

Latham Centers, Inc.

PARENT HANDBOOK



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Latham is required by Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), Title IX of the Education Amendments of 1972 (Title IX), the Age Discrimination Act of 1975 (Age Act), and their respective implementing regulations at 34 C.F.R. Parts 100, 104, 106 and 110, not to discriminate on the basis of race, color, national origin, disability, sex, or age. Inquiries concerning the application of each of the aforementioned statutes and their implementing regulations to Latham may be referred to: Latham Centers, Inc., Vice President of Organizational Development Craig Anderson, at (508) 896-5776 ext. 197 or 1646 Main Street (Route 6A) Brewster, MA 02631-1716, or to the U.S. Department of Education, Office for Civil Rights, at (617) 289-0111 or 5 Post Office Square, 8th Floor, Boston, MA 02109-3921



LathamCenters

Passage to a brighter future

Welcome to Latham Centers!

Latham Centers is a place of hope, innovation, and excellence. Latham’s therapeutic residential special education school campus in Brewster serves children with complex special needs. Since 1970, Latham has worked with students, their families, and outstanding professionals to change lives—and save lives. Latham is internationally recognized for its expertise in the care of individuals with Prader-Willi syndrome (PWS). Latham is a non-profit organization, accredited by the Council on Accreditation and licensed by the Massachusetts Department of Early and Secondary Education (DESE) and Department of Early Education and Care (EEC). Latham Centers’ service delivery values of mastery, belonging, generosity, and independence, and ongoing staff training help ensure the well-being and happiness of every individual who calls Latham home.

The school is located in a tranquil, 4-acre setting in the town of Brewster on Cape Cod. When you walk through the campus and meet those living and working here, you find an atmosphere where people know and care for one another.

Latham School provides therapeutic, residential, educational, and vocational services. Latham provides specialized services for children with intellectual disabilities, as well as one or more of the following diagnoses: Prader-Willi syndrome; Autism spectrum disorders; non-verbal learning disability; and/or mental health diagnosis including RAD, PTSD, anxiety disorder; or depressive/mood disorder. Half of the students who attend Latham School have Prader-Willi syndrome (PWS), a chronic genetic disorder that manifests in serious physical, cognitive, and developmental issues. Latham School is the leading school in North America that specializes in the treatment of PWS because of its innovative programs and dedicated staff. Latham’s approach to the treatment of PWS is a unique combination of food security, nutrition and diet management, exercise, weight monitoring, counseling and education, skill building, medication management, and positive behavioral support. The results show our graduates are living safe, healthy and positive community lives. In addition to specializing in the therapeutic treatment and care of children with PWS, Latham Centers has nearly 50 years of experience with children who have histories of trauma.

Latham has seven state-of-the-art classrooms with seven or fewer students. Special Education Instructors and Aides teach a curriculum adapted to challenge each individual student, enhanced through the use of advanced technology. Latham clinicians, teachers, therapists, and residential counselors develop warm and nurturing relationships with each student focusing on the individual’s strengths and using positive behavioral interventions to teach and reinforce coping strategies.

Welcome, and thank you for taking the time to review this Parent Handbook.

[Brewster Campus](#)
1646 Main Street (Route 6A)
Brewster, MA 02631-1716

www.lathamcenters.org | 508.896.5776
Latham Centers is an equal opportunity provider and employer.



[Orleans Administrative Offices](#)
14 Lots Hollow Road
Orleans, MA 02653-3329

EDUCATIONAL SERVICES:

Students participate in school guided by the Common Core frameworks provided by the Massachusetts Department of Elementary and Secondary Education (DESE). They also partake in a wide variety of assessments; alternative and standardized tests. Upon admission, testing begins and is based on the student's state requirements and whether the student's TEAM (guardian, LEA, and Latham) feel the student is able to participate. The Latham School calendar is 216 days, 5.5hrs./day.

Latham Centers also offers the following services as identified in the student's service delivery grid:

- Speech and Language (in accordance with student's IEP)
- Occupational Therapy (in accordance with student's IEP)
- Physical Therapy (in accordance with student's IEP)
- Clinical Therapy (in accordance with student's IEP)

All assessments provide consents from the funding districts. Depending on state requirements, each student has a three-year (or in some cases, two) re-evaluation process. Latham is able to provide in-house assessment in the following areas:

- Educational
- Speech and Language
- Occupational Therapy
- Physical Therapy
- Vocational

All other assessments are provided by outside agencies. The guardian of the student will receive TEAM recommendations but ultimately the consent to test is the guardian's decision.

