


Name of Policy: Description of the Therapeutic Milieu and Treatment Interventions Policy Number: 3364-120-48 Department: Nursing Service Approving Officer: Chief Nursing Officer (CNO) Responsible Agent: Medical Director/CNO Scope: The University of Toledo Medical Center	 Effective Date: 6/1/21 Initial Effective Date: 6/1/14				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

- A. Senior Behavioral Health provides short-term comprehensive care for the older adult patient experiencing an acute psychiatric disorder, cognitive impairment, and age-related physiological disabilities.
- B. Each patient receives care and focused treatment from an interdisciplinary team of mental health professionals. Under the direction of a Psychiatrist, members of this team may include Psychiatric Nurses, Social Workers, Master's Level Counselors or Psychologists, Recreational or Expressive Therapists. The team also includes ancillary service providers; i.e, dietician, pharmacist, physical therapist, or other health care providers who assess the patient's needs, develop an individual treatment plan, and engage the patient in the psychiatric therapy program.

(B) Purpose of Policy

To describe the therapeutic environment and the treatment interventions that contributes to positive growth and self image

(C) Procedure

1. Senior Behavioral Health Milieu and Physical Environment: The program is in an environment that contributes to a positive self-image. All patient rooms are of adequate size with necessary age-appropriate furniture and personal storage space.
2. The day room provides a space for activities
3. There is a quiet room, furnished appropriately for quiet reflection
3. The unit is designed to orient patients to time, date, and location of individual rooms.
4. The unit has access to a laundry room, a group room, separate dining room and a consultation room, a multipurpose room, a nursing station, and a medication room.
5. The milieu provides a structured, consistent patient-centered therapeutic approach. The milieu consists of the following:
 - a) The staff and their 24-hour a day interaction with patients

- b) The physical environment
- c) The daily scheduled therapies:
 - 1. Group therapies
 - 2. Activity therapies
 - 3. Leisure activities
 - 4. Interactions/socialization with peers

D. Therapeutic Meetings

1. In these meetings, all patients and clinical staff gather to discuss daily issues of living together. Patients are offered an opportunity to understand and deal with interpersonal problems in a safe, highly structured, and supportive environment. The purpose of therapeutic community meetings are:
 - a. To demonstrate how all aspects of patient behavior can be discussed, reacted to, and understood.
 - b. To encourage patients to review how their behavior impacts the community and encourages feedback among patients.
 - c. To provide an experience of active social participation for patients who tend to be passive and/or dependent.
 - d. To use staff as role models of rational thinking and socially appropriate behavior.

E. Group Goals

Goal Meetings or Goals Groups are designed to assist the patient and staff to develop a concise focus for the day regarding how the patient and the program staff will collaborate to achieve the overall goals of the hospitalization. The program will also hold a meeting in the evening to evaluate goal achievement. The purpose of these types of interventions is to model the behaviors of goal setting, goal achievement evaluation, and goal modification.

F. Group Therapy

1. Group therapy sessions are provided by a qualified mental health professional and serve as an opportunity for patients to help each other resolve emotional difficulties and learn new ways of interacting with others. Group members share personal feelings, ideas and problems, and develop new awareness of how their patterns of behavior affect themselves and others. Through this interaction, they have the opportunity to experience and learn about interpersonal relationships and feelings within a therapeutic context. Group therapy sessions are held daily, and usually last up to one hour. The purpose of group therapy is:
 - a. To help patients identify problems in relating to others.
 - b. To develop interpersonal skills.
 - c. To provide a corrective emotional experience for patients.
 - d. To decrease the patient's isolation through learning that one's problems are shared by others.

- e. To alleviate the anxiety connected with hospitalization.

G. Family/Conjoint Meetings

1. Family or conjoint therapy is provided individually as indicated by clinical need. Recognizing the interactive nature of all behavior, this form of therapy encourages the patient and spouse or family to meet with the clinical therapist to resolve relationship difficulties. The frequency and duration of these sessions is determined on an individual basis. The purpose of family/conjoint therapy is to:
 - a) Assess the nature of the patient's family or marital relationship and the effect the spouse or family has on the patient's mental health.
 - b) To help the patient and family or spouse to view themselves as an interrelated system that can influence each other in a constructive or destructive way.
 - c) To help the patient, family, or spouse to learn ways to help the family become a positive support system for the patient.

