



DEPARTMENT OF MENTAL HEALTH

Psychosocial Rehabilitation Malls

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Psychosocial Rehabilitation Malls Manual

(Version 2, July 1, 2005)

State-Wide PSR Mall Team

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FOUNDATIONAL CONCEPTS

1.1 Purpose

Our overriding purpose is to provide individualized active recovery services that focus on maximizing the functioning of persons with psychiatric disabilities. We endeavor to identify, support, and build upon each recovering individual's strengths to achieve their maximum potential towards their hopes, dreams, and life goals. The concept of recovery shall be the guiding principal and operating framework in the mall system of care that we provide at our psychiatric facility.

1.2 Goals

- To expand and improve active wellness and recovery services.
- To provide active recovery services that is based on the needs of the individual.
- To develop and deliver services that adheres to the recovery philosophy.
- To provide a wide range of courses/activities designed to help individuals develop knowledge and skills that support recovery and transition toward community living.
- To better utilize staff resources and expertise.
- To provide a more normalized environment outside of the residential areas.
- To provide current, tested and proven curricula to enhance individuals' integration of knowledge about their illness, in furthering the development of life skills.

1.3 What is Recovery?

Recovery is often defined as "to get back, to regain or restore, or to save something lost." Other definitions focus on gradual healing or restoration to a normal state. The concept of recovery has been used extensively in the field of substance abuse, and within that context, indicates that a person has gone back to a pre-drinking or pre-drug abusing way of life. Psychosocial Rehabilitation (PSR) Malls are now using the Recovery Model as a framework for the development and provision of centralized services.

There have been a variety of definitions of recovery offered by mental health professionals, family members and individuals within the mental health community. It is almost as varied as the unique life journeys of those who have experienced it. Those who live with severe and persistent mental illness have offered a number of recovery narratives that include the following themes (Ralph 2000).

- Recovery is the reawakening of hope, after despair.
- Recovery is moving from withdrawal to engagement, to active participation in life.
- Recovery is a journey from alienation to purpose.
- Recovery is active coping rather than passive adjustment.
- Recovery means no longer viewing oneself primarily as a mental patient, and reclaiming a positive sense of self.
- Recovery is not accomplished alone - it involves support and partnership.

Professionals within the mental health community have offered a number of definitions as well.

“Recovery is a continuing, deeply personal, individual effort that leads to growth, discovery and change of attitudes, values, goals and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness (Anthony 1993).

“Recovery is a personal process of overcoming the negative impact of a psychiatric disability despite its continued presence” (Ohio Consumer Services 2002).

“Recovery is an ongoing process of growth, discovery and change” (Stocks 1995).

There are certain concepts of recovery that are common in the literature. These include:

- **HOPE** – This is the desire accompanied by confident expectation. Hope is foundational to recovery from mental illness. Having a belief that things can get better is a powerful force and can fuel the recovery process.
- **MEDICATION AND PSYCHOSOCIAL REHABILITATION SERVICES (PSR)** – Many consumers report that both medications and PSR Services play an important role in their recovery. This is especially true when they are engaged in a partnership with their provider and are involved in their PSR planning.
- **A SENSE OF EMPOWERMENT** – This means that individuals have a belief that they have power and control in their life, including over the effects of their illness.

As empowerment grows, they begin to take responsibility for self and advocating for themselves and others.

- **SUPPORT** – An important ingredient in recovery is that of support from peers, family, friends and mental health professionals. Multiple sources of support are especially helpful as it decreases isolation.
- **EDUCATION AND KNOWLEDGE** – Information about illness, medications, best wellness and recovery practices, and available resources is a necessary element of a recovery program.
- **SELF HELP** - Although professional “treatment” is a valuable component of the recovery process, self-help is often viewed as the conduit to growth in recovery.
- **SPIRITUALITY AND CULTURE** – For many individuals, spirituality and culture provide hope, solace during their illness and a source of social support.

Recovery services necessitate a “**person-centered**” approach to the provision of services. Rather than services that are fragmented and discipline-specific, they are holistic and comprehensive. This means that services are more defined and allocated on the basis of needs of the individual, not on the needs of the service departments or service providers.

The **role of the person** is an important focus of the recovery philosophy. Mental health practitioners can assist recovery through the relationships developed and services facilitated, but it is the individual who recovers. Individuals should take an active role in the development and provision of their own services. Participatory involvement in all phases of assessment, service delivery, and outcome measurement should be facilitated, commensurate with the individual's functional status.

A “**strengths based approach**” is used to improve outcomes by utilizing an individual's strengths rather than concentrating on weakness. Many of the mall interventions are focused on wellness, quality of life, and satisfaction with circumstances, and functional life skills; all of which build upon the strengths of the individual. These services are intended to maximize recovery and minimize the effects of an illness.

Outcomes as defined, viewed and valued by individuals are an important component of a recovery-based system. These include outcomes that allow individuals to better manage their own lives, improve quality of life, enhance freedom, safety, privacy, empowerment, and satisfaction with services, and decrease negative consequences, undesirable side effects and negative environment factors.

Malls are important vehicles to provide recovery-based services to individuals. Within the context of recovery, the goal of each mall is to help individuals with psychiatric disabilities develop and expand their functioning and capabilities, so they can thrive and experience satisfying lives in the their environment with minimal ongoing professional involvement.

What is Psychosocial Rehabilitation?

Psychosocial Rehabilitation (PSR) is a person-centered approach that has evolved from earlier Models of “treatment” for individuals with psychiatric disorders. It is a person-centered strength-based approach that incorporates a holistic and comprehensive view of an individual’s wellness and recovery needs.

One of the most accepted definitions of psychosocial rehabilitation is from Cnaan et al:

The process of facilitating an individual’s restoration to an optimal level of independent functioning in the community . . . psychosocial rehabilitation encourages people to participate actively with others in the attainment of mental health and social competence goals. [Cnaan et al, 1998]

Psychosocial Rehabilitation embraces the notion that people with disabilities need skills and supports to function best in the least restrictive environment possible. Service delivery is based on two intervention strategies: 1) **personal skill development** and 2) **environment support development**. Psychosocial rehabilitation emphasizes treating the consequences of the illness, rather than just the illness alone.

Tenets of Psychosocial Rehabilitation

- Services are provided in as normalized an environment as possible.
- Emphasis is on the here and now rather than on problems from the past.
- Work and gainful employment are central to the rehabilitation process.
- All people have under-used capacities that they can develop; all people can be equipped with better skills.
- Emphasis is on individuals’ strengths rather than on pathologies.
- People have the right and responsibility for self-determination.
- Care is provided in an intimate environment without professional and authoritative shields and barriers.

Core Values of Psychosocial Rehabilitation

Individual Orientation: A focus on the individual as a person with strengths and abilities. Individuals are humans with abilities as well as a disability and are not just a “case.”

Environmental Specificity: A focus on the real world context, including where the individual lives, learns, works, and socializes.

Functioning: A focus on the performance of everyday activities in the community.

Support: A focus on providing the practical help, advice, encouragement, activities and resources that are needed, for as long as they are needed and wanted.

Involvement: A focus on the active participation of the individual being served in all aspects of the rehabilitation process.

For individuals with serious and persistent psychiatric disabilities, PSR programs use interventions that contain **recovery-based philosophy** components to achieve goals. It includes social competency training and emphasizes choice and personal independence. Social learning and behavioral change through experiential activities assist individuals to become more likely to succeed in their next disposition. The focus is on normalizing roles and relationships, which can include preparing for and finding work or other related productive activities. Individuals learn to assume responsibility for decisions affecting as many aspects as possible of their daily routines, with the result of feeling respected and valued.