The ***Latham Works*** Vocational Program identifies areas of both strength and interest of each individual. Latham offers 50 on-campus employment opportunities that range from horticulture, maintenance, housekeeping, laundry, and kitchen set-up. Off-campus opportunities include horse care, working at the local library, assisting the local church in collating packets, and providing office work (delivery of mail) at a local insurance agency. With a job coach on-site, each individual is supported in on-the-job training in preparation for the adult world.

Clubs at Latham School

- Sensory Art
- Reading
- Theatre
- Yoga
- Seasonal Crafts
- 100 Mile Club (fitness)
- Sport Stats

The clubs are offered once a week for 1.5 hours every Friday. The clubs rotate three times between the months of September and June.

The ***SummerTide*** Program occurs from July to the end of August. SummerTide includes academics in the morning and activities that focus on the Common Core curriculum in the afternoon. Academics include:

- Reading
- Math
- Social Studies
- Science
- Computers/Media

The afternoon session offers a wide variety of activities that promote both fitness and academics in a creative manner. These activities include:

- Science Outing
- Swimming
- Sensory Art
- Outdoor Games
- Horticulture
- Woodworking
- Lights, Camera, Action
- Maintenance

Students explore the local beaches during their weekly swim outing and benefit from Cape Cod's natural resources in relation to the science outings. Both trips serve as an opportunity to build social skills and explore the local community.

Latham Centers is in partnership with *Special Olympics*. Over 90% of our students participate in Special Olympics and each individual is offered the opportunity to participate. Special Olympic sports include:

- Football
- Soccer
- Bowling
- Track and Field

ADMISSIONS:

The Latham Centers Admissions Department works to ensure open and on-going communication with families, the Department of Children & Families (DCF), Family Networks, advocates, and school systems. The goal of our admission services is to ensure a seamless transition for all students and their families. We focus our efforts on helping families understand our services and to support them in making informed decisions.

Families, schools, and other professionals interested in learning more about Latham are welcome to contact our Admission Coordinator and schedule a tour of our campus to see the facilities, meet the staff, and to meet other enrolled students at any time in the referral process. Our Program Director and other members of the team are available upon request to meet with interested parties during the tour for an interview. This interview shall include an explanation of the school's purpose and services, policies regarding student and parent rights including student records, the health program which includes the procedures for providing emergency health care, and the procedure for termination of a student. Additional information about Latham's history and treatment philosophy can be found on our website: www.lathamcenters.org or in our brochure. Latham Centers also maintains a copy of its policies and procedure manual on site. These are available upon request.

The Admission Coordinator reviews all referrals immediately upon receipt. At any point in the referral process, a student may be rejected or accepted. All potential students who appear to be a match for our services will have an assessment interview. The Admission Coordinator works with the referral source, family, school, Department of Children & Families (DCF) and others involved to set up this interview. The assessment will include an interview of the potential student and possibly an information meeting with all available family members, DCF, school, or other involved professionals. The location of the interview is flexible. They may be at the child's home, foster home, school, the DCF office, a hospital, Acute Residential Treatment program, or other residential settings. The assessment interview generally lasts about one hour.

After the interview, a team of department heads determines if a student might benefit from our services. The next admission step is the assessment visit in which the student will be able to explore the classroom, residence, and meet other professionals here on-campus. On the assessment visit, the student will have the opportunity to participate in the school and residential components of our program. This enables a larger number of staff to provide feedback on how well a student adapted to our treatment milieu. This feedback is shared with the supervisory team after the visit during the next scheduled meeting. At this time, the team may ask for more information, another visit, or they may decide then to accept or reject a student. If the student does not meet our admission criteria, the referral source is contacted to let them know the decision. If a student is accepted, the Admission Coordinator works with the family, DCF, Family Networks, school and other professionals to set a date and to make sure that all required paperwork is in place prior to the admission date.

The following symptomology is representative of the intensive population that we serve:

- Multiple disrupted placements in highly structured residential settings including but not limited to those who have been hospitalized for psychiatric issues multiple times over the past year.
- Require intensive 1:3 supervision during awake hours and 1:6 when they have gone to bed, to include 1:1 capability during acute crisis due to self-injury, severe assaultive behaviors, boundary issues stemming from past sexual abuse, suicidality, sleep disturbances, psychotic episodes, issues of sexual offending. In some cases, these behaviors will require multiple daily restraints involving two or more staff.
- Have complex psychiatric and medication histories that require daily medication assessment and adjustment to achieve stabilization.
- Require milieu-based therapeutic interventions on a daily basis by licensed clinical personnel to reduce crisis and increase stabilization as well as to assess the psychiatric needs of the client in an effort to prevent hospitalization.
- Students with Prader-Willi syndrome who require locked food sources.

