Osawatomie State Hospital
and
Rainbow Mental Health Facility

CLINICAL PROGRAM MANUAL

2/9/10 Contributed to SPHCC by and with the permission of
Troy Mire, LSCSW,DCSW, Clinical Program Director
Rainbow Mental Health Facility/Osawatomie State Hospital

Revised 2009

Contents

Clinical Program Goals, Objective, and Standards 3

Active Treatment Definition 4

Clinical Program Departments and Relationships 6

Structure of the Treatment Teams 7

Interdisciplinary Team Schedule and Task 10

Treatment Theory and Stages 12

Patient Involvement and Responsibility 13

Treatment Programs and Paths 14

S.M.A.R.T. STRATEGY 17

Decision Support Center 18

Treatment Center 19

Treatment Standards 20

Required Treatment Offerings 22

Group Staffing 23

Group Requirements 24

Staff Productivity Standards 27

Therapist assigned to Patients 28

Treatment Definitions 29

Motivation Enhancement Program 31

Clinical Program
Goals, Objectives, and Standards

Clinical Program Goals, Objectives, and Standards are established to promote the Vision, Mission, and Values and the hospital and provide direction and focus for consistent active treatment in all aspects of the patients' care.

Goals:

- Ensure that Treatment for Every Patient is Active, Purposeful, and by Design
- See that each patient is actively involved in the treatment decision and application process
- Involve every patient in an individualized, measurable, and a goal-directed treatment plan

Objectives:

- Staff relationships and team work between disciplines is positive and patient-centered
- Treatment is intensive and supportive of the patient for problem ownership and recovery
- Treatment is structured and systematically developed to meet the patient's treatment needs
- Progress is measured through outcomes and an individualized assessment processes.

Standards:

- Put patient treatment first
- Pursue expertise in knowledge and skills
- Assume accountability for quality service and actions
- Exemplify kindness to others

Active Treatment

Active Treatment Is

- Intensive and supportive of the patient for problem ownership and recovery
- Focused towards the patient's presenting problem discovering solutions
- Structured, steady paced, and systematically developed to meet the patient's treatment plans and needs

Active Treatment Objectives

- Every patient has an individualized, measurable, and a goal-directed treatment plan
- Information is presented to the patient in a simple manner, with direction, and based on the patient's level of motivation
- Every aspect of the patient's hospital experience is intentional and by design

Active Treatment Elements

- A unified hospital wide treatment philosophy provides a consistent and purposeful approach by staff, connecting all the treatment services for the patient
- Program and unit specific treatment models are designed to complement the overall treatment philosophy allowing for specialization of services and staff and to optimize resources towards individualized patient needs

Active Treatment Application

- Clear descriptions of roles of staff members, treatment teams, team members, and the patient in the overall application of the program are implemented
- Inclusion of individual, program, and treatment modality outcome measures, analysis of statistical data in measuring patient progress, and follow-up of treatment effectiveness is integrated in the program design
- Multiple treatment offerings are provided during the day, evenings, and weekends.
- Patients are expected to participate in the treatment program as their responsibility for recovery
- Discharge is based on measurable criteria related to the patient's progress with his/her treatment plan

- Peer support services are integrated offerings in the program
- Treatment protocols, expectations, and staff productivity standards are used to provide consistency and uniformity
- Treatment Progress is defined in developmental stages of recovery utilized to measure patient progress

Active Patient Involvement

- Patients are actively involved in the treatment decision and application process and measurement of progress through individual treatment sessions and self measurements of progress
- Patient advocacy includes peer specialists and patient advocacy team meetings and groups
- Daily treatment goal setting groups, reviews, and schedules are integrated in the program
- Use of patient checklists, charts, and journals to measure mood, emotions, attitudes, etc.

Clinical Program Departments and Relationships

The Clinical Program Division includes the following Departments:

- **Nursing Services:** Registered Nurses, Licensed Practical Nurses, Licensed Mental Health Techs, and Mental Health Developmental Disability Techs

- **Psychological and Therapy Services:** Psychologists, Clinical Therapists, Chemical Dependency Counselors, Creative Arts Therapists, Leisure and Fitness and Activity Specialists
- **Social Services:** Licensed Social Workers

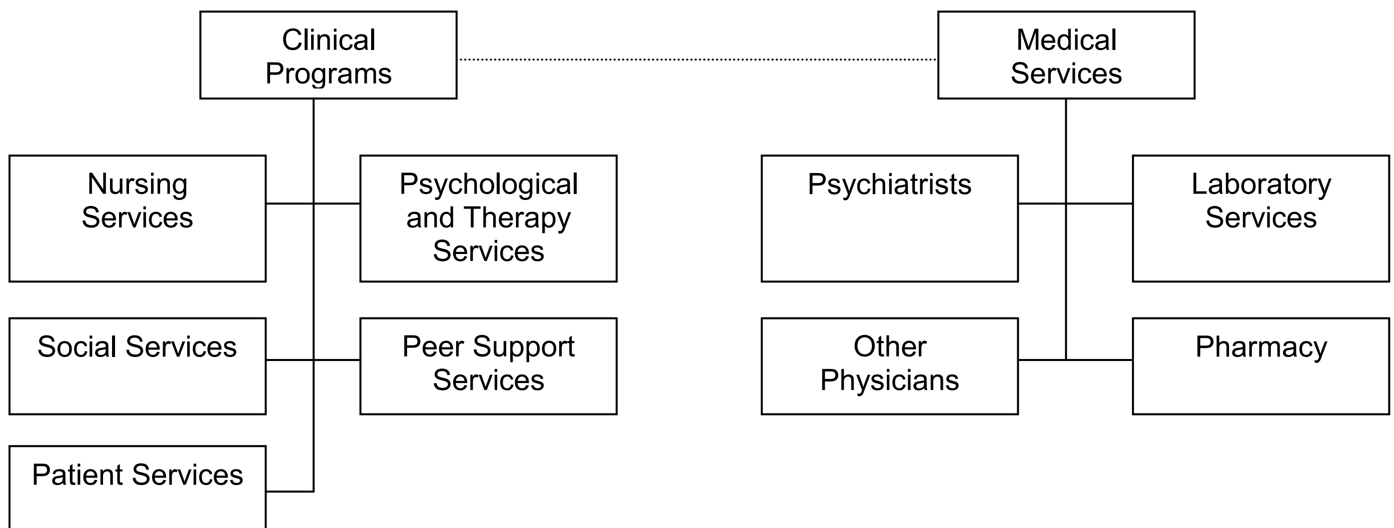
- **Patient Services:** Patent Advocates and Volunteers

- **Peer Support Services:** Peer Support Specialist

The Clinical Program Division works in tandem with the Medical Services department to provide active treatment.