There is an increasing emphasis on physical **wellness, exercise, diet and health promotion**. This is due to the recognition that individuals affected by mental illness often need to address physical health issues. Many of these programs utilize a psycho-education approach to promoting change. Such programs as smoking cessation, weight loss, and general health education are now more widely promoted.

1.4 What is a Psychosocial Rehabilitation Mall?

A Psychosocial Rehabilitation Mall is a centralized approach to delivering services, where the individuals served and the staff, from throughout the hospital, come together to participate in services. Malls represent more of a centralized system of programming, rather than a reference to a specific building or certain location. Mall interventions are provided, as much as possible, in the context of real-life functioning and in the rhythm of life of the individual. Thus, a PSR mall extends beyond the context of a building or "place," and its services are based on the needs of the individual, not the needs of the program, the staff members, or the institution.

PSR Malls are designed to insure that each individual receives intensive and individualized services to promote his/her increased wellness and ability to thrive in the world. All decisions regarding what is offered through each mall are driven by the needs of the people served. Mall services are provided in an environment that is culturally sensitive and strengths based.

Services facilitated through the mall include courses and activities designed to help with symptom management, personal skills development, and life enrichment. The mall capitalizes on human and staff resources from the entire hospital, to provide a larger diversity of interaction and more realistic experiences for all individuals in the mall.

OPERATIONAL GUIDELINES

2.1 Hours of Operation

Malls are open four hours per day, Monday through Friday. Hours of operation are: (each facility needs to add specific language as to hours)

2.2 Structure of Quarter

Each mall quarter extends for 12 consecutive weeks. Quarters begin and end as following:

2005	2006	2007	2008	2009
01/04/05 - 03/25/05	01/02/06 - 03/24/06	01/02/07 - 03/23/07	01/02/08 - 03/21/08	01/05/09 - 03/27/09
04/04/05 - 06/24/05	04/03/06 - 06/23/06	04/02/07 - 06/22/07	03/31/08 - 06/20/08	04/06/09 - 06/26/09
07/05/05 - 09/23/05	07/03/06 - 09/22/06	07/02/07 - 09/21/07	06/30/08 - 09/19/08	07/06/09 - 09/25/09
10/03/05 - 12/23/05	10/02/06 - 12/22/06	10/01/07 - 12/21/07	09/29/08 - 12/19/08	10/05/09 - 12/24/09

2.3 Mall Closure and Course Cancellation

All Mall cancellations are to be approved by the Clinical Administrator or designee. Steps required for approval of a course cancellation are as follows:

1. Facilitator or facilitator's supervisor discusses proposed cancellation with the Program Director or Department Head.
2. Program Director/Department Head notifies the Mall Director.
3. Mall Director consults with Clinical Administrator.
4. If approved, the Mall Coordinator or designee notifies service providers concerning the cancellation.

2.4 Access to By-Choice Incentives

(Each facility needs to add language which specifies incentive store hours and procedures for obtaining By Choice rewards)

2.5 Curriculum Resource and Resource Rooms

A. HOSPITAL WIDE RESOURCE CENTER

The purpose of the Hospital Resource Rooms is to provide facilitators with a variety of evidence-based materials, equipment, and tools for use in various recovery courses and activities. The Hospital Wide Resource Center facilitates dissemination of materials to the Program Resource Room(s) thereby providing access to facilitators as well as a method of on-site monitoring for accountability of the materials and tools.

The resource room and materials are under the direction of the Resource Coordinator who ensures individuals and facilitators have access; materials are maintained in adequate quantity and quality; resources meet the needs of the individuals and include accommodations for individual learning preference. Also provided is access to equipment and supplies for reproduction and course/activity facilitation (copier, office supplies, etc.). Each site has equipment for facilitators to preview and screen materials for suitability of content (videos, audiotapes, computer modules, etc.).

Updating the Resource Room is a continuous, ongoing process, whereby ensuring that materials are replaced or changed based on the needs of individuals served and the requests from facilitators. Resources need to be available to individuals and course facilitators for each "stage of change." The Resource Room does not provide individualized course lesson plans, but instead provides materials that facilitators may adapt to meet the individual's wellness and recovery objectives. Assistance in researching resource topics or materials for facilitators may be provided when feasible, through this service or elsewhere such as a professional library. The Resource Coordinator is responsible for ensuring a system for checkout and returns, tracking, ordering, stocking, and maintenance/repair.

Facilitators are responsible for identifying equipment and materials necessary for the success of their course or service, and for providing feedback regarding effectiveness. Individuals provide input and feedback using standard methods of feedback such as course evaluations, surveys, suggestion boxes, etc. Ultimately, it is the responsibility of the Resource Coordinator and the facilitators to provide resources to individuals, based on clinical need, readiness and appropriateness.

B. ACCOUNTABILITY

The Hospital-Wide Resource Coordinator maintains a catalog of all materials, supplies, and tools with a sign out protocol for facilitators' usage. The Hospital-wide Resource Room and each individual Resource Room have inventory lists of all materials, supplies, and aids, and checkout lists to assess how often each item is used. The Hospital Wide Resource Room maintains a master inventory list for all program Resource Rooms, to oversee item availability and restocking.

The Hospital Wide Resource Room will provide each service area with basic supportive equipment, such as table(s), chairs, eraser board(s), and televisions with DVD/CD and VCR access.

C. PROGRAM RESOURCE ROOMS

The Program Resource Rooms operate on the honor system, with mutual respect for co-workers. For these rooms to be successful, facilitators are expected to follow the guidelines and encourage others to do the same.

Facilitators are also asked to be part of the ongoing updating of materials by identifying items that they believe would be useful to their services.

To enhance operations, each resource room is supplied with a Fax, color printer/scanner, laminator, and copy machine.

Each Program Resource Room is supplied with reference material, pamphlets, videos, audiotapes, boom boxes, manuals, handouts, recovery-oriented games/workbooks, and back up DVD VCR TV's.

Facilitators may request materials/tools from their program's resource room, by submitting the appropriate forms with signatures, and then forwarding them to the Hospital Wide Resource Coordinator.

Course/activity facilitators are responsible for obtaining their own resources/materials and for returning them to the resource room.

There is a clipboard in the Program wide resource room for facilitators to request items. This allows all facilitators to have input into material selection. When materials are received, a listing is posted in the catalog and made available to the requestor, as well as all Program Mall Resource Rooms.

D. CHECK-OUT PROCEDURE

1. All video, audiotapes and boom boxes are to be signed out on a clipboard, with indication of the date/time of check out and return. These items may not be kept overnight and should be returned the same day as checked out.

Videos and audiotapes should be rewound after use. There is a column on the checkout sheet where the course facilitator indicates when the tape will be returned and on return, a rating of the tape's usefulness or effectiveness in the course/activity. This allows an ongoing evaluation of materials.

2. The videos, audiotapes and boom boxes are available from 8:30 to 3:30. Videos may be previewed for suitability.

3. Pamphlets do not need to be returned but should be dispensed based on clinical need and appropriateness.
4. Reference materials should not leave the resource room. There is a copier available in the room to allow facilitators to copy whatever material they need. If removing a page for copying, it needs to be returned the correct location so others are able to use it.
5. Colored markers, erasers, and other supplies are available. Supplies are limited, and should be returned after usage.
6. Individual handouts are available in the file cabinets. Topics are listed on the front of the drawer. Copies should be made on the copier. Do not take the last handout, as this would cause it to be unavailable to others.
7. There are varieties of table games, puzzles, and books available, many of which may be adapted to meet an activity or course need. Games should be checked out on the check out sheet, and then returned the same day. Game pieces are stored in zip locked bags to protect against loss. Because consideration for others is important, the game pieces should be returned in the same condition as when checked out.
8. If the equipment seems defective, the staff member who discovers it should immediately notify the Mall Coordinator who will contact the Resource Person for repairs and/or replacement.