REJECTION CRITERIA

- Too high functioning/normal I.Q. and/or does not have significant developmental delays, significant learning disabilities, or a diagnosis of Prader-Willi syndrome.
- Functioning level. This would include children who lack self-help skills or who may be diagnosed as autistic (non-communicative).
- Has extensive medical needs. This might include an individual with an uncontrolled seizure disorder (grand mal), which may present a potential safety hazard, including need for “as needed” sedating medication in a more restrictive setting.
- Has a primary diagnosis of psychosis. This would include children who are presently diagnosed as psychotic and would be more appropriately placed in a hospital setting. This does not apply to children who demonstrate psychotic features as part of another major diagnosis (e.g. PTSD, schizoaffective disorder with psychotic features, depression with psychotic features, etc.).
- Requires total 1:1 supervision without displaying a potential for improvement. Consideration is given to the fact that most new students will require a great deal of individual attention. The question that needs to be answered is whether a child could be capable of being more independent given an initial adjustment period.
- Is a danger to himself/herself or others; this would include children who are considered homicidal or suicidal. Depending on the nature of a child’s emotional disturbances, it would not be uncommon for him/her to be self-abusive or potentially harmful to others. It is noted that children displaying these tendencies as a result of attention seeking, manipulation, etc. should not necessarily be categorized as homicidal/suicidal.

We work hard to maintain objectivity throughout the pre-placement process. We know that how your child appears at the time of a visit may, in fact, be contrary to all previously noted interactions, behaviors, and reports. We work hard to keep the big picture in mind. In fact, acceptances or rejections are not solely based on the one visit, or on the availability of an existing classroom or social group, rather on the child’s overall appropriateness for the program. When there is doubt or question regarding a particular child’s appropriateness, several options are possible:

1. Visit the child in a home/social environment
2. Visit the child in his/her academic setting.
3. Request a return visit to Latham Centers the length of which could vary from a half-day to a full day, or overnight.

ACCEPTANCE

- Once your child is accepted, we want to offer all the support we can in helping you and your child prepare for Latham. The actual admission date could be 1-3 weeks from the acceptance date.
- The Admission Coordinator schedules the admission date with the family, funding source, and any other involved parties. We will need parents’ and/or the social workers’ assistance

in collecting all the required materials for the admission date. Parents or guardians will be given a clothing suggestion list. An important consideration for admission is the medical and insurance information on your child. All medical forms, vaccinations, etc. must be completed and submitted prior to or at admission. This includes required documentation that the student has had a complete physical examination by a licensed physician not more than 12 months prior to the admission date. In the event of an emergency placement, Latham shall make provisions for a complete examination of the student within 30 days of admission.

CLINICAL SERVICES:

Each student enrolled in the program is assigned to an individual caseworker who coordinates and, where appropriate, provides services for the child and their family. Each student receives a minimum of 45 minutes of therapy, 2 times per week. As the clinician understands the student, a decision is made if involving the family member into the individual session is clinically appropriate.

Every child and their family are assessed for readiness and appropriateness for family therapy. This includes a review of family reunification issues. Clinicians will provide family therapy and supports around parenting skills development. A student that participates in home visits where challenging situations arise debriefs in session, the clinician will then debrief with the parents/guardians as it is clinically appropriate.

Clinicians serve as the primary contact between the parent/guardian and Latham. Latham encourages communication with the clinicians as it relates to the educational, residential, and clinical needs. Clinicians are accessible to guardians and there is a clinician on site Monday through Friday.

Each parent/guardian is invited to the student's quarterly meeting which integrates all components here at Latham. It is in these meetings that progress is addressed. The team also meets annually at the student's IEP meeting to discuss appropriate placement and determine if it is appropriate for the student to return to the least restrictive environment.

The Clinical Director will determine the clinician that will be assigned to the student. A variety of variables factor in the decision which include;

- Best clinical fit based on clinician's background
- Caseload
- Assessment

TELEPHONE CONTACT:

Latham School encourages telephone contact with family members. Contact between the student and his/her family is tailored to meet the needs of each individual student, family, and programming. At times it may be necessary for the student to make their calls with the clinician. A phone contact schedule will be determined either prior to intake or during the actual day of the intake to accommodate the family and program's needs.

WRITTEN CORRESPONDENCE AND E-MAIL:

We encourage students and parents to correspond on a regular basis. Our students delight in receiving mail from home, as well as from extended family members. The receipt of letters from family members between home visits aids the student in feeling cared for, as well as teaching them to reach out to his/her family by responding to received mail.