- **Medical Services:** Psychiatrists, Internist, Pharmacists, Lab Technicians, and Physical Therapists

The Clinical Program Division and Medical Services interfaces with dietary services, operations, maintenance, custodial, and the business office to provide a safe environment and quality patient care.



Clinical Program Team Model

Objectives

The Clinical Program Team Model is designed to promote seamless and integrated patient-centered treatment. The purpose of this approach is to achieve effective treatment delivery through integrated service teams on each treatment program. Decision making and problem solving at the program level improves staff performance and program consistency. Treatment Programs are established on each unit. The Treatment Program is managed by a Management Team. The Management Team has three specialized teams; the Interdisciplinary Team (IDT), the Unit Services Team (US), and the Psychological and Therapy Services Team (PTS).The Clinical Program Team Model is designed to:

- Create positive staff relationships and team work between disciplines
- Promote consistency in service delivery
- Ensure the integrity of the Treatment Program and quality patient care

Management Team

The Management Team oversees the treatment program and is the decision maker for the program. The Nurse Manager serves as the Management Team Leader. The Management team consists of the Management Team Leader, the leaders of the three sub-teams, (IDT, US, and PTS) and two "At Large" members. The Management Team conducts a monthly all staff program meeting and disseminates information and coordinates treatment services. The Management Team meets at least one hour weekly and is under the direction of the Executive Clinical Team/designee.

The Management Team will:

- Ensure that the program and staff supports the patient's treatment plan.
- Work to increase patient participation in treatment.
- Address scheduling conflicts.
- Coordinate activities and events.
- Refer issues and needs to the specialized teams.
- Coordinate and assist (not direct) the specialized teams in resolving and addressing issues and needs.

The Management Team addresses the following issues:

- Safety
- Program integrity
- Physical intervention reduction
- Environment and equipment needs
- Patient management
- Performance improvement projects
- Outcome measures
- Utilization of resources

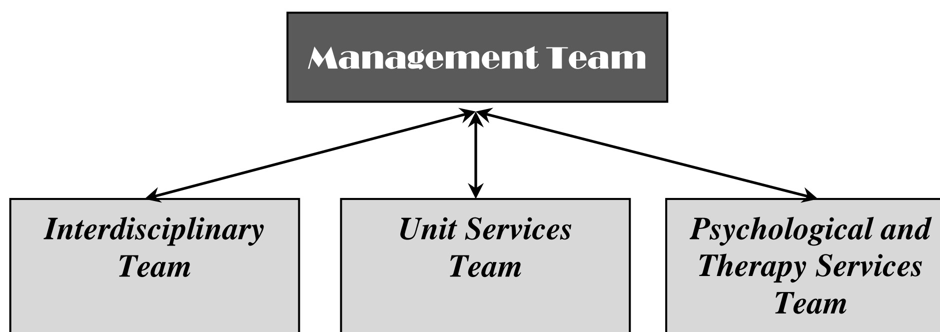
Specialized Teams:

- Interdisciplinary Team-The Interdisciplinary Team (IDT) is the decision maker for the patient's individualized treatment plan. The Interdisciplinary Team consists of a Physician, RN, Social Worker, and a Psychologist or Clinical Therapist (Team Leader). The Interdisciplinary Team is responsible for the oversight of the patient's treatment plan and discharge. Members of the Interdisciplinary Team conduct patient meetings and ensure the patient is involved in the treatment planning, discharge, and participation process. The Interdisciplinary Team sees that the clinical quality and needs of the patient are addressed. The Interdisciplinary Team meets two and half hours daily. The Interdisciplinary Team is under the direction of the Osawatomie Clinical Team/designee.

- Unit Services Team-The Unit Services (US) Team provides a unified voice for the direct care of the patient in the Management Team. The US Team consists of MHDDTs and is led by a designated leader and co-leader. The US Team is a pro-active method for MHDDT staff to have direct input and influence in patient care and the treatment program. The US Team Leader participates in the decision making process for treatment program issues and patient concerns. The US Team manages the program schedules and guidelines. The US Team meets for at least thirty minutes twice a week and functions under the direction of the Nurse Manager.

- Psychological and Therapy Services Team-The Psychological and Therapy Services (PTS) Team formulates and implements specific treatment strategies. The PTS Team consists of Psychologists, Clinical Therapists, Chemical Dependency Counselors, Creative Arts Therapists, Activity Specialists, Peer Support Specialists, and Activity Therapy Technicians. One of the members is designated as the PTS Team Leader. The team develops outcomes and coordinates treatment services and groups provided for the patient. The PTS Team develops treatment services, behavior plans, and provides direction regarding treatment services and programs. The team collaborates with the Management Team regarding treatment offerings. The team provides treatment offerings that best meet the patients' and program's goals and objectives. The PTS Team is led by a designated team leader. The PTS Team meets for thirty minutes each day and is under the direction of the Director of Psychological and Therapy Services.

The Treatment Team Flow Chart



Treatment Teams		
Team	**Members**	**Responsibilities**
Management Team	• Nurse Manager (Team Leader) • IDT Team Leader • US Team Leader • PTS Team Leader • Two appointed members	1. Safety 2. Program integrity 3. Physical intervention reduction 4. Environment and equipment needs 5. Patient management 6. Performance improvement projects 7. Outcome measures 8. Utilization of resources 9. Support patient's treatment plan 10. Patient participation in treatment 11. Scheduling conflicts 12. Program guidelines 13. Coordinate activities and events. 14. Coordinate and assist (not direct) the specialized teams in resolving and addressing issues and needs
Interdisciplinary Team (IDT)	• Psychologist/Clinical Therapist (Team Leader) • Physician • Registered Nurse • Social Worker	1. Diagnosis and assessment 2. Individualized treatment plans 3. Patient discharge dates and readiness 4. Patient meetings 5. Patient observational status 6. Individualized interventions 7. Review of patient incidences and needs
Unit Services Team (US Team)	• MHT (Designated Leader and Co-leader) • Unit MHTs and LMHTs	1. Coordinate patient care 2. Strategize effective patient management 3. Recommendations to Management Team 4. Patient group/treatment attendance 5. Unit atmosphere 6. Involvement in groups and activities 7. Provide insight into patient issues 8. Recommend and implement programs 9. Identify and promote effective facility and equipment utilization
Psychological and Therapy Services Team (PTS)	• Psychologists • Clinical Therapists • Creative Arts Therapist • Chemical Dependency Counselors • Activity Specialists • Activity Therapy Techs • Peer Support Specialists	1. Formulate, develop and implement specific treatment strategies and groups 2. Outcomes regarding patient progress 3. Coordinate treatment progress with IDT 4. Provide direction regarding treatment services and programs 5. Be the key contacts regarding the patient's therapy