2.6 Returns from Court

Individual absences due to court appearances vary in length. Some individuals are gone for days and others for several months. Individuals may change as they are in new environments and as a result, their W & R Plans may need to be updated upon return from court. Objectives need to be reviewed, as well as any changes in the Mall schedule. If there are planned changes to the individual's schedule, this needs to be submitted to the Mall staff, who in turn will provide the revised schedule to the WaRMSS operator. The WaRMSS operator will then add the individual to the appropriate mall activity, so the change will be reflected on the mall rosters. A copy of the individual schedule will be given to the unit, the individual, and the Mall staff.

If the individual is resuming his/her existing schedule, notification to the Mall staff and WaRMSS operator will be all that is required. The Unit Staff need to provide a copy of the schedule to individual.

2.7 Transportation/Escorting

(Each facility needs to add specific language as to escorting and other transportation procedures)

2.8 Medications

(Each facility needs to specify how medications will be handled and administered during Mall hours of operation)

2.9 Sickness

(Each facility must add specific language on how and where persons who are sick will be treated and housed during Mall hours)

2.10 Schedule Changes

Schedule changes can be made at any time throughout the mall cycle. If an individual desires a schedule change, he/she is encouraged to discuss the request with a member of the Wellness and Recovery Team (WRT), and the team will meet with the individual as soon as possible. If the team is suggesting the change, a WRPC will be held with the individual to discuss the proposed change, prior to that change being made.

Only the individual with the WRT can make changes to an individual's schedule. Currently, changes can be made by completing an "add drop " form and submitted to the Mall Coordinator. Schedule changes with the WaRMSS system will be accomplished electronically within that computer program.

If a desired course is not being offered at this time, an "Individual Request for Course Sheet" will be completed by the team and submitted to the Mall Assistant or Mall Coordinator to review. A copy will be forwarded to the mall's curriculum committee. The Mall Coordinator will respond directly to the team within 14 days.

If an existing course receives too many referrals, the Mall staff will begin to develop a new course with the same title and focus. It is the intent of the PSR Mall that no individual is denied access to an activity that the team has appropriately identified on W&R Plan as needed for an individual.

2.11 Course/Activity Coverage

The Mall leadership attempts to maintain consistent staffing in the delivery of all scheduled Mall courses/activities. Facilitator availability varies at times throughout the quarter, resulting from vacations, maternity leaves, court subpoenas and changes in work schedules. In the case of spontaneous or unplanned absences, facilitators are to alert the Mall staff as soon as they are aware, so that coverage can be secured. In the case of planned absences, facilitators are to inform the Mall staff of absences well in advance.

Continuity of instruction is important in the Mall. Lesson plans for each session are to be kept in the Mall office in the event that others are called upon to facilitate an activity in the absence of the regular facilitator. Lesson plans can indicate an alternate, scheduled activity for those courses/activities that may be more psychotherapeutic or process oriented. For all structured courses, the covering facilitator can follow the lesson plan and use the material attached to the lesson plan to ensure that the course is not disrupted due to the absence of the regular facilitator.

Course and Activity Scheduling & Documentation

3.1 Individuals' Course/Activity Selection and WRPC Process

The automated Wellness and Recovery Plan (WRP; previously known as the Treatment Plan) Active Treatment Selection process is a computer-based process. When an Intervention is designated as "Active," the Individual's Team members identify such by checking the "Active Treatment" box. This generates a "search" for the appropriate Activity.

The first level of the search is by the Individual's Focus of Hospitalization and Stage of Change/Readiness. By searching for these combined criteria, an appropriate Course Outline(s) list is returned. All Team members, including the Individual, are able to view the details of each Course Outline (see attached). Outlines include the Course Description, and any prerequisites and/or specific criteria for the course.

The second level of the search is by the selected Course Outline(s). This search will return all activities currently associated to the specific Course Outline. The Activity search can further be defined and narrowed by Mall Site. Team members are able to view the details of each Activity, including:

- Activity Number, Title
- Activity Term(s)
- Mall Site, Unit and Classroom
- Day(s) of Week, Time(s) of Day
- Class Size and Membership Information

If the team wishes to view the associated curriculum for the activity, they may choose to do so by selecting a specific activity and searching "Curriculum". Once a specific activity is identified, the team may electronically "return" the information to the WRP Intervention section. The intervention information includes:

- Activity Number, Title
- Activity Term
- Mall Site, Unit
- Facilitator(s)
- Day(s) of Week, Time(s) of Day

COURSE OUTLINE

Date: _____

Course Outline Number: _____

Auto Generated if New

Is this outline specific to:

- ☐ Group
Or
☐ Individual

Does this outline meet the
qualifications for AR&HS/CASAS

Competencies: ☐ Yes ☐ No

If yes, complete and attach an
AR&HS/CASAS Course Outline Detail Form

Is a Manual Available?

☐ Yes ☐ No

Actual Manual use is noted
at the activity level.

Primary Focus: _____ Title: _____

Activity Level / Stage of Change/Readiness:

- ☐ Pre-Contemplation ☐ Contemplation ☐ Preparation
☐ Action ☐ Maintenance ☐ No Specific Level

Course Description: Include any prerequisites and/or specific criteria for the course.

Facilitators:

Teacher

- ☐ Psychiatry ☐ Psychology ☐ Social Work ☐ Rehabilitation ☐

- ☐ Nursing Staff (Specify Discipline): _____
☐ Central Program Services Support Staff (Specify Discipline\Title): _____
☐ Administrative Support Staff (Specify Discipline\Title): _____
☐ Other (e.g. Community Facilitator): _____

Authorizing Signature:

Print Name

Signature

Focus:

1 Psychiatric and Psychological 2 Social Skills 3 Dangerousness and Impulsivity 4 ADL Skills 5 Substance Abuse 6 Medical 7 Legal 8 School / Education 9 Occupational Skills 10 Spirituality and Leisure 11 Community Integration

ADULT REHABILITATIVE & HABILITATIVE SERVICES /CASAS COURSE OUTLINE DETAIL FORM

Complete and attach to Course Outline Worksheet for each outline meeting the qualifications for AR&HS/CASAS Competencies. Authorizing Signature required before entry into the system.

Course Outline Number: _____	Title: _____
Activity Level / Stage of Change/Readiness:	
<input type="checkbox"/> Pre-Contemplation	<input type="checkbox"/> Contemplation
<input type="checkbox"/> Action	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Preparation	
<input type="checkbox"/> No Specific Level	

CASAS COMPETENCIES: Choose from Options List (May choose as many as apply).

- | | | |
|--|--|---|
| <input type="checkbox"/> 0 Basic Communications | <input type="checkbox"/> 1 Consumer Electronics | <input type="checkbox"/> 2 Community Resources |
| <input type="checkbox"/> 3 Health | <input type="checkbox"/> 4 Employment | <input type="checkbox"/> 5 Government and Law |
| <input type="checkbox"/> 6 Computations | <input type="checkbox"/> 7 Learning to Learn | <input type="checkbox"/> 8 Independent Living |

GOALS AND PURPOSES: Detailed goals and purposes derived from the course description (page 1) and CASAS competencies above.

OBJECTIVES: Plan of action for achievement of goals and purposes specific to the activity.

EXIT CRITERIA: Check One Box

- ☐ Met 85% of the Goals and Purposes
- ☐ Upon Discharge from Facility

AUTHORIZING SIGNATURE (Assistant Chief, Education/Designee):

Print Name

Signature

3.2 Scheduling of Individuals

Activity choices are identified during the Wellness and Recovery Plan process. The choices will be scheduled utilizing the My Activity Plan and Participation (MAPP) Module (which will replace the Treatment Outcome Systems, TOS).

