


Name of Policy: Description of the Therapeutic Milieu and Treatment Interventions		 Effective date: 3/2026 Original effective date: June 1, 2014	
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Approving Officer: Chief Executive Officer Chief Nursing Officer			
Responsible Agent: Medical Directors, SBH and CAPH Units			
Scope: The University of Toledo Medical Center Psychiatric			
Key words: Senior Behavioral Health, short-term, environment, interventions, group			
	New policy proposal		Minor/technical revision of existing policy
X	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

- (1) Senior behavioral health (SBH) provides short-term comprehensive care for the older adult patient experiencing an acute psychiatric disorder, cognitive impairment, and age-related physiological disabilities. The child/adolescent psychiatric hospitalization (CAPH) unit provides short-term comprehensive care for children and adolescents experiencing a psychiatric crisis and requiring emergency stabilization.
- (2) Each patient receives care and focused treatment from an inter-disciplinary team of mental health professionals. Under the direction of a psychiatrist, members of this team may include registered nurses, social workers, master’s level counselors, or psychologists, and recreational or expressive therapists. The team also includes ancillary service providers; e.g., 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 contribute to positive growth and self-image.

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Procedure

- (1) 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. Adequate free time/visiting time is reflected on the daily program schedule.
- (4) The unit is designed to orient patients to time, date, and location of individual rooms.
- (5) The unit has access to a laundry room, a group room, dining area, a consultation room, a multipurpose room, a nursing station, and a medication room.
- (6) 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 (schedule posted in a visible location for staff orientation and patient care):
 - (i) Group therapies.
 - (ii) Activity therapies.
 - (iii) Leisure activities.
 - (iv) Interactions/socialization with peers.
 - (d) The therapeutic program schedule reflects a minimum of 30 hours of scheduled therapeutic activities for the week. It reflects a minimum of 4 hours daily of active, group-oriented therapeutic activities on holidays (excluding visitation).
 - (e) When indicated, alternate tracks that focus on specific needs or diagnostic categories are offered to meet the identified needs of the patient population.

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(D) Therapeutic meetings

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 include:

- (1) To demonstrate how all aspects of patient behavior can be discussed, reacted to, and understood.
- (2) To encourage patients to review how their behavior impacts the community and encourage feedback among patients.
- (3) To provide an experience of active social participation for patients who tend to be passive and/or dependent.
- (4) 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

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:

- (1) To help patients identify problems in relating to others.
- (2) To develop interpersonal skills.
- (3) To provide a corrective emotional experience for patients.

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(4) To decrease the patient's isolation through learning that one's problems are shared by others.

(5) To alleviate the anxiety connected with hospitalization.

(G) Family/conjoint meetings

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:

(1) 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.

(2) To help the patient and family or spouse to view themselves as an inter-related system that can influence each other in a constructive or destructive way.

(3) 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

A variety of skill training and educational 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. The type and variety of groups offered are based on the developmental level and needs of the patients served.

(1) 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.

(2) 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.

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- (3) Cognitive self-management. Cognitive self-management group educates patients about their emotional reactions and teaches techniques for controlling their emotional reactions.
- (4) 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.
- (5) Depression education. Depression education assists patients in identifying symptoms of depression and effective ways of managing depression.
- (6) Exercise group. Exercise delays the slowing down process of the body, contributes to self-esteem, and stabilizes mood.
- (7) 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.
- (8) Memory enhancement. Memory enhancement provides intellectual stimulation and re-establishes unused or forgotten patterns of perceiving, thinking, and problem solving.
- (9) 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.
- (10) Recreation therapy. Recreation therapy directs the patient's attention away from his/her illness toward healthy leisure activity. Recreation can motivate and reawaken in the patient an interest in things that are fun and encourage the healing process.
 - (a) Conducted daily or as prescribed by state regulations.
 - (b) Appropriate in relation to the patient's age, cognitive ability, and functional capacity, reflecting multi-track programming as appropriate.
 - (c) Focus on mind-body connection, interests, leisure, and functioning abilities/capabilities, build on strengths.

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- (11) Relaxation techniques. Relaxation training provides an understanding of stress, the general adaptation syndrome, the benefits of relaxation, and specific relaxation techniques.
- (12) 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.
- (13) 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.
- (14) 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.
- (15) Recreational/expressive/activity therapy.
 - (a) 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.
 - (b) 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.

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<p>Approved by:</p> <p>/s/</p> <hr/> <p>Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p> <p>3/20/2026</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p>3/23/2026</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Dionis Kononov, DO Medical Director, SBH</p> <p>3/26/2026</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Tanvir Singh, MD Medical Director, CAPH Unit</p> <p>3/25/2026</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Psychiatry – Inpatient Administration</i></p>	<p>Policies Superseded by this Policy:</p> <ul style="list-style-type: none"> • <i>Guideline: Program elements</i> <p>Initial effective date: June 1, 2014</p> <p>Review/Revision Date:</p> <p>June 2017 July 12, 2019 June 2021 May 31, 2024 March 2026</p> <p>Next review date: 3/2029</p>
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