Interdisciplinary Team Meeting Schedule (IDT)

Schedule Objectives

1. Increase individual contacts between IDT team members and patients

2. Allow for more flexibility of the IDT members to individualize their specific responsibilities with each patient.

3. Increase IDT members availability to other staff and services when needed.

4. Assign a Psychologists or Clinical Therapist to every patient.

5. Establish the Psychologist or Clinical Therapist to facilitate the patient's treatment plan and be the key contact person for the patient's care.

6. Provide for more efficient use of IDT team member's time and resources.

IDT Description

The Interdisciplinary Team (IDT) is charged to direct the patient's treatment and to see to it that every aspect of the patient's treatment is by design and intentional toward the patient's treatment plan and recovery. The IDT is responsible to oversee the patient a treatment plan, to meet weekly with the patient, and to review and oversee the patient's progress.

Tasks to be completed outside of IDT Team Meeting

Physician and/or the Nurse
- Assessments
- Rounds
- Medication adjustments

Social Worker
- Social History
- Discharge planning and reviews
- Meetings with patients regarding discharge plans and coordinate discharge with team.

Psychologist and/or Clinical Therapist
- Preliminary Treatment Plan Development with the patient
- Weekly treatment plan reviews (This is the time on the patient's daily schedule)
- Plans with the patient regarding aggression, S&R, and other risk.
- Conducts risk assessments

US Team Leader
- Communicate and coordinate treatment plan with MHDDT Staff
- Determine needs of the patients to be reported back to IDT
- Assist the patient in attending treatment groups and meetings

Tasks to be completed in an IDT Team Meetings

- Treatment program review and decision making
- Staffing (Treatment Plan Meetings)
- Patient Weekly Meetings
- Discharge Meetings
- Morning Report
- Seclusion and Restraint Reviews

Requirements

- **IDT Team Meetings are not to be held after 11:15 AM and there are no team meetings in the afternoon.**
- Meetings held at 11:15 am are clinical reviews and chart reviews
- Team members will need to coordinate outside of team meetings issues that arise with patients such as discharge problems, change in plans, Medications, etc.
- Patients will need to be seen with the entire team when discrepancies or problems arise.
- Team members need to be careful not to make promises or statements that need the full team's input.
- Psychologist and Clinical Therapist who are not members of the IDT will consult with IDT members regarding patients and treatment plans.
- The team may need to invite other staff members into the meeting from time to time to coordinate patient needs.

Treatment Theory

1. Treatment is evidenced based with outcomes and measurements of progress and effectiveness.

2. Treatment supports the patient toward problem-solving ownership and recovery."

3. Treatment is consistently driven by individualized treatment that is focused toward the patient's presenting problem.

4. Treatment is defined with detailed objectives and expected outcomes.

5. Treatment is structured, time oriented, steady paced, and systematically developed to meet the patient's treatment needs.

Treatment models utilized include, but are not limited to:

- Solution Focused
- Motivational Interviewing
- Cognitive Behavioral
- Social Learning
- Relapse Prevention
- Recovery Model
- Strength Based Approach
- Therapeutic Options
- Dialectical Behavioral Therapy

Treatment Stages

The content and construct of each stage will be developed and implemented as part of the treatment program development process.

- **Treatment Stage I: Assessment***:* To evaluate presenting problem, establish diagnosis, and develop and initial treatment plan with anticipated discharge date.

- **Treatment Stage II: Stabilization***:* Stabilize symptoms and behaviors and educate client toward solution focused treatment and discharge plan

- **Treatment Stage III: Safety Management***:* Train the patient in methods and skills to maintain stabilization from symptoms and develop a comprehensive plan (S.M.A.R.T. STRATEGY) directed at sustained recovery.

- **Treatment Stage IV: Discharge Readiness***:* To finalize discharge; see that the patient is discharged at the anticipated discharge date, and include documentation of the patient's progress and evidence of discharge readiness.

Patient Involvement and Responsibility

Staff are committed to see that patients are actively involved in their treatment and care by ascribing to the following principles:

- Every patient is actively involved in the treatment planning process and measurement of progress
- Every patient has the opportunity to develop the skills and motivation needed for healthy and productive living

- All treatment includes processes and structure that allows for the patient to daily measure his/her progress.
- Patients are directly involved in decisions that affect their treatment and care.

Patient Self Measures

- Daily treatment goal setting meetings and reviews
- Treatment Goals and discharge criteria provided daily
- Weekly meetings with treatment teams
- Weekly program/community meetings to address program issues
- Use of patient checklists, and journals
- Scales, and charts used for patients to measure emotions and attitudes
- Self assessment forms for groups and individual sessions
- Patient advisory committees
- Patient Satisfaction Surveys
- Patient quality of life surveys at admission and discharge

Treatment Programs

Osawatomie State Hospital

Osawatomie State Hospital (OSH) consists of six (6) units and for total of 176 beds. Each unit houses a treatment program designed for patients with individualized treatment needs and includes program specific treatment offerings and services. The units and programs are as follows:

Managing and Preventing Symptoms (MAPS)

The MAPS program is housed on two units for a total of 60 available beds. MAPS is specially designed for individuals who are unable to manage behaviors and care for their well being due to an acute impairment in the ability to perceive reality. The treatment model includes a Reality and Social Development Theory focused on providing direction toward long term recovery. Treatment offerings include Current Events, Music, Art, and Symptoms Prevention and Management.