When the MAPP Module is in place, an "Individual's Activity Plan" report is generated following the WRP process. This plan is sent to the Mall Director or designee, who verifies the membership, and signs and forwards the plan to the MAPP staff for entry and the actual scheduling of the Individual in the activities. After entry the MAPP staff generate a "My Activity Plan and Participation" report (replaces the current TOS 2.4, Individuals Weekly Schedule/ITI) as validation of the entry and return the report to the team.

3.3 Attendance Monitoring

Activity Membership and Participation Rosters (replaces TOS Roster) are printed not less than one time per week by the MAPP staff, for each Mall Site location. Rosters are then distributed to the Mall Director or designee, who assures distribution to group/course facilitators. Each facility needs to specify its specific distribution procedures.

The Mall Director or designee reviews the daily rosters prior to the activity occurrence and notes any changes to Activity Location, Day or Start Time (one time only). The Mall Director or designee records any absences, late arrivals or early dismissals, with appropriate reason codes, for facilitators and individuals.

The roster is then given to the facilitator for Individual Participation Posting. For each Individual in membership, the facilitator records the length of time the Individual attended the activity and her/his participation during the activity. The facilitator completing the roster signs the roster and returns it to the Mall Director or designee at the end of the activity.

The Mall Director or designee verifies the Participation Posting, initials the completed roster, and returns it to the MAPP staff for entry.

3.4 Participation Ratings

For each Individual, per activity occurrence and designated on the roster, a participation rating is required for any positive attendance (minutes). Participation ratings are an integral part of the By Choice Incentive Program.

Participation Codes (ratings):

FP Full Participation
MP Moderate Participation
NP No Participation

3.5 Facilitator Notes of Individuals' Progress

Each Membership Roster includes an "Individual's Objective Report". This report lists for each Individual in membership her/his specific objective(s) and Stage of Stage/Readiness associated with the Active Treatment Intervention. For each individual, her/his next scheduled WRP date is also indicated.

This report is printed on a separate sheet of paper and is retained by the facilitator. The facilitator notes the Individual's progress towards her/his objective for the specific activity, not less frequently than the Individual's WRP cycle, e.g. monthly, but may do so more often as indicated.

Facilitators also have access to a "Facilitator's Objective Status" report, which assists them in tracking objective recording requirements.

By individual, Facilitators' progress notes towards the individual's objectives are reportable and available to team for inclusion in the WRP process.

ROLES AND RESPONSIBILITIES

4.1 General Staff Responsibilities

The PSR Malls cannot run without the dedication and cooperation of all Hospital staff members. In order to assure the provision of comprehensive Mall services, staff expectations are as follows:

EXPECTATIONS OF SERVICE DELIVERY

- A. Each member of the Wellness and Recovery Team shall facilitate direct services in the PSR Mall. The minimum number of Mall service hours per discipline shall be established by the Hospital's Executive Team.
- B. Any requested exceptions to the minimum standard for a staff member shall be justified to and approved by the Program Director or service area manager.
- C. Exceptions to the minimum hours of service delivery may be granted for a temporary situation by the Program Director or service area manager with approval from the appropriate Executive Team Member (i.e., Medical Director, Clinical Administrator or Executive Director), once it has been determined that there will be no significant disruption of scheduled Mall operations.
- D. Volunteers, students, interns and staff from other areas of the hospital will also facilitate direct Mall services, based on their skills, knowledge, abilities and interests, and on relevant licensing and privileging limitations.

FACILITATORS AND CO-FACILITATORS

- A. Develop course outlines and submit them to the Mall Director, chair of the Curriculum Committee, to initiate the approval process.
- B. Develop course/activity lesson plans that encompass a 12-week cycle, and submit to Curriculum Committee for assistance and approval.

- C. Obtain rosters prior to the start of the course/activity. Completed rosters are due to the MAPP operators on the same day the course/activity is held.
- D. Report names of any individuals who are not in attendance to the Mall Coordinator or designee.
- E. Contact the Mall Coordinator or designee in advance to arrange for any audio/visual aids/materials.
- F. Courses and activities are to begin on time. If late, facilitators must notify the Mall Coordinator in advance of scheduled course/activity so coverage can be obtained.
- G. Courses and Mall activities are to run the full scheduled time (e.g., 50 minutes, 90 minutes, etc.).
- H. "By Choice Point Cards" are to be collected at the beginning of the course/activity and completed and returned to the individuals prior to ending course.
- I. The room/area needs to be put back into shape before leaving so that it will be ready for the next course.
- J. All sharps or other items/materials deemed to be a safety risk must be collected and accounted for prior to the individuals leaving the activity area.
- K. Planned time-off should be communicated as much in advance as possible to one's direct supervisor and respective Mall Coordinator.
- L. In case of sickness, the Mall Coordinator should be notified directly (in addition to other notifications to direct supervisors) as early as possible, and in accordance with the Hospital's Administrative Directive on Employee Timekeeping and Absences from Work.
- M. All required documentation must be completed in a timely manner, i.e., daily attendance rosters, By Choice Point Cards, facilitator progress notes (See Data Collection Section of this Manual).

MALL SAFETY AND SUPPORT STAFF

Mall Support Staff assist with assigned activities and help maintain a safe and therapeutic environment. Mall support staff are responsible to:

- A. Assist individuals in arriving at their assigned courses/activities, by helping them read their schedules and/or providing directions to the proper area.

- B. Communicate with other Mall support staff and the Mall office, when needed, to assist in locating individuals or to report problems.
- C. Utilize the portable radios only when necessary.
- D. Use a friendly, supportive approach when encouraging individuals to join or return to their scheduled courses/activities.
- E. Redirecting individuals to alternate areas as appropriate.
- F. Check to ensure that the rooms are locked after each course/activity.
- G. Monitor restrooms, alternative activity rooms, patio and courtyard areas and course rooms for safety and security. Checking that doors are locked when not in use.
- H. Respond to emergencies.

4.2 Organizational Chart

The Clinical Administrator is the designated, Executive Team Member responsible for the overall implementation of the Mall and its services. The Mall's organizational structure, however, is different at each of the State Hospitals. Organizational Charts for the Malls are included in Appendix A.

4.3 Mall Director

- A. Assist clinical administration in establishing Mall policies and procedures.
- B. Develop and recommend revisions to Hospital policies and procedures.
- C. Chair regular meetings of the Mall Coordinators.
- D. Chair regular meetings of the Curriculum Committee.
- E. Assure comprehensive reviews and approvals of proposed curricula for presentation in the Mall.
- F. Develop and implement training plans to enhance facilitators' skills and expertise in the facilitation of courses/activities in the Mall sites and to introduce new curricula.

- G. Monitor the implementation and effectiveness of PSR Mall operations through regular Mall-site visits and outcome audits. Develop plans of correction/improvement based on the evaluation of outcome data.
- H. Develop the Annual Calendar, which includes breaks between Mall terms. These breaks shall be used for training, planning, program evaluation, etc.
- I. Collaborate with the Training Officer in coordinating relevant and appropriate staff training.
- J. Work closely with the Mall coordinators to ensure that each individual's needs are being addressed and that scheduling of Mall services appropriately reflects objectives developed in the individualized Wellness and Recovery Plan.
- K. Review and approve expenditures for purchase of materials and supplies used in the Resource Center and Mall sites.

4.4 Resource Coordinator

- A. Plan, organize and maintain resource areas to assist Hospital employees in the provision of services.
- B. Manage the Resource Center, establishing policies and procedures for the Resource Center to meet the needs of employees and individuals.
- C. Maintain a current list of resources that are available in the Mall sites.
- D. Maintain a current list of resources available in the Resource Center.
- E. Assist employees and individuals in locating resources.
- F. Locate and order resources such as books, magazines/journals, audio-visual materials and evidenced-based curricula to address the recovery needs of the Hospital.
- G. Assists in obtaining donations and community support, in cooperation with the Volunteer Coordinator as appropriate.
- H. Update the Resource Center in coordination with the Hospital's librarian, Mall Director, Mall Coordinators, Directors of Professional Education, Staff Development/Training Officers and Department Heads/Chiefs.
- I. Provide in-service training as required.

