manager, Unit B1	(914) 493-1908
B1 Nurses Station	(914) 493-7182
Lorraine Harper Administrative Assistant, Unit B1	(914) 493-7182
Patient phones Unit B1	(914) 592-9237 (914) 592-9219
ADMINISTRATION	
Abraham Bartell, MD Chief, Child and Adolescent Division	(914) 493-1818
Denise Davis, RN Director of Nursing	(914) 493-7775
Bambina Meyers, LMSW Director of Social Work	(914) 493-7381
Maria Barreto, LCSW-R Clinical Supervisor, Child & Adolescent Units	(914) 493-6473
Melissa Nord, PsyD Director of Therapeutic Programming, BHC	(914) 493-7129
Steven Dickstein, MD Program Director, Child/Adolescent Psychiatry Fellowship	(914) 493-7343

BHC Administration	(914) 493-1149
Mental Hygiene Legal Services	(914) 592-4275
Patient Relations	(914) 493-8877
Medical Records	(914) 493-8803

We hope that our handbook has been helpful and answered many of your questions. We are committed to providing you with the best possible patient and family centered care available. Please do not hesitate to contact us at any time with any questions or concerns.