Continuing Care (CC)

The Continuing Care Program is on a 30 bed unit. The Continuing Care program serves individuals whose psychiatric symptoms have contributed to their involvement with the courts; The CC program is designed for patients with longer term hospitalization needs including complex behavioral and/or criminal histories. The treatment model includes a cognitive restructuring or “corrective thinking” approach utilizing principles from cognitive behavioral theory. Treatment offerings include community government, anger management, and stress management.

Detox Care and Treatment (DCT)

The Detox Care and Treatment Program (DCT) include 4 designated beds. The DCT program is uniquely specialized to address the initial inpatient intervention for patients who demonstrate intoxication and need for psychiatric assessment and treatment. Treatment programming includes psychiatric and substance abuse assessment, discharge planning, and referral. A patient’s length of stay is generally two or three days. A patient is referred by local law enforcement. Patients are assessed by medical and treatment staff to address coexisting disorders and the need for continued psychiatric care or to substance abuse treatment.

Successful Living

The Successful Living Program (SL) is housed on a 26 bed unit. The Successful Living Program is specialized to treat males who have shown episodes of aggression and/or inappropriate sexual behavior often resulting in treatment and placement challenges. Patients in the SL program may have a variety of psychiatric disorders, but have a history of problems succeeding in the community. The Successful Living Program utilizes the social learning approach. Specific emphasis is placed on managing aggression, boundaries, and intensive planning to increase the patient’s success in the community after discharge.

Healthy Options, Plan, and Experiences (HOPE)

The HOPE program is housed on 30 bed unit. The HOPE program is designed for Individuals whose safety in the community is at risk based on recurrent crises and/or disturbances of mood. Treatment emphasizes the need for motivation and hope in recovery as well as learning healthy ways to address emotional and mental needs. Patients in the HOPE program receive an intensive intervention approach dedicated to increased safety from harm (especially from self) and optimism toward the future. Treatment utilizes Cognitive Behavioral Theory primarily Dialectical Behavioral Therapy (DBT). Treatment offerings include recovery development, and co-existing disorder treatment.

Crisis Stabilization

The Crisis Stabilization Program (CS) is housed on a 30 bed unit. The CS program is designed for Individuals in crises that are experiencing a critical disruption in their ability to function in the community and will likely be stabilized within two weeks. Patients are assigned to the program who are being admitted to the hospital for the first time or who are clinically determined to need brief hospitalization. Brief Solution Focused and Cognitive Behavioral Therapy is the primary treatment model with focus on intensive intervention. Patients may present a variety of symptoms including acute psychosis, suicidal behaviors, aggression, and substance induced disorders and symptoms. Treatment includes groups on behavior and emotional management, co-existing disorders, and problem solving.

Rainbow Mental Health Facility

Rainbow Mental Health Facility consists of two (2) units for a total of 50 beds. Each unit consists of 3 smaller sections, each section with 7 to 10 beds. Treatment is typically provided off-unit at a Treatment Center specifically designed to provide an array of treatment options. The Treatment Center also provides opportunities for leisure, fitness and other activities.

Wellness Paths

Treatment is provided through three levels of intensity, referred to as "Wellness Paths." Each path is designed to address individual needs as well as provide patients with the focus and structure needed to receive optimum benefits from the treatment process. The Wellness Paths are:

1) Beginnings: The Beginnings wellness path addresses the basic and fundamental treatment needs of patients with a variety of treatment needs. The Beginnings Wellness Path includes daily goal setting and goal review groups, psycho-education regarding medication management, personal health, understanding symptoms of mental illness, and fitness.

2) Directions: The Directions wellness path is uniquely designed to address the specific and individualized needs of each patient. Patient treatment needs tend to gravitate to two "Areas of Focus." Although many patients are able to acquire significant support and growth through these areas of focus, some patients receive treatment through both areas.

- Managing and Preventing Symptoms (MAPS) is specially designed for individuals who are unable to manage behaviors and care for their well being due to an acute impairment in the ability to perceive reality. The treatment model includes a Reality and Social Development Theory focused on providing direction toward long term recovery. Treatment offerings include Current Events, Music, Art, and Symptoms Prevention and Management.

- Healthy Options, Plan, and Experiences (HOPE) is designed for Individuals whose safety in the community is at risk based on recurrent crises and/or disturbances of mood. Treatment emphasizes the need for motivation and hope in recovery and learning healthy ways to address emotional and mental needs. Patients in the HOPE program receive an intensive intervention approach dedicated to increased safety from harm (especially from self) and optimism toward the future. Treatment utilizes Cognitive Behavioral Theory including Dialectical Behavioral Therapy (DBT). Treatment offerings include recovery development, and co-occurring disorder treatment.

3) Enhancements: The Enhancements wellness path is available for patients to learn and experience healthy ways to improve their quality of life once they are discharged from the Hospital. The Enhancements Path may include offerings such as exercise, weight loss, computer skills, reading, crafts, and hobbies. The Enhancements Path is designed to assist patients in increasing self confidence and learning alternative and effective ways to deal with stress and manage symptoms.

The S.M.A.R.T. STRATEGY

Stabilization Management And Recovery Treatment STRATEGY

The S.M.A.R.T. STRATEGY is a patient centered admission and re-admission prevention plan. The STRATEGY was developed to increase the patient's success for recovery and to reduce the risk for pre-mature or preventable admissions to a psychiatric hospital. The S.M.A.R.T. STRATEGY seeks to engage patients with their treatment providers to work as a team in admission and re-admission prevention.

The S.M.A.R.T. STRATEGY:

- Provides direction and focus for the patient and treatment provider.
- Encourages a consistent method to monitor the patient's success after hospitalization.
- Provides a process for identifying factors for admission and re-admission prevention.
- Gives the patient and community tools to assist the patient's to maintain stability.
- Connects the patient's treatment in the hospital or other facility with the community.

The objective of the S.M.A.R.T. STRATEGY is to empower patients in establishing their personal goals for their recovery and plans for "admission or re-admission prevention." As patients work the STRATEGY they address seven focus areas.

1. Feelings and Thoughts
2. Behavior and Consequences
3. Income and Residence
4. Physical Health
5. Family and Friends
6. Spirituality and Motivation
7. Interests and Time

The S.M.A.R.T. STRATEGY indentifies stressors or "triggers" that may interfere with a patient's ability to manage stability and inhibit recovery. The STRATEGY utilizes evidenced based practices including elements of strength assessments, recovery model, and cognitive behavioral treatment. Emphasis is on identifying "road blocks" for change and motivating patients toward problem ownership and solutions.