4.5 Mall Coordinators

- A. Coordinate staff assignments at each Mall site.
- B. Work with facilitators in establishing and keeping current their respective Mall site services' Catalogue.
- C. Develop a course/activity schedule for the Mall site.
- D. Assist in the development of policies and procedures for the Mall site.
- E. Coordinate transportation to and from the Mall sites as needed.
- F. Attend regular Mall Coordinator's meetings.
- G. Assist Mall staff with course/activity coverage as needed.
- H. Ensure that the assigned staff and individuals served are present at the mall sessions as scheduled.
- I. Ensure that appropriate data collection occurs.
- J. Function as liaison with Program management on Mall and clinical issues.
- K. Process equipment and supply requests.
- L. Complete area work orders as needed.
- M. Work with the Mall Director and Curriculum Committee in development of new courses/activities.
- N. Maintain and update daily Unit/Mall Communications Logs and Standing Medical and Security Alerts.
- O. Assure coverage for pre-scheduled facilitator absences, including vacation, planned time-off, and official business.

4.6 Mall Assistants

- A. Oversee Mall sites during individuals' movement to and from courses/activities.
- B. Track coverage needs for facilitator vacations, authorized time off, etc.
- C. Assist with coverage for absences of facilitators.

- D. Assist in designation of Mall Support Staff.
- E. Provide orientation to the Mall site to new individuals and employees.
- F. Other duties as assigned by the Mall Coordinator.

4.7 Individuals' Roles and Responsibilities

It is essential that all Individuals come to recognize and appreciate that Mall services are designed to assist the person in realizing her/his personal recovery. Services help each person progress toward successful achievement of life goals.

All Individuals are encouraged to follow the general guideline of operation at each Mall site. In order to help facilitate high quality services and provide a safe and secure setting, each person should demonstrate self-responsibility and, to the maximum degree possible, self-direction in the daily flow of activities and services.

While participating in Mall services and activities, all individuals are requested to participate with a spirit of cooperation and mutual respect, as demonstrated by the following:

- A. Attend all scheduled Wellness and Recovery services, classes and/or activities.
- B. Arrive on time for scheduled services, courses and/or activities, and try to remain in sessions for the entire scheduled time period.
- C. Actively participate in each session and support the facilitator and others in creating a cooperative, supportive alliance aimed toward personal growth and development.
- D. Refrain from bringing personal items or property to Mall sites, unless there is prior approval provided by Mall staff.
- E. Unless prior approval is provided by Mall staff, refrain from bringing food or drinks to Mall Sites.
- F. Follow the established/posted schedule for break periods, including fresh air breaks.
- G. Plan ahead for personal time use needs, including restroom use.
- H. Follow established and posted smoking guidelines. California state law requirements regarding smoking will be adhered to at all Mall sites.

- I. Help to keep all Mall sites clean, neat and safe:
 - Place all trash in the trashcans.
 - Place cigarette butts in proper receptacles, making sure they are "out".
 - Help to keep chair, tables, and other furnishings in proper order.
 - Promptly report safety issues or concerns to Mall staff.
- J. Note that Motivational/alternate activity rooms may be made available with staff approval, should an Individual need a place to get away for a few moments, or if unable to attend scheduled activity.
- K. Inform Mall staff if one has a scheduled clinic or other appointment, so Mall staff can provide reminders as requested/needed.

Each individual is responsible for bringing their By Choice Point Card to scheduled services, courses and activities. Staff will complete their entries on the cards at the end of each session.

All Individuals should be aware that participation in their scheduled services, courses and activities is strongly encouraged and supported. Each individual's level of progress and participation is provided to his/her W&R team.

CURRICULUM, COURSE OUTLINES AND LESSON PLANS

5.1 PSR Clinical Services

All clinical services provided at the hospital are based upon the needs and wants of the individual as identified by the individual, in collaboration with his or her Wellness and Recovery Team, and recorded in the Wellness and Recovery Plan.

The goal of all services is to consistently promote and support the recovery process. Services are organized to provide individuals with choice and opportunities for success in a safe and secure environment. Services are designed to instill hope and enhance life in the community, thereby reducing the need for institutional placement.

The hospital has established eleven different foci of hospitalization that are the main topics of clinical services. These eleven foci include:

1. Psychiatric and Psychological
2. Social Skills
3. Dangerousness and Impulsivity
4. ADL Skills
5. Substance Abuse
6. Medical
7. Legal
8. School/Education
9. Occupational Skills
10. Spirituality and Leisure
11. Community Integration

Interventions are offered across the eleven foci and can be modified to meet an individual's needs. All offered interventions are recovery-focused and evidence-based, and are designed with consideration of the individual's readiness for change and learning style.

All interventions include objectives for the individual that are consistent with the individual's overall recovery and life goals. Objectives are formulated in measurable and behavioral terms and with methods to evaluate progress.

In general, an intervention's effectiveness is evaluated based upon individuals' responses to its services. Ineffective interventions are modified or replaced to better meet the needs of the individual. All clinical services are subject to review for purposes of quality control and continuous improvement.

5.2 Curriculum Committee and Course Development

Curriculum Committee:

To enhance the clinical services at the hospital provided to individuals by the PSR Mall, an interdisciplinary Curriculum Committee and Course Development Committee (referred to as the "Curriculum Committee") are established to develop specific courses as well as the full curriculum of the PSR Mall.

The Curriculum Committee is chaired by the Mall Director, and consists of at least two members of each discipline (appointed by their respective discipline chiefs), as well as at least two individuals residing in the hospital and receiving services. The Mall Director may also choose to appoint Mall Coordinators to the Curriculum Committee, or others she/he may feel can aid in course/curriculum design.

The Curriculum Committee meets at least monthly, and must regularly communicate course/activity offerings to both individuals and W&R teams, as well as to the Clinical Administrator. It is anticipated that the Curriculum Committee will delegate actual course development to smaller course-development teams or individual course developers.

Course Development:

It is anticipated that the Curriculum Committee and the various course-development teams will seek to acquire previously developed or available manuals and materials, as well as work to design and create new course manuals. When selecting and/or developing new courses/curricula, the Mall Director ensures that the Mall courses/curricula are developed as follows:

- A. Courses and Curriculum are developed in the areas of the eleven foci (detailed elsewhere) through the collaboration of course facilitators and individuals served.
- B. Courses/activities are developed in response to individuals' needs for Mall services. These service needs are identified in the Wellness and Recovery Planning process when courses are not available to meet an individual's intervention plan. When this occurs, the Team conveys the need to the Mall

Director for consideration in course/activity development and implementation. The W&R Team submits a Group/Activity Request Form to the Mall Director, specifying the identified intervention needs of an individual or group of individuals. The Mall Director ensures that each request is reviewed and that a response is provided to the Team within two weeks from date of receipt. The Group/Activity Request Form - Review/Response Form provides the format for the Mall Director's response (see Appendix B for the two forms).