HOME VISITS:

Home visits will be discussed after the initial four-week adjustment period. During this time you are welcome to visit your child on campus. After this time, the team (staff and parents) will discuss initiating home visits. We encourage major holiday visits, as long as your child is demonstrating safe behavior. Please know that if your child's behavior is unsafe as the planned visit approaches, that you are welcome to make an on-campus visit. We will identify a quiet meeting space for you.

All visits should be arranged through the clinician, with at least 48 hours' notice. Due to both staffing and medication preparation, a two-week advance notice is required for holiday and school vacation visits.

GROUP THERAPY:

We offer five clinically focused groups in place of the traditional social skills group model. The groups offered now include: Social Skills group for male students, Social Skills group for female students, Art Therapy, Psychoeducation/Transition group for older students, and a Dialectical Behavior Therapy Group (DBT). The new group offerings provide an opportunity to deliver clinically specific and relevant group experiences and process to enhance skills of social communication, distress tolerance, individual self-expression, and integrated problem-solving.

STUDENT FINANCES:

A written request for money to purchase an item for your child is made by an assigned staff and signed off by the student's Clinician. The assigned staff is required to turn in an itemized receipt for every personal needs purchase to the accounting department. We request that your child has at least \$50.00 per month for incidental items and recreational expense. Medical co-pays are deducted from your child's account, as well as emergency clothing needs. Clothing is purchased on a quarterly basis. Students make quarterly group shopping excursions, which is an enjoyable, learning experience for adolescents. If you prefer to purchase clothing for your child while they are on a home visit, please notify your child's Clinician. A detailed accounting record is forwarded to your child's Clinician on a monthly basis, and will be made available to you upon request.

DISCHARGE:

Our students' treatment goals are always focused toward discharge. Careful planning is put in place for students' return to their families. We will work with you to develop a discharge plan based on treatment progress. As treatment goals are met, home visits increase in frequency. Community supports will be put in place prior to discharge to ensure a smooth transition home.

If your child is moving into adult services and he or she will be living independently or in a supported setting, Latham will facilitate contact with the appropriate adult services agency one year to six months prior to the planned transition date. Parent/guardian participation in transition decision-making is essential. Latham plans that students who are transitioning to an adult service setting will visit for a day, overnight, or weekend prior to finalizing the plans and proceeding to discharge.

MEDICAL AND PSYCHIATRIC SERVICES:

Latham's Children's Services health services department includes a Director of Nursing, an advanced practice board certified psychiatric nurse specialist, consulting psychiatrists, and Registered Nurses. The nursing staff is available 7 days a week for assessment and treatment of the student's medical and psychiatric issues and oversight of medications. Monday to Friday, the nursing staff is here from 7:30 AM until 9 PM. Latham has the ability to make appointments to cover all of a student's medical and psychiatric needs. Latham works with local pediatricians, dentists, medical specialists, a pharmacy and medical lab. Latham provides full support for transportation for all appointments which have been scheduled by Latham nurses. In the event that necessary medical services are not available locally, we take students to specialists in the greater Boston area. If parents opt to keep their own physicians, they are provided with appropriate paperwork to be completed by the provider during the appointment. Continuity of care is essential, so parents are asked to return the completed documentation to the nursing department as soon as the student returns to the program. We ask parents to make sure that Latham nurses get any follow up information so that we can provide proper care. Latham nurses or clinicians generally accompany students to psychiatric visits and to many medical and dental visits to ensure quality of care and seamless communication. Direct care staff also provides support and transportation on routine appointments.

Latham works with a wide variety of specialists, including but not limited to allergists, ophthalmologists, orthopedists, endocrinologists, neurologists, physical therapists, gynecologists, and dermatologists and responds to each medical need presented by the student. We work with several area psychiatrists and offer parents the choice of working with one of our psychiatrists or maintaining their child's own psychiatrist. Families may also communicate with our nursing staff on a regular basis.

When a family chooses to work with our psychiatric services, Latham's Psychiatric Clinical Nurse Specialist (APRN/BC) evaluates, prescribes, and monitors the student's medications. After completing the initial psychiatric evaluation, she meets with each individual student and their clinician on regular basis. (This is usually every four to six weeks.) Our Psychiatric Nurse is also available on-call 24 hours per day for consultations and emergencies. If an anti-psychotic medication is in order, Latham obtains parental consent or initiates a Rogers Petition coordinated with the DCF social worker. Latham clinicians consult with families on medication changes. If families wish to meet with the advanced practice nurse, this can be arranged. For students who see another psychiatrist, Latham nurses and clinicians work together to schedule those appointments. For students whose family may give consent for anti-psychotic medications, Latham ensures that a fully informed consent is obtained and documented.