Each program provides S.M.A.R.T. STRATEGY groups lead by licensed therapists. Patients work through each focus area in the groups as well as during free time.

For patients who worked on their STRATEGY in the hospital, the STRATEGY will be part of their discharge material and information. If the patient is re-admitted to the hospital, the S.M.A.R.T. STRATEGY is reviewed and evaluated. The patient, therapist, community supports, and hospital staff work to identify what is missing in the STRATEGY, what did not work, and then re-develop the plan for greater success.

Decision Support Center

Shared Decision Making

Shared decision making is the process of inclusion of patients as partners in the medical decision making with their treatment provider. Shared decision making recognizes the self-determination of the patients and their right to an optimal explanation of the illness and their involvement in the decisions of all treatment possibilities. Historically, in the treatment of mental illness (even more so with patients with psychotic disorders) far less value has been placed on the consistent consideration of these rights of the patients than with non-psychiatric patients.

"CommonGround"

"CommonGround" by Pat Deegan, PhD & Associates LLC, is a web based software program especially designed for patients with mental illness. "CommonGround" supports recovery and shared decision making between the patient and physician for their treatment with medications. Program works by taking patients through a computerized survey to generate reports based on the patient's answers. The "CommonGround" report is then used by patients and treatment staff to form a shared decision about the next steps in treatment. The end result is an improved decision making process that result in better care, increased recovery outcomes, and reduced costs.

Innovative Approach

In a joint venture between the University of Kansas, Wyandotte Center, Pat Deegan, PhD, and Rainbow Mental Health Facility, "CommonGround" is now being utilized by patients for the first time in an in-patient hospital. Rainbow Mental Health Facility is the first psychiatric hospital in the nation to introduce the shared decision model with the establishment of a Decision Support Center. The Decision Support Center is a room specifically designed with computers, printers, motivational décor, and the "CommonGround" software. The Decision Support Center is available for patients throughout the day and includes educational materials, videos, and staff to answer questions and provide support.

Peers Support Specialists meet with patients in the Decision Support Center to assist and support the patient to complete his/her "CommonGround" report. This report is then provided to the patient's treatment team. The team, with the patient, uses the report to better understand the patient's needs and includes the patient in the treatment process. The computer has touch screen technology and the software is uniquely developed to encourage patients to report their needs and share in their treatment options and decisions.

It is the goal of the Decision Support Center to encourage patients to "Take Charge of their Life." Preliminary results are positive and hopeful. As data is collected and analyzed and experience acquired, the program is expected to demonstrate success in connecting the patients with their treatment provider and engaging patients in their recovery.

Treatment Center

The Treatment Center utilizes the Treatment "Mall" concept for patients in the MAPS (Managing and Preventing Symptoms) program and at Rainbow Mental Health Facility. The Treatment Center provides therapy, creative arts, and activity groups, treatment team meetings, and the Decision Support Center. Each day all patients not on unit observational status are expected to go to the Treatment Center. Patients attend therapy and activities for 4 to 5 hours during the day, and 1 hour in the evenings.

To Treatment Center is designed to optimize treatment quality and to encourage patient participation and staff involvement. The Treatment Center is designed so that patients will spend most of their therapeutic time at the hospital in the treatment center thus providing for more continuity in treatment.

Objectives

- To provide a variety of treatment options for patients
- Increase group attendance and participation
- Provide patients structure and routine
- Increase staff efficiency and productivity
- Increase treatment intensity and motivation of patients to be actively involved in treatment

Procedures

1. Patients are never to be in the Treatment Center without hospital staff.
2. All treatment groups are held in the Treatment Center. (Specialized groups are held on the units for those patients on unit observational status).
3. All patients are to attend the Treatment Center each day during treatment hours except the patients who are required to stay on the unit.
4. Patients are to attend groups and/or stay in the patient lounge. Patients who are not scheduled for a group may be allowed to go to the Activity (Game) Room or Gym for free time when staff supervision is available.
5. After breakfast and lunch and other times designated by the IDT staff, patients are escorted to the Treatment Center.
6. Treatment Center hours are determined by the IDT staff in collaboration with Nursing, Psychological and Therapy Services.
7. Direct care staff is expected to stay at the Treatment Center with the patients unless needed on the unit for patients who are required to stay on unit.
8. Interdisciplinary Treatment Team (IDT) meetings will be held in the Treatment Center. Patients may wait for their IDT meetings in the patient lounge.
9. The Treatment Center door is to remain locked. Any exceptions are approved and recommended by the Clinical Program Director.
10. In the event of a disaster, hospital staff will follow the same building evacuation, safety procedures and protocols as a patient unit.

Treatment Productivity Standards

The basic principles of the Treatment Productivity Standards are to provide staff and supervisors the standards necessary to develop, create, and implement treatment without needing strict oversight by the executive staff. Standards allow for the staff to self monitor their level of productivity and provide treatment teams the tools needed to direct and establish individualized and specialized treatment.

As clinical staff begin to set up treatment schedules and treatment offerings they can introduce a variety of combinations of groups and individual treatment services as long as the productivity standards are met. As the treatment team and clinical staff develop treatment offerings they will need to consider the answers to some questions. Such as,

Will this treatment offering or decision:

2. Be consistent with the needs of the patient?
3. Attract the number and types of patients needed overall?
4. Allow for individual treatment and keep the number groups available up to standard?
5. Provide for the minimum number of treatment hours for the patient?
6. Provide for the minimum number of clinical hours required of the staff?
7. Allow for the groups to be held consistency?
8. Have the minimum number of staff assigned to the group?

Group Requirements and Treatment Offerings

A. Types of Groups, scheduled treatment offerings, and specified providers:

	Psycho-Therapy Groups	Focused Therapy Groups	Education and Training Groups	Activity Groups	Individual Psycho-Therapy	Individual Counseling
Psychologists	*	*	*		*	
Clinical Therapists	*	*	*		*	
Creative Arts Therapists		*	*			*
Chemical Dependency Counselors		*	*			*
Leisure and Fitness			*	*		
Social Work Services		*	*			*
Nursing Services			*	*		
Dietary and Pharmacy			*			

B. Self Help and "Pro-covery" groups: Provided by Consumers and Volunteers.

C. Scheduled Groups Substituted by Alternative Groups:

Groups may be substituted with an Alternative group by a non-specified provider. An alternative group can only be conducted within the specified area of the substitute provider. It is clearly documented in progress notes that the substitute group being offered is an alternative treatment offering, not the one scheduled.