- C. Courses and Curriculum are developed with adherence to "Recovery" principles (also detailed elsewhere), with regard to "Choice," and what is known to help as well as what is known to hinder Recovery.
- D. Due to the forensic nature of many Hospitals, as well as the fact many individuals have been placed in the Hospital involuntarily (and not because they themselves have sought help), the Curriculum Committee must offer a variety of courses for individuals who may not be intrinsically motivated to pursue change. The Mall Director and Curriculum Committee must ensure course offerings appeal to all individuals, and will take the Trans-theoretical "Stages of Change" Model into consideration when designing courses/curricula.
- E. The Mall Director and Curriculum Committee ensure that courses/curricula are designed to enhance the motivation of those individuals entering recovery. Courses/curricula, as well as facilitators, must be designed or trained in methods of enhancing individual's motivation to change, and must offer different contents or interventions for those with differing readiness to change.
- F. Courses and Curriculum are developed using evidence-based courses and services as a foundation for all PSR Mall activities. "Evidence-based" services aim to improve quality of care and the individual's life by integrating the best available external clinical evidence from systematic research, with individual clinical expertise. By definition, "evidence-based" services are those based on scientifically defensible methodologies and are usually published in peer-reviewed journals. Typically, "evidence-based" services are those based on randomized or controlled trials, or systematic reviews of randomized or controlled trials (e.g., meta-analysis). Currently reviews of evidence-based services can be found at the U.S. Government's National Guideline Clearinghouse (www.guidelines.gov) as well as the United Kingdom's National Health Services National Electronic Library for Mental Health (www.nelmh.org), in addition to various professional societies.
- G. To further enhance the efficacy and validity of the PSR Mall Courses and Curriculum, outcome measurements must be utilized to assess an individual's improvement in the focus area addressed in the course. The Mall Director and Curriculum Committee ensure that the methods used to assess an individual's outcomes are valid and reliable measures of the area of focus being assessed. In accordance with evidence-based practices, at least some of the outcomes

measures must be standard, accepted measures consistently used in evidence-based services and randomized or controlled trials, with acceptable reliability and validity.

- H. In an effort to provide the highest quality services to individuals, outcome measures also must incorporate feedback from the individuals regarding their experience in classes.
- I. Outcome measures are administered after discharge from the hospital, to further enhance the quality of service as well as the validity of the PSR Courses and Curriculum.
- J. All courses and curricula must be reviewed at least every three years by the Curriculum Committee, to ensure they meet current standards of the field with regard to Recovery principles as well as evidence-based services.

Review and Analysis of Course Delivery and Individuals' Needs:

The Mall Director is responsible for a quarterly Performance Improvement (PI) report on the status of the Mall, its service delivery, and performance improvement actions. This PI report is to be submitted to the Treatment Enhancement Coordinator, Clinical Administrator, and Executive Committee. Included in the report are data on courses/activities delivered, by course type, number of participants, and number of facilitators. Summary data from the Requests for Group/Activity Forms and their Review/Response Forms received during the quarter, plus any outstanding course needs identified in prior quarters, must be reviewed and analyzed. These data are to be presented in a table that identifies the number of requests received, by type and stage, and the course-development response to those requests. From this PI report, it should be clear as to what is being provided in the Mall, how responsive the Mall has been to identified needs, and what areas of course development and delivery require further enhancement. It is the responsibility of the Mall Director to work with the Curriculum Committee and Hospital's Executive Committee to assure provision of sufficient courses, activities, and services to meet the needs of the individuals served.

5.3 Course Outline Format

The course outline is a guide utilized by the therapist/ providers in the delivery of activities and clinical services and serves as the key link between the Wellness and Recovery Plan and an Individual's Activity Schedule. Each course outline has a designated Primary Focus as the Key Identifier. This Primary Focus is consistent with the W&P Plan Focus of Hospitalization. Structured within each course outline is a series of factors or intended outcomes that the individual is expected to achieve in order progress the next stage of change. Recovery activities will be delivered in the PSR Mall according to the written course outlines. Each of the details on the course

outline assist the Individual with his/her team in choosing appropriate activities to meet the defined Goals and Objectives of the Individual.

The Course Outline consists of the following elements: (Reggie/Laurie to revise)

- A. Number: An identification number assigned by the WaRMSS software, which is associated to the Activity.
- B. Primary Focus: This will serve as the Key Identifier and will correlate to the Focus of Hospitalization (Psychiatric and Psychological, Social Skills, Dangerousness and Impulsivity, etc...)
- C. Title of the Course: The name assigned to the recovery activity.
- D. Entry Criteria: This identifies the level at which the course is being taught. The activity level will correspond to the Stages of Change. The Wellness and Recovery Team will refer the individuals to the activity based on the individual's choice and identified stage of readiness specific to the Foci (one of the eleven identified barriers to discharge).
- E. Description of Curriculum: A brief outline of the recovery activity describing how the individual is expected to benefit from participation in the activity.
- F. Methods/Materials: A description of the methods used and primary supporting materials necessary to conduct the recovery activity.
- G. Exit Criteria: The individual has achieved maximum benefit from the intervention as identified by the course or activity provider, the W&R Team, and/or the individual. The individual has demonstrated his/her ability to progress to the next Stage of Change.
- H. Frequency and Duration: The number of times the activity is held weekly and the length of the activity.
- I. Facilitators/ Providers: Identifies the discipline(s) who will provide this particular recovery activity.
- J. Location: Identifies what Mall the activity is being held in.

5.4 Course Manuals and Lesson Plans

Course manuals and lesson plans provide the fundamental structure of PSR Mall courses and activities. They act to insure that the essential ideas, discussions, activities and learning opportunities are available to all persons who identify a need or interest. These courses cover a wide range of understanding and skills that have proved helpful by promoting and supporting the recovery process.

The psychosocial rehabilitation principles that guide the formulation and implementation of these course materials are:

Person orientation: The recovery process builds a relationship with the whole person and involves his or her interests, values, talents, hopes, and fears.

Improved functioning: Emphasizing interventions that develop positive behaviors is essential because recovery success has a direct connection with skills essential for everyday activities.

Provision of supportive assistance: Support for as long as needed and wanted.

Environmental specificity: Assessing the person in relation to the demands of his or her particular environment.

Involvement: Efforts are made to involve people in decision-making that affects how rehabilitation courses are provided.

Choice: This choice involves the provision of skills and supports necessary to make choices about personal life.

Outcome Orientation: The courses are oriented toward an observable outcome, with evaluation measures built in. Success is measured by the participant's skills in responding to the demands of their environment, and, satisfaction measured in terms of his or her self-reported experience.

Potential for growth: Therapeutic services recognize that participants have the capacity to increase his or her success and personal satisfaction, regardless of their current level of functioning.

Course content: Is directed toward developing the individual's strengths by focusing on personal assets as the essential resource for the restoration of his or her capacity to live in the community. Of necessity, they incorporate the following goals in the design of the three recovery phases (diagnosing, planning and intervening).

- Alleviating symptoms of distress
- Improving and resolving critical or dangerous problems
- Learning how to seek out and obtain needed services and wants
- Developing skills and supports related to the person's individual goals
- Engaging in fulfilling and satisfying activities

- The exercising of the participant's voice and choice in one's life
- Promoting healthy lifestyles

Content of Lesson Plans:

Well-developed lesson plans are a key in the delivery of evidence-based services. The detail provided in these session-by-session plans enables each facilitator to replicate the essential content, process and character of a proven course. For all structured Mall course, lesson plans need to include:

- Lesson plans should include a statement of overall goals for the course.
- Expected number of sessions should be stated.
- Each session should have a outline, with critical detail for facilitator delivery.
- Each session outline should begin with stated goals or learning objectives for that session.
- The outline should include recommended and suggested activities/discussion points to achieve the goals or objectives for each session
- Materials to be used in sessions (handouts, videos, etc) should be included or adequately described
- Whenever possible, activities should account for individuals' various styles of learning (see, hear, say, think, write, do).
- If psychotherapeutic, alternate activities for sessions when regular facilitator is absent should be described.
- Overall, lesson plan should be able to be used by a covering facilitator, to continue progress, in the absence of a regular facilitator.