The Psychiatric Assessment Team will provide psychiatric hospitalization screening for students who require it either on the Latham campus or at Cape Cod Hospital. If students go to the

Emergency Room for screening, program staff will accompany them. Staff members remain with the student until they return to Latham or until the hospital secures an in-patient bed. The clinician or on-call administrator will inform the family, the Lead Agency, and DCF immediately if the student needs a screening, and will keep the family and all others informed as to the screening process. Upon hospitalization, the Latham clinician is responsible for having daily contact with the hospital and the child. Latham provides extensive treatment information to the hospital and encourages meetings for treatment planning and will attend discharge planning meetings. When all parties have agreed that the student is ready to step down and is able to return to Latham, Latham will ensure a smooth transition back to the residential program.

BEHAVIOR MANAGEMENT:

All students enrolled in Latham Centers will have a treatment plan that is current, individualized, and developed from a thorough assessment of the student's problems, needs, strengths, and preferences. The treatment plan incorporates the social, emotional and behavioral goals of the student's IEP and includes additional clinical goals as needed.

The clinician/case manager assigned to the student is responsible for coordinating the development of the treatment plan in collaboration with the student and parent/guardian. The clinician/case manager is responsible to ensure that these various components are integrated into the formulation and implementation of the treatment plan.

An initial treatment plan (Behavior Support Plan) will be developed within one week of admission to Latham Centers. A comprehensive treatment plan will be developed within four weeks of admission.

Behavior Support Plans (BSP) are developed for all students, regardless of level of crisis, to provide staff with information on how to work most effectively with each individual student.

Individual behavior plans are developed reflecting the following:

- At the time of admission, the case manager/clinician will develop the initial BSP reflecting information contained in the referral and gleaned from initial meetings with the student and family. This will be based on available assessments including interview of student, parents, and previous placements, if available.
- The initial BSP will be brought to the first team meeting and additional information will be gathered from all members of the team from their observations of and interactions with the student and will be later incorporated into the BSP.
- Updated BSP information is distributed to all staff, shift change and Therap; when appropriate it will be discussed at component meetings

- BSPs shall be reviewed in team meeting; the clinician will bring information regarding the effectiveness of the Behavior Plan to the team meeting, including incident reports, etc. Minor adjustments in a plan may be made in the team meeting.
- During clinical reviews, direct care staff and clinicians will ensure that all activity that is not aligned to the child's individual BSP will be immediately reported to the supervisor of the staff person who is manifesting behavior not in alignment.
- Restraints are reviewed weekly; any student w/ 5 or more restraints in 7 days will initiate a BSP meeting.

PHILOSOPHY ON BEHAVIOR SUPPORT

Latham Centers approaches Behavior Support of the individuals we work with from our organization's Mission Statement and our Service Delivery Values of Belonging, Mastery, Independence, and Generosity. (Please see last page).

We treat our clients as individuals who need our assistance in reaching their potential to become full share members of society. The individuals need our assistance in achieving their potential by teaching them the skills and giving them the opportunities to practice that will advance their participation in the community.

The majority of the clients we work with have backgrounds of repeated failure, frustration, rejection, intolerance by others. Many of them either witnessed and/or were the victims of trauma at the hands of caretakers and others. The maladaptive, regressed behaviors we see episodically are related to the individual experiencing stress. Management of stress is core to our understanding and approach to working with our populations. It is a preventative approach aimed to strengthen existing skills and coping mechanisms rather than taxing them as has been their history. Inherent in our understanding and approach to crises is the following assumption:

People are doing the best that they can with what they have to work with, all the time.

PROGRAMMATIC & PREVENTATIVE APPROACHES

Latham takes a "Strength-Based" and positive behavior approach to working with clients in our care. Our residents come with their own set of strengths and interests. We capitalize on using their strengths to overcome their areas of weaknesses and build upon those strengths rather than focusing on changing things that are ingrained and a source of failure and frustration. Engaging the resident in achieving their own goals and developing a plan to achieving their goals engages the resident from the beginning in viewing our participation with them as a supportive one rather than an obstacle.