D. Minimum Group Lengths:

Week day groups:	50 minutes
Evening and weekend groups:	50 minutes to 90 minutes
Goal setting, review, and youth groups:	30 minutes

E. Maximum patients per group: **15** or less depending on the group's purpose

F. Group Hours:

Below is the Minimum number of group hours available for all patients M-F:

Morning: 2.5 Hours

Afternoon: 3.0 Hours

Evening: 2.0 Hours

Weekends: 5.0 Hours daily

G. Number of Group Offerings Available:

The minimum number of group offerings required to be available for all patients per group hour are:

Mornings	- M-F: 2 per group hour
Afternoons	- M-F: 3 for first two group hours after lunch and 1 for the third hour.
Evenings	- M-S: 1 or 2 depending on staffing and patient needs.

H. Individual Psychotherapy and counseling standards:

- Minimum 20 minutes each session (Two sessions could be held in one clinical hour)
- Primarily Brief (Issue Driven) Solution Focused
- Not to replace groups but can be used to transition to group treatment

Required Group Treatment Offerings

A. Basic Treatment Requirements for all Patients M-F:

1. Wellness groups -
   Medication Management (Nursing with Pharmacy's assistance)
   Personal Health- Hygiene, STD's(Nursing)
   Understanding Symptoms of Mental Illness (Psychology, Clinical Therapy)
   Fitness and Nutrition (Leisure and Fitness, Dietary)

2. Goal Setting and Review groups -
   Goal Setting (Psychologists, Clinical Therapist, Creative Arts Therapist, Chemical Dependency Counselors)
   Goal Review groups (Leisure and Fitness, Nursing)

B. Focused Treatment Tracks:

Specific treatment groups and programs designed to address individual patient needs and are solution focused. For example Focused Treatment Tracks could be available for areas such as:

1. Thought Disorders
2. Mood Disorders
3. Aggression
4. Sexual Abuse
5. Substance Abuse
6. Understanding emotions
7. Social Skills
8. Smoking Cessation
9. Motivational Enhancement
10. WRAP Development

C. Enrichment Treatment Offerings:

Optional groups for patients to select as part of their treatment program. Enrichment Treatment Offerings could be available for areas such as:

1. Self Esteem enhancement
2. Arts and Crafts
3. Trimming Down (Weight Loss)
4. Green House and Employment
5. Sports and Exercise
6. Games and events
7. Reading
8. Relaxation

Group Staffing

A. At least two staff members assigned for each group:

- Two Co-Group Leaders
- One Group Leader with a Back-Up Leader
- One Group Leader with an Assistant Leader

B. Group Leadership:

Group leaders and Co-Group Leaders: Designated to conduct, lead, provide direction and oversight of the group process and always attends group. Group leaders are responsible for the content, quality, and effectiveness of the group. Group leaders are responsible to see to it the group is evidenced based and fulfills the purpose of the group.

Back-Up Leaders: Provides backup when the group leader is not present and attends groups when needed or available. The Back-up leader is at the same specified level to conduct the group as the Group Leader. During the group time, the back-up leader is to provide individual psycho-therapy, testing, assessment, or supportive individual counseling with patients. If the back-up leader does not have such meetings the back-up leader should attend the group with the group leader or provide back up for other groups.

Assistant Leaders: Provides support to the group leader and always attends group and takes over the group in the group leader's absence using curriculum and/or activities provided by the group leader. The assistant provides consistency for the group, but not necessarily provide the same level of treatment as the group leader.

C. Coordination and Flexibility:

- PTS teams and Nursing Specialists/Supervisors should work together to meet the standards for group offerings on each unit.

- Groups can be set up with flexibility to include individual therapy and other individual services to the patient. (The clinical hour productivity standard for PTS staff must be met.)

D. Guiding principles for Group leaders:

Group Leaders, Co-Group Leaders, and Back-Up Group Leaders are to function within their specified level of training and licensing. Substitute leaders are to provide an alternative group offering that may or may not include materials provided by the Group leader.

Group Requirements

A. Group Expectations:

1. Groups are not to be cancelled.
   (By holding groups as scheduled, we encourage stability and consistency for the patients. We also send a strong message that "Your treatment schedule and program is important to your recovery." This message will help reinforce good habits in the patients especially when they leave the hospital.")

2. Groups must have a planned curriculum and activity prior to group.

3. Groups must be evidenced based and appropriate for assigned patients.

4. Groups from more than one unit are not to be held in the same group room (Including the activity room/center) unless approved by the group leaders' supervisor.

5. Groups may be combined when approved by the IDT and group leaders' supervisors.

6. Groups are to be held at the designated location except when approved by the IDT and the group leader's supervisor.

7. Groups are to begin on time and end on time.

B. Group Times and Schedules:

☐ Time schedules for when groups are held are set by the Clinical Program Director and Executive Clinical Program Team coordinated with the IDT and Service Supervisors.

☐ Groups can be held at different times as determined by the PTS and Nursing Services approved by the Inter-Disciplinary Treatment Team (IDT).Group offerings can be flexible as long as the minimum number of hours and groups are available, the basic groups offerings are provided.(Exceptions: Goal Setting, Goal Review groups, and Personal Health groups are to be held as scheduled by the Executive Clinical Program Team.)

☐ Specific treatment offerings are determined by the PTS staff with the coordination with Nursing and the approval of the IDT.

Support from Other Services for PTS Groups

A. Guiding Principles:

Nursing Services, Psychological and Therapy Services, and Social Work Services are all in the same department called Clinical Programs. Nursing, Psychological and Therapy, and Social Work staff are not "required" to do each other's duties. However, Nursing, Psychological and Therapy, and Social Work Staff are required to work as a team and help each other be successful in patient care. It is understood that each professional can only function to help the other within his/her scope of practice.

- PTS should exhaust all of its resources before asking for assistance from Nursing or Social Work services to lead PTS groups.
- Nursing staff may be expected to lead PTS groups when assigned by the Nursing supervisor and/or specialists coordinated with IDT nurse leader and PTS team leader.
- Social Workers may assist and/or lead PTS groups when appropriate.