H. Didactic Groups

1. A variety of skill training groups may be offered to patients to help them improve their coping skills. These groups may include assertiveness training, relaxation training, communication skills, depression education, medication education group, reminiscence group, re-motivation group, sensory training, reality orientation, movement therapy, art therapy, recreation therapy, exercise, and activities of daily living.
 - a) Activities of Daily Living: Activities of daily living group involves an assessment of the patient's independence, education in appropriate activities of daily living, and an assessment of his/her need for adaptive equipment to maintain independence.
 - b) Art /Expressive Therapy: Art therapy provides a therapeutic and aesthetic, meaningful life experience. This is especially true after the individual has discovered the joy of working with various art forms.
 - c) Cognitive Self-Management: Cognitive self-management group educates patients about their emotional reactions and teaches techniques for controlling their emotional reactions.
 - d) Communication Skills: Communication skills group explains differences between effective and ineffective communication, creates an awareness of impediments to communication, and teaches specific listening and expressive skills.
 - e) Depression Education: Depression education assists patients in identifying symptoms of depression and effective ways of managing depression.
 - f) Exercise Group: Exercise delays the slowing down process of the body, contributes to self-esteem, and stabilizes mood.
 - g) Medication Education Group: Medication group educates the patient about his/her medication, its effects, side effects, and adverse effects; and to increase awareness about the hazards of abuse, and non-compliance.

- h) Memory Enhancement: Memory enhancement provides intellectual stimulation and re-establishes unused or forgotten patterns of perceiving, thinking, and problem solving.
- i) Movement Therapy: Movement therapy promotes patient growth through:
 - a. Reduction of anxiety
 - b. Re-socialization through group interaction and shared movement experiences
 - c. Improvement of body image, and sense of self-worth, and self-confidence in one's own body actions
 - d. Stimulation of verbalization
 - e. Physical conditioning and exercise
- j) Recreation Therapy: Recreation therapy directs the patient's attention away from his/her illness toward healthy leisure activity. Recreation can motivate and re-awaken in the patient an interest in things that are fun and encourage the healing process.
- k) Relaxation Techniques: Relaxation training provides an understanding of stress, the general adaptation syndrome, the benefits of relaxation, and specific relaxation techniques.
- l) Reminiscence Group: Reminiscence group encourages the exchange of early experiences of many sorts, such as holiday celebrations and cooking favorite foods. It promotes interpersonal relationships and a sense of belonging, stimulates thought processes, and brings back pleasant memories.
- m) Re-motivation Group: Re-motivation group encourages people to share various kinds of information and pleasant social experiences. It motivates people to interact socially and establish a richer environment through the discussion of concrete and specific topics such as vacations, gardening, pets, art, hobbies, nature, etc.
- n) Sensory Training Group: Sensory training group increases the patient's function or prevents further deterioration of regressed patients by providing various types of stimuli that arouse the patient.
- o) Recreational / Expressive / Activity Therapy:
 - 1. A wide variety of creative arts are incorporated into the Program's recreational therapy program. Daily recreational therapy sessions may include physical therapy, dance therapy, music therapy, art therapy, and a variety of crafts.
 - 2. Constructive physical activity tailored to meet the patient's needs is vital for an individual's well being. Patients may engage in exercise sessions in the Program.

<div>Approved by:</div> <div><div><div>/s/</div><div>Todd Stec, RN</div><div>Interim Chief Nursing Officer</div></div><div>Date</div></div> <div><div><div>/s/</div><div>Dionis Kononov, MD</div><div>Medical Director</div></div><div>Date</div></div> <div><div>Written by: Carol A. Schaaf, RN, MPA</div><div>Review: Lindsay Watson LSW MSW</div><div>Revision Completed By: Lindsay Watson LSW MSW</div></div>	<div>Review/Revision Date:</div> <div>6/2017</div> <div>7/12/2019</div> <div>6/2021</div> <div>Next Review Date: 6/2024</div>
<div>Policies Superseded by This Policy: New</div>	