At the foundation of our support of individuals, we begin by providing a safe, orderly, and predictable environment to reduce stress that our individuals experience if there is ambiguity, doubt, and uncertainty. We maintain a clean, warm, and welcoming environment that balances group living with individual expression. We also plan a schedule of activities that promote socialization, skill building, by satisfying individual interests and exposing them to a wider world of opportunity. For individuals with PWS, we promise food security, taking care within our control to ensure that all sources of food are beyond their access. These approaches reduce the stress that individuals are prone to and exposes them to experiences they have been previously denied.

We also teach stress-reduction techniques such as Mindfulness, Yoga, drama, music (African drumming), and incorporate daily exercise with exertion to reduce stress and to satisfy the many sensory needs our population has. Our PWS population greatly benefits from an enhanced sensory diet to help strengthen the biofeedback mechanisms that they are deficient in. This, too, reduces stress and helps individuals manage the vagaries of life that are inevitable even in this prosthetic environment. Crafts, puzzles, etc. can help with this.

Conflict and frustration are inevitable and the agency employs structured opportunities for individuals to grieve that further prepares them for living to their potential. We patiently teach them to identify their feelings and thoughts and to translate them into words that are heard respectfully. This CBT approach again teaches residents skills to help them negotiate/conflict, needs in the future.

Additionally, staff are trained in using low-expressed emotion, as affectively laden approaches with sensitive individuals can be triggering. Remaining calm and neutral allows the resident to feel heard and not judged by staff. They are more inclined to remain at baseline themselves if staff are. This, too, reduces the risk of overwhelming the resident, exceeding their capacity to remain in an available mode.

The above approaches are the most effective in supporting residents with PWS who are highly sensitive to change having an Adaptability Deficit Disorder (J. Forster, 2009).

THE SPECTRUM OF BSM INTERVENTIONS

Latham Centers has developed its own positive Behavior Support Spectrum of interventions to address the needs of our population. All are designed to avoid the use of Restrictive Management Measures which are used only when all other measures of support have failed.

Crisis Prevention Institute (CPI) is a foundation approach to helping residents come back down to baseline. Specific de-escalation techniques are used to help the residents regain control when they are moving into crisis. In instances where all attempts to support the resident has failed and

the risk of injury to others and self has increased, then restrictive management measures may be employed.

Latham’s training and procedures for crisis intervention: When positive, de-escalating techniques have failed, physical restraints (physical holding of students by staff) are only used in emergency situations to protect the student and/or others from immediate harm. All direct support professionals receive extensive on-the-job training and professional development, including a 16-hour Crisis Prevention Institute (CPI) training in non-violent crisis intervention. Latham Centers’ administration is also trained and certified in the CPI program which promotes the best possible care, welfare, safety, and security for anyone involved in crisis situations. When difficult situations occur, the entire staff has learned and practiced the skills “to help turn conflict into resolution, hostility into harmony, and chaos into calm.” (*Crisis Prevention Institute*)

RESTRICTIVE MANAGEMENT MEASURES

Should de-escalation attempts be unsuccessful we only employ **physical restraint** in both the adult and children’s program.

Time-Out is used as a preferred alternative to physical restraint unless contraindicated by their individual behavior plan.

Prohibited Measures

- Incitement or encouragement of mistreatment from other clients
- Transfer or threat of transfer for punitive reasons
- Retaliation due to a report of program violations
- Any type of physical hitting inflicted in any manner upon the body
- Verbal abuse, ridicule or humiliation
- Denial of visitation or communication with family
- Denial of food
- Denial of shelter, bedding or bathroom facilities
- Physical activity that jeopardizes the health, safety or emotional stability of an individual, including requiring the resident to assume an uncomfortable position
- Group consequences for an individual’s misbehavior
- Denial of sufficient sleep extensive separation/isolation from the group.
- The use of restrictive behavior management interventions by service recipients, peers, or any person other than trained, qualified staff;
- Chemical or Mechanical restraint
- Excessive or inappropriate use of restrictive behavior management interventions as, for example, a form of discipline or compliance, or for the convenience of staff;
- Use of restrictive behavior management interventions in response to property damage that does not involve imminent danger to self or others.

PROCEDURES IN THE CHILDREN'S PROGRAM

Latham Centers, Inc. believes that the most important aspect of any behavior management plan is its value as a learning tool and its qualities as a preventive tool. Behavior management is an educational process of establishing and teaching an orderly way of life, which will protect and maintain the integrity of the individual and the integrity of the group within the program and agency, and further, which will be acceptable to society outside the agency. All procedures can be found at our front desk.

- Because no two individuals' needs are alike, no single approach to behavior management can or would be effective. The behavioral management choices are varied and, in general, focus on the positive choices available to the individual. The program's staff are trained in Crisis Prevention Institute's non-violent crisis intervention (CPI).