B. PTS options for covering groups:

- Determine if anyone in PTS can cover the groups.
- Ask the IDT team leader if PTS staff from other units or hospital can be spared from other groups.
- See if a PTS supervisor can assist in a group.
- Evaluate if the groups can be combined or divided up to other groups on the unit or with another unit.
- Assess whether a group time could be traded with another group.
- After all the above resources have been exhausted PTS may request, from the IDT, Nurse Manager, Social Work Supervisor, if nursing and/or social work staff will lead a group.
- If PTS discovers that Nursing and/Social Workers do not have the resources to cover groups then the PTS team leader should contact his/her supervisor, the Director of Psychological and Therapy, and/or the Clinical Program Director.

C. Nursing's role in attending and covering PTS groups:

Nursing Direct Care staff will attend groups with patients and are expected to assist with groups when available to do so. The nursing supervisor and/or specialists decide when a direct care staff member cannot attend a group due to specific patient and/or unit needs. Nursing supervisors and/or specialists should make every effort to see that direct care staff are in groups with patients without sacrificing nursing responsibilities.

D. Social Worker's role in covering PTS groups:

Social Workers may and should assist in covering PTS groups when the Social Worker has appropriate backup from other social worker staff and approved by their supervisor.

PTS Productivity Requirements

A. Minimum Required Clinical Hours:

24 - 25 weekly clinical hours required by staff (60 + % clinical time)

Clinical Hours: Direct face to face contact with patients in a structured therapeutic context and scheduled treatment offering.

PTS Staff Clinical Hour Minimum Productivity Standards	Minimum Group Hours	Minimum Individual Psychotherapy, Counseling, and Assessment Hours	Maximum “Flex Time” Hours for Back-up Therapists to Provide Individual Psychotherapy, and Assessment
Psychologists and Clinical Therapists	22.5	1.5	5
IDT Team Leaders	10	1.5	5
Creative Arts Therapists and CD Counselors	22.5	1.5	3
Leisure and Fitness Specialists and Techs	25	0	0

B. Flex Time:

“Flex Time” allows for a Psychologists and Clinical Therapists to be a Back-up therapist. The Back-up Therapists may schedule individual sessions with a patient during the group the therapists is assigned. The “Back-up” Therapist is to attend the group when an individual session is not scheduled or the Group leader is absent from the group. (See Section III B)

C. Constraints:

- Staff can adjust their schedule and be creative in providing groups and individual therapy and counseling as long as the patient has the minimum group offerings available for each treatment hour each day, the required number of staff is assigned to each group, and the group leaders meet their required clinical hours.
- Exceptions to the clinical hour requirement are made by the supervisor for issues such as training, leave time, and special projects as approved by the Director of Psychological and Therapy Services.

Every Patient Assigned a Therapist

I. Therapists and/or a Treatment Facilitators are assigned to every patient.

- Therapists are: Psychologists II's, III's, and Clinical Therapists.
- Facilitators are: Creative Arts Therapists, Activity Specialists I's, and Chemical Dependency Counselors.

II. Objectives for Therapists are:

A. Patients will be seen and assessed by a Therapist soon after admission.
B. Treatment plans will be more individualized.
C. Patients will be more actively involved in the treatment plan.
D. Treatment plans will be more dynamic and integrated into the treatment process.
E. Patients will have increased motivation for change.
F. Patients' progress will be monitored by a key contact person.
G. Patients will have increased individual contact with professionals.

III. Therapists' specific responsibilities are to:

A. Meet with the patient as soon as possible after admission. (The same or next business day)
B. Initiate therapeutic contact and begin to develop a therapeutic alliance.
C. Complete initial tasks with the patient including:
   - Orientation to treatment program choices.
   - Education regarding treatment team process.
   - Collaboratively develop treatment plan.
   - Complete necessary risk assessments.

D. Meet with patient at least once weekly (Therapeutic contact can range from a brief 5 -10 minute meeting to a 20-45 minute psychotherapy session)

IV. Within the frame of the therapeutic relationship, therapist will:

A. Serve as the key contact person during the patient's course of hospital treatment.
B. Align with patient as a helper and guide for the treatment process.
C. Increase motivation for the patient to embrace a pro-active approach to treatment.
D. Help the patient develop problem-solving skills.
E. Assist the patient to assess progress within the stages of change and healing.
F. Provide "Brief Solution Focused" treatment for specific issues with measurable progress.
G. Coordinate with IDT regarding patient's needs, progress, and plans.

V. Facilitators are responsible to:

A. Follow up with and monitor the patient's progress with the treatment plan.
B. Meet with the patient regularly and report concerns and needs to the Therapist and/or IDT.
C. Work with the patient to resolve issues of concern and increase motivation for change.
D. Provide initial education to the patient regarding the treatment process.
E. Motivating Patients to attend and participate in treatment.

Treatment Offering Definitions

Psychotherapy Groups: Psychotherapy is the treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behavior leading to improved social and vocational functioning, and personality growth.

Group psychotherapy provides each member with the additional benefit of sharing and feedback from others experiencing similar emotional problems. This sharing and feedback has been found to be therapeutic, and the group can actually function as a trial social setting, allowing people to try out newly-learned behaviors.

Focused Therapy Groups: Focused Therapy Groups involves participation in an active, structured **therapy group** designed to engage the participants to address specific behavioral concerns and explore choices directed toward solutions. Focused Therapy groups may use therapy and counseling processes designed to elicit responses and learning regarding thoughts, feelings, and behaviors. Such groups may include creative arts, redirection, cognitive restructuring and "Relapse Prevention."

Education and Training Groups: Education and Training groups provide a process by which the participant is encouraged and enabled to fully develop his or her potential; it may also serves the purpose of equipping the individual with what is necessary to be a productive member of society. Education and Training is a specialized form of education aimed at helping people to learn about a broad range of emotional and behavioral difficulties, their effects, and strategies to deal with them. Education and Training is not therapy, it is designed to complement therapy.

Activity Groups: In the context of mental health treatment, an intervention may be any outside process that has the effect of modifying an individual's behavior, cognition, or emotional state. For example, a person experiencing stress symptoms may find a variety of interventions effective in bringing relief. In addition to the therapies and other groups provided, Activity groups are designed to modify the symptoms and potentially the causes of stress-related discomfort in the patient. Activity groups provide relief of current symptoms and a process to develop healthy coping and social relationship skills.