SESSION 6*

Expressions of Concern

CHANGE PROCESS OBJECTIVES: SELF-REEVALUATION, DRAMATIC RELIEF

RATIONALE

Self-reevaluation involves rethinking the problem behavior and recognizing when and how this behavior conflicts with personal values. *Dramatic relief* involves experiencing and expressing feelings about the problem behavior.

Since clients in this group are in the early stages of change, some of them may not see their drinking or drug use as problematic. It is helpful to explore whether there are other people in clients' lives who have expressed concern about their substance use. By relating these concerns, clients often gain insight into the problems that alcohol or other drugs have caused in their lives. This, together with the results of the AUDIT and Drug Screening Inventory from previous sessions, can help clients begin to reevaluate their substance use. Clients often experience dramatic relief (or emotional arousal) when they make the connection between their use and the concerns of others in their lives.

CONTENT OBJECTIVES

Clients discuss the ways in which others have expressed concern about their substance use.

Clients think about whether they have any personal concerns about their use.

MATERIALS REQUIRED

Copies of the "Who Is Concerned?" handout (P / C / P-6.1) for distribution to each group member.

*From Group Treatment for Substance Abuse, M. Velasquez, G. Maurer, C. Crouch, & C. DiClemente, The Guilford Press, 2001.

SESSION SUMMARY

In this session, group members relate concerns that others have shared about their substance use. The facilitator encourages a discussion about these expressions of concern and assists clients in identifying any of their own personal concerns.

IMPLEMENTATION

It can be helpful to discuss times when other people in clients' lives have expressed concern about their substance use. By relating these concerns, clients often gain insight into the problems that alcohol or other drugs have caused in their lives. Be aware that clients may often see others' comments or complaints about their substance use as nagging or disapproval rather than as expressions of concern, for example, the spouse or boss who insists that a client be in treatment for his or her substance use. As the facilitator, you may need to help clients reframe these comments as expressions of concern. Also, remind clients that they are indeed worthy of others' concern, since many of them may not currently feel that way. Ask open-ended questions and use reflective listening to encourage clients to elaborate on their feelings about others' concern.

STEPS 1 AND 2: OPEN THE SESSION AND INTRODUCE THE SESSION TOPIC

Briefly check in with the group. Discuss the fact that other people who care about us often comment or express concern about our behavior. Explain that today, clients will have an opportunity to share how other people in their lives have commented or expressed concern about their substance use, and what impact this feedback has had on them. These expressions can come in many forms: for example, if you suspect that a friend is avoiding you because of your behavior when you are using. While this friend has not openly expressed concern, this could be a subtle message that your substance use is a problem. Other expressions of concern could be more obvious, such as a family member or spouse telling you that he or she is worried about you. Yet other expressions can be very blatant, such as a boss threatening to fire you, or a probation officer threatening to revoke your probation.

STEP 3: IDENTIFY PEOPLE WHO HAVE EXPRESSED CONCERN

Distribute the "Who Is Concerned?" handout (P / C / P-6.1). Ask clients to think about people in their lives who have expressed concern about their substance use. Review the handout with the group, providing examples for

each question. Allow clients approximately 10 minutes to complete the handout on their own.

STEP 4: FACILITATE A GROUP DISCUSSION

When clients have completed the handout, ask them to share their responses with the group. Facilitate a group discussion regarding these expressions of concern, and help clients begin to think about any concerns *they* may have about their own substance use. Questions to prompt discussion might be as follows:

- “How did you feel when others expressed concern about your substance use?”
- “Do you think that any of these concerns are valid?”
- “Has there been any specific event that has caused you to be concerned about your alcohol or drug use?”

STEP 5: CLOSE THE SESSION

Summarize the session and ask clients if they have any new awareness after today’s group discussion. Remind clients that when someone expresses concern, even in the form of anger, it can also be an expression of caring. Briefly check in with the group and ask if there is anything else that members would add about today’s session. Affirm their work in today’s session.

STEP-BY-STEP SESSION TASKS

Step 1: Open the session and check in with the group (approximately 10 minutes).

Step 2: Introduce the session topic: Expressions of concern (approximately 10 minutes).

- Discuss the fact that other people who care about us often comment or express concern about our behavior.
- Point out that expressions of concern can come in many forms.
- Explain that in today’s session, clients will have an opportunity to share how other people in their lives have expressed concern about their substance use.

Step 3: Identify people who have expressed concern (approximately 15 minutes).

- Distribute the “Who Is Concerned?” handout (P / C / P-6.1).

- Have clients think about people in their lives who have expressed concern about their substance use.
- Review the handout with the group, providing examples for each question.
- Allow clients approximately 10 minutes to complete the handout on their own.

Step 4: Facilitate a group discussion (approximately 10 minutes).

- Ask clients to share their responses with the group.
- Facilitate a group discussion using prompts.
- Help clients begin to think about any concerns *they* may have about their own substance use.

Step 5: Close the session (approximately 10 minutes).

- Summarize the session.
- Ask clients if they have any new awareness after today's session.
- Remind clients that when someone expresses concern, even in the form of anger, it can also be an expression of caring.
- Briefly check in with the group.

WHO IS CONCERNED?

Has anyone ever expressed concern about your substance use? If so, who has been concerned?

(List names or initials.)

What particular concerns have these people expressed?

In what ways have they expressed their concerns?

Have you personally ever been concerned about your use?

What particular concerns have you had?

Do you still have any of these concerns?

5.5 Stages of Change and Course Assignment to Stage

Stages of Change:

The Transtheoretical Model of behavior change was first introduced in the early 80s by Prochaska and DiClemente. This model described behavior change as occurring for individuals in progressive stages. Each stage is characterized by a somewhat unique set of attitudes, intentions, and behaviors related to the behavior targeted for change and the change process itself. The stages are considered progressive, but non-linear in so much as individuals may move forward or backward between stages prior to achieving lasting behavior change. Therefore, the model accounts for the difficulties in achieving behavior change and the chance that slips or relapses in the target behavior may occur. Moreover, the model suggests that individuals move through the stages at their own rate and may be in different stages for different behaviors.

Below is a brief description of the Stages of Change:

PRE-CONTEMPLATION – (*Raising Awareness*) – The individual shows no intention to change behavior, typically indicating no awareness that any problem exist even in the face of substantial evidence.

CONTEMPLATION – (*Resolving Ambivalence*) – The individual has become aware of the existence of a problem and has begun to think about making some changes, but has not yet made a commitment to action in accomplishing change.

PREPARATION – (*Helping Recovery Solutions*) – The individual intends to take action soon, with some minimal and some largely unsuccessful attempts at change in the recent past (e.g. short-term reduction in target behavior without achieving self-control).

ACTION – (*Carrying Out Goals*) – The individual has committed substantial time and energy to changing behavior and over coming the problem and has successfully changed the target behavior for a period of time.

MAINTENANCE - (*Maintaining Wellness*) – The individual commits substantial time and effort to consolidate changes that have occurred, to generalize skills, to prevent the recurrence of problem behaviors, and to engage in wellness activities.

The Stages of Change model was originally applied to smoking cessation. Since that time, the model has been applied to understanding the process of change in a number of health-related behaviors including exercise, dieting, drug abuse, alcohol abuse, safe sex practices, and domestic violence. Overall, the field of Health

Psychology has embraced the Stages of Change model as significant advance in our understanding of voluntary behavior change.

The Stages of Change model's greatest potential lies in its ability to inform and enhance treatment interventions. It has been suggested that "matching" an intervention to an individual's stage of change might enhance the effectiveness of the intervention. For example, a precontemplative individual may resist attempts to form a relapse prevention plan for alcohol abuse (an "action" stage intervention) because he doesn't believe he has a problem. At the precontemplative stage, an individual may be better served by interventions that focus on education and awareness.