Several types of behavior management systems are used to support the attainment of the individual's objectives, including, but not limited to the following:

- Rules and regulations have been established for the benefit of residents and staff members. They provide the residents with a general set of expectations and give staff members a range of responses in which to deal with misbehaviors. Positive and natural consequences are earned based on the resident's choice to either follow or disregard these rules. The general expectation for staff interactions with students is to use praise when it is earned and to use positive reinforcements as a first step in all interactions whenever possible. Consequences are paired closely with the issues identified by the resident's behavior. Consequences are also used as a learning opportunity. They are immediate and rarely extend beyond 24 hours, though there are unusual circumstances when this may occur.
- Behavior Support Plans (BSP's) may be developed by a Team comprised of representatives from all components of the program, including case managers, therapists, teachers, residential supervisors, direct care staff, and administrators. Once approved [see attached procedure and format], plans are explained to the student before they are put into effect. The student is assisted to understand that if certain positive behaviors are manifested, they can expect certain rewards.

PROGRAM RULES AND RESTRICTIONS

1. Shoe Restriction: Safe and appropriate footwear is required at all times. A student who wears heavy shoes or boots and tries to kick others or to hurt others with their footwear may have that footwear temporarily replaced with softer sneakers. No other shoe restriction is imposed.
2. After a physical restraint, students will be assessed as to whether they can join their peers on community outings. This outing restriction may be extended under serious circumstances (e.g. a run that was lengthy, involved the police or was especially dangerous, hospitalization or other serious assaultive or violent behavior) and will be determined by the supervisory team unless otherwise noted in the student's BSP.

3. A restriction from a specific location (e.g. the mall or a retail location) may be imposed after a serious incident (e.g. stealing). The length of this type of restriction will be determined by the supervisory team along with input from clinical staff.
4. All home visit plans are determined by clinical staff, with appropriate feedback and input from supervisor and direct care staff.
5. Restriction of Personal or Recreational Items: Radios, CD players, hand-held electronic equipment, make-up, jewelry, and other optional personal items may be restricted from a student's use if severely misused (playing music as to disrupt the group for over 5 minutes, throwing items at staff, etc.). The time period for this restriction ranges based on the individual's need. Staff will specify the length of time on the restriction board and in the intercom. All restrictions are approved by a supervisor before telling the student the restriction.
6. Students may be removed from eating a meal with the group for causing a group disruption during a meal. A student who has been removed is always allowed to complete their meal at a normal pace. The student should eat away from the group in the least restrictive setting possible; for example, having the student eat at a desk rather than quiet room.

MEDIA POLICIES FOR STUDENTS

As a licensed residential program, Latham follows all applicable state regulations and guidelines for the use of television, music, movies, and the like. Latham has developed guidelines for media which serve to allow our students media access while protecting them from inappropriate presentations and encouraging them to focus on their presenting issues.

Television time is limited. Students generally watch television or movies during non-school hours, after meals, chores, exercise, etc. Television shows and movies are screened for appropriateness for the ages of the group. Younger students watch "G" and "PG" rated movies only. Staff generally pre-screen TV and movies to ensure appropriate content. The use of "game boys" and personal DVD players is also limited to times when other responsibilities have been completed.

No "R" rated movies are allowed in the program, in accordance with state guidelines. Similarly, no video games rated "Mature", no CDs rated "parental advisory" or "parental advisory edited" are permitted. Latham reserves the right to prohibit any specific television program, movie, video or CD if we determine that it is not appropriate for our students.

Latham recognizes that music can be comforting to students and therefore, generally allows each student to have an iPod or similar music device. Many students may have their iPod while "taking space"; other students have access to music that staff provide from outside the room while they are in a quiet room, this is noted in the student's BSP. Latham reserves the right to restrict the use of any particular music for an individual student when repeated use appears to upset them.

Cellphones are not permitted, except under very limited circumstances. For example, a 21 year old student, when preparing for graduation and employed out in the community, required a cellphone when working without a job coach. This allowed the student to call for transportation. Students have access to the internet only under direct staff supervision during their initial four week

assessment period. It will be determined and discussed at the four-week evaluation meeting if the individual is able to use the internet appropriately based on programming. This is to prevent other internet customers from gaining access to our students' personal information and to prevent unauthorized purchases. Students may not establish email accounts and may not send or receive email except under the direct supervision of the Clinician, when needed for family contact.

PERSONAL ITEMS

Permitted

Most items are permitted. We encourage kids to have whatever they have had at that they enjoy. Electronics, televisions and sensory items are permitted as long as the student can be safe with them and the personal space that they are allotted can accommodate the items. You can have your own furniture, mattress, bedding, etc.