Although not therapy, Activity groups are therapeutic. Activity groups extends to the enhancement of physical, cognitive, emotional, social and leisure development so individuals may participate fully and independently in their treatment and chosen life pursuits.

Individual Psychotherapy: Individual Psychotherapy is psychological engagement between the therapist and patient that seeks to determine the underlying causes of a patient's issues of concern. Individual Psychotherapy is a highly technical process that can be defined as a means of treating psychological or emotional problems such as neurosis or personality disorders through verbal and nonverbal communication. It is the treatment of psychological distress through interacting with a specially trained therapist and learning new ways to cope rather than merely using medication to alleviate the distress. It is done with the immediate goal of aiding the person in increasing self-knowledge and awareness of relationships with others. Psychotherapy is carried out to assist people in becoming more conscious of their unconscious thoughts, feelings, and motives

Individual Counseling: Individual Counseling, the provision of both advice and psychological support, is the most elemental form of therapeutic intervention. Counseling can be short-term to assist a person in dealing with an immediate problem such as marital problems or family planning, substance abuse, bereavement, or terminal illness. Or it can be longer-term, more extensive treatment that addresses feelings and attitudes that impair success. Individual Counseling is provided by trained professions referring to a focus in general **counseling** with the goal of helping the **individual and** address personal distress and needs in a healthy manner.

Self Help and “Pro-covery” groups: Self-help groups and “Pro-covery” groups are another form of intervention that has become increasingly common in recent years. They exist for almost all disorders and are often based on the basic principles and values of the Alcoholics Anonymous movement founded in the 1930s. Although they are not led by professionals, these groups may be therapeutic because members give one another ongoing support and assistance. Group members share frustrations and successes, recommendations about specialists and community resources, and helpful tips about recovery. They also share friendship and hope for themselves, their loved ones, and others in the group. Unqualified acceptance by other people can be a powerful intervention for people recovering from a mental illness or addictive disorder.

Motivational Enhancement (ME) Program

OBJECTIVE

The Motivational Enhancement (ME) Program is an incentive/reward based approach to rebuilding self-efficacy and empowering our patients to take charge of their treatment progress and their lives. The ME Program seeks to develop the patient's motivation to engage in pro-therapy and self-care behaviors. The role of staff is to facilitate the process while not taking primary responsibility for its development. This program is for all patients who wish to participate and is a separate program from an individualized behavior management program developed for specific patients as part of their treatment plan. The program motivates patients to participate in treatment and provides patients, no matter their financial circumstances, resources to obtain items from the ME store and hospital coffee shop.

HOW IT WORKS

Points, represented by stamps, can accumulate through the patients' voluntary participation in unit activities and or prescribed treatments. This includes therapy groups, taking medications, IDT attendance, and completing their ADL's satisfactorily. Each stamp, placed on a grid copied onto the back of each patient's daily schedule, becomes a point. Patients can accumulate points that will eventually allow them to purchase items from the Treasure Chest and or OSH store. Thus, a concrete, positive feedback mechanism that equates pro-therapy behaviors with rewards is used to help our patients develop the motivation to self-regulate for personal gain.

The key to the success of the program is the interaction and positive compliments the patient receives from staff each time the patient's schedule is stamped. Patients should feel accomplishment, not by the physical rewards, but from the positive relationship they feel with the staff. The process of interacting with the staff in a positive and pro-social way several times a day can have a powerful impact on the patient's treatment experience.

PROGRAM PHASES

The ME Program has Three Basic Phases:

- **Phase One-** The first phase if for patients primarily on unit observational status. This phase is designed to introduce patients to the ME process and the concept of taking charge of their treatment and progress. This phase is designed provide quick positive reinforcement within short periods of time. Many patients on unit observation have difficulty concentrating, have poor hygiene, experience confusion, anxiety, major depression, and are often disoriented. They often feel scared, frustrated, and alone. In this phase patients should receive several positive interactions from staff a day and be able to exchange their points for physical rewards daily.

Osawatomie State Hospital/Rainbow Mental Health Facility

Each treatment program provides a box of items such as snacks, stationary, crafts, or other objects for patients to choose. At the end of the day patients may turn in their schedules and trade their stamps for items in the box. Patients may also choose to save their points to be spent at a later time in the ME Store that is off the unit. Values of the items are provided so patients may for select lower or higher valued items depending on their number of stamps (points) or by their choice. The values of the items and number of points earned in a day are determined by the program management teams on each unit.

Phase one seeks to motivate patients to complete basic expectations for stabilization and to encourage positive behaviors early on in their treatment. Patients can experience immediate reward for positive behaviors as well as look forward to going to the ME Store once they have progressed to Escort or Standard observational Status.

- **Phase Two-**Patients who are in phase two no longer use the boxes on the units to select their items. The hospital provides a Motivational Enhancement (ME) store with 6 cabinets. Each cabinet has items valued at 100, 200, 300, 400, 500, and 600 points. At the end of each day, patients turn in their schedules with their stamps to nursing staff. The night shift adds up the points for each patient and enters the number of points onto a spread sheet that is automatically available to the staff who manage the ME store (via a shared computer drive). Once a week, patients go to the store, where the number of points they have accumulated is made available to them to spend in each of the cabinets. Patients do not need to use all their points at one time.

  This phase assists patients in developing a sense of self management and delayed gratification. Patients need to be at the Escort or Standard observational status in order to go to the ME Store. The ME Store provides more valuable items, including postal stamps, coupons to rent DVD Players and video games, and coupons to use at the coffee shop.

- **Phase Three-** This phase is designed to help patients become more self-motivated and prepared for discharge. This phase is to assist patients to no longer need the stamps each day to motivate them to participate in treatment. The patient's treatment team determines the patient's level of progress and readiness for this phase. In the phase, patients have progressed to the point where they willingly participate in their treatment. Each day, patients in phase three of the program receive a set of points. They do not need to have their schedule stamped. These points are accumulated daily and the patient can use the points at the store any time the store is open. Patients do not have to go through each phase to be assigned to phase three. The treatment team determines a patient's eligibility for the phase based on the patient's level of functioning and participation.

BASIC RULES

Points shall not be taken away for any reason
Points cannot be transferred from one patient to another patient
Patients are not required to participate in the program
Patients due to be discharge, before they are able go to the ME store, may trade their points for coupons to be used at the coffee shop (points cannot be converted into money)

Osawatomie State Hospital/Rainbow Mental Health Facility