There may be restriction on the use of some items dependent upon level and clinical needs. In order to respect each individual's space and avoid clutter, it is important to note we limit personal items to 5 of each of the following:

- Electronics
- CDs
- Toys
- Games
- Stuffed Animals

As a general rule, parents and students must understand that the Latham Centers cannot assume responsibility for anything that you do decide to bring. If the item is lost, stolen, or broken we will try and recover the item and even require that the guilty party replace items, but we cannot assume liability for replacement.

Prohibited items

- Sharps such as knives, things made of glass, nail files, etc.
- Any type of weapon
- Toxic substances
- Appliances such as air conditioners unless approved by our maintenance department.
- Motorized vehicles

Any other item which could present a health or safety risk to the student or the rest of the population would also be prohibited.

Items that may contradict the individual's treatment based on clinical assessment (as stated in the individual's BSP)

VISITATION/COMMUNICATION PROCEDURES

As the stated goal of placement at Latham Centers, Inc. is to return a child to a less restrictive program/community, visitations and communications are seen as an integral part of the treatment process.

Visitations:

1. Visits by family members are encouraged.
2. Visits are not prohibited, except by court order or when limits are recommended by the child's treatment team and documented in the individual's service plan.
3. The clinician assigned to the student coordinates all visits. It shall be the clinician's responsibility to arrange mutually convenient times, locations and transportation plans and communicating this information to all involved parties.
 - 48 hours is required for planning purposes (unless emergency requires visit)
 - 2 weeks are required if a parent/guardian would like to arrange transportation, Latham Centers does not guarantee the request but will make its best effort.
4. Family therapy session can be accommodated and classified as a visit.
5. Home visits are usually scheduled approximately every four weeks, or as clinically appropriate and agreed upon with the family.
6. Home visits are not mandatory and may, depending on the treatment needs of the individual child, be limited in duration. In the event of a home visit, which is canceled due to unsafe behavior on the part of the student, an on-campus visit can be a viable option.

Communication:

1. The Parent/Guardians main contact the student's clinician. Emails should be used for brief confirmation of information rather than problem-solving. Major issues related to other components should go to:
 - Medical: Director of Nursing or Nursing Department
 - Education: Director of Education or Assistant Principal
 - Residential: Director of Residential or appropriate Supervisor
2. Family members and friends shall be informed of the optimum times for calls during intake. It is essential that the designated times are adhered to based on our student population. Students are also made aware of the best times to reach their families.

3. Correspondence to and from students is encouraged. Mail will not be withheld unless so stipulated by court order or documented in a child's Placement Agreement and/or Individual Service Plan.
4. Should a student receive mail that is considered harmful or inappropriate and if restrictions on receiving correspondence are not documented, the case manager will contact the guardian and/or responsible agency and request an addendum to the individual's service plan.
5. Mail deemed inappropriate will be returned to sender.
6. During the intake process, *Therap* will be discussed. Therap serves as a means of communication between shifts, parents/guardians, and other collaterals. During intake we will discuss the following:
 - What is a General Event Report?
 - What is an Individual Support Plan?
 - How do you gain access and do you want access?

For more information, please see the appendices for the following Latham Centers Policies and Procedures

- Levels of Supervision
- Incident Reporting
- FERPA
- HIPPA
- Behavior Support Plan Development
- Grievance Procedure for Students and Outside Parties
- Restrictive Intervention Policy
- Restraint
- Transition, Discharge and Follow-up
- Use of Time-Out and Quiet Room
- Client Rights
- Code of Conduct
- Administration of Antipsychotic Medication
- Food Security
- PWS Dietary Control



LathamCenters
Passage to a brighter future

Our Mission

To create opportunities for independence, self-worth, and happiness for children and adults with complex special needs.

Service Delivery Values

Our priorities for treatment and care of the individuals we serve.

At Latham Centers, we focus on these values because we believe in the notion that all people share these universal needs to be happy, successful, and fulfilled.

We strive for:

Belonging: Everyone needs to feel part of a group or community.

Mastery: Everyone should feel that they are capable and skilled in at least one area.

Independence: Every person needs to have a voice and a sense of control over themselves.

Generosity: The most powerful thing a person can do is to provide service to someone else.



We work to:

Independence: Help each person reach their maximum potential.

Mastery: Find opportunities to promote skill development and accomplishment.

Belonging: Create an environment in which everyone is respected, valued, and accepted.

Generosity: Provide opportunities for all to contribute to the growth and well-being of our Latham community.