Course Stage-of-Change Assignment:

The Curriculum Committee is responsible for ensuring that all Mall courses are informed by the Stages of Change model. A pre-existing course that is either developed locally or obtained from an outside source must be evaluated to determine where it best fits in the Stages of Change model and for what targets of change. Courses are evaluated based on what activities are predominant in the course's content given that most pre-developed courses are not based on the Stages of Change model. The Stages of Change Continuum and Matching of Interventions table assists the committee in the evaluation and assignment process.

For example, if the majority of a course's content asks an individual to use cognitive-behavioral approaches to correct distorted thinking related to anger, then the course would be recommended for individuals in the action or maintenance stages of change related to anger. If a course were predominantly psychoeducational, it would be recommended for individuals in the earlier Stages of Change.

It is probable that a 12-week course on a specific issue will be recommended for individuals at various stages of change, especially given that individuals move back and forth between stages, over time. It is likely that a pre-developed course may be appropriate for both individuals in the precontemplation and contemplation stages of change for a specific issue. Additionally, a course's content might be appropriate for individuals in the preparation, action and maintenance stages. This overlap is to be expected and can be accounted for by the Curriculum Committee by including recommendations on how the course's facilitators could modify the content to meet different individuals' needs. However, it is unlikely that a course's content will be able to serve individuals at opposite ends of the stages of change for the same issue.

It is also probable that the Curriculum Committee will determine that the same course can be recommended for individuals for differing issues. For example, a Music Listening group might be recommended for individuals with dangerousness and impulsivity issues as part of a relaxation training process. While at the same time, this same course might be recommended for an individual related to spiritual or leisure needs.

Course Modification and Development:

As Wellness and Recovery Teams identify needs of individuals for which there are no preexisting courses, the Curriculum Committee is charged with developing or modifying courses to meet the needs of those individuals. The Stages of Change model must inform the development of all new courses.

The Stages of Change Continuum and Matching of Interventions table is used by course developers to ensure course content is appropriately presented, given an individual's stage of change. However, the table is not exhaustive. Therefore, course developers need to rely on their training, education, creativity, and additional stages-of-change resources to develop courses that best meet the needs of individuals given their stage of change. As with the stages of change and assignment of courses, it is likely that a new course's content can be developed to address the needs of individuals at different stages. When this occurs, it is recommended that course developers include recommendations regarding how to modify a course's content to better meet the needs of individuals at the differing stages of change.

For example, a homework assignment in a Stress Management group might ask a contemplative individual to identify three ways stress has negatively impacted his life. This is an appropriate intervention given the contemplative individual's identification of stress as an issue. A suggestion in the lesson plan might state that for precontemplative individuals the homework assignment is modified to ask the individual to identify three ways he has observed stress to negatively impact the lives of someone other than himself. The modified assignment accounts for the fact that a precontemplative individual has not yet identified stress as a personal issue.

Thus, the Curriculum Committee needs to use the Stages of Change model to inform and enhance the development of the Mall Curricula. However, the current state of the art does not allow us to have perfect assessment methods and treatment interventions for every unique issue an individual may face at every stage of change. Therefore, the Curriculum Committee, designees, Wellness and Recovery Teams and individuals must work collaboratively to identify courses that best meet the unique needs of each individual.

Stages of Change Continuum and Matching of Interventions

Stages of Change Continuum		Approaches to Psychiatric Rehabilitation	
Stage 1: Precontemplation			
<ul style="list-style-type: none">• Denial• Unwillingness to change• Unaware of having a disease, disorder, disability or deficit• Unaware of the causes and consequences of the disease, disorder, disability or deficit• Unaware of the need for treatment and rehabilitation	<ul style="list-style-type: none">•••••	<ul style="list-style-type: none">•••••	<ul style="list-style-type: none">• Consciousness-raising interventions, e.g., sharing observations, confronting the individual with specific consequences of their behavior• Therapeutic alliance or relationship building with the practitioner; understanding and emotional relationship• Nonpossessive warmth—the practitioner relates to the person as a worthwhile human being; shows unconditional acceptance of the person (as opposed to the behavior, e.g., addiction, offense)• Empathic understanding—extent to which the practitioner understands what the individual is experiencing from the individual's frame of

<ul style="list-style-type: none"> Lack of motivation to engage in treatment and rehabilitation 	<ul style="list-style-type: none"> reference Catharsis—expression of emotion; practitioner engages in active listening skills, empathic observations, and gentle confrontation (reality checks) <i>Motivational Interviewing</i>—a person-centered, directive method for enhancing intrinsic motivation to change by helping the individual to explore and resolve his or her “issues”; practitioner facilitates the individual to resolve his or her ambivalence with regard to change. Based on four general principles for practitioners: express empathy, develop discrepancy, roll with resistance, and support self-efficacy. <i>The Intervention</i>—confronting the individual in a nonjudgmental, caring and loving manner <i>Node-Link Mapping</i>—a visualization process tool that enables practitioners and individuals to develop and study the relationships between and among nodes (circles or squares) that contain elements of ideas, feelings, actions or knowledge. Builds alliance between practitioner and individual, focuses the individual’s attention on areas of concern, and enhances treatment readiness Practitioner approaches—authoritarian approaches to behavior change lead to greater resistance to engage in change Practitioner emotional well-being—poor emotional well-being inhibits an individual’s progress, positive well-being facilitates positive intervention outcomes
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Stages of Change Continuum	Approaches to Psychiatric Rehabilitation
Stage 2: Contemplation	
<ul style="list-style-type: none"> Aware of their issues (“problems”) Know the need for change Not yet committed to change 	<ul style="list-style-type: none"> Continue with precontemplative stage consciousness-raising interventions and slowly introduce new interventions Receptive to bibliotherapy interventions Receptive to educational interventions <i>Presuppositional Questions</i> (from SFT)—used to encourage individuals to examine and evaluate their issues, situation, or predicament. Practitioners can use presuppositional questions to think about change in a non-threatening context. As an example, consider an individual who thinks he does not have a problem and is waiting to be released to CONREP. The practitioner’s presuppositional question could be, “Let’s agree that what you are saying is true . . . ‘How would you know when you are ready to be released to CONREP?’” <i>Circular Questions</i>—used in a non-threatening manner to ask a question about the individual’s issues, situation or predicament from the perspective of an outsider. Consider the individual used in the example above. The practitioner may ask: “How would the CONREP representative know when you know that you are ready to be released?” <i>Miracle Questions</i> (from SFT)—used as a method to assist an individual in imagining change and with goal setting. Classic example: “Suppose you go to bed tonight, and while you are asleep a miracle happens and all your issues, situations, or predicaments disappear. Everything is resolved to your liking. When you wake up in the morning, how will you know that the miracle happened? What would be the first thing you would notice that is different?”

Stages of Change Continuum	Approaches to Psychiatric Rehabilitation
Stage 3: Preparation	
<ul style="list-style-type: none"> Ready to change Need to set goals and priorities for future change 	<ul style="list-style-type: none"> Continue with contemplative stage awareness enhancing interventions and slowly introduce new interventions Practitioners encourage the individual’s sense of “self-liberation” and foster a sense of personal recovery by taking control of his or her life

<ul style="list-style-type: none"> • Receptive to treatment plans that include specific focus of interventions, objectives, and intervention plans 	<ul style="list-style-type: none"> • Discrimination Training and Stimulus Control interventions can be introduced at this stage. The practitioner enhances the individual's awareness of the conditions that give rise to his issues, situations or predicaments. Focus is on the presence or absence of antecedents, setting events, and establishing operations. • <i>Scaling Question</i> (from SFT)—used as a tool by the individual to “buy into” the treatment planning process. Practitioners can use it to obtain a quantitative measure of the individual's issues, situation or predicament, as perceived and rated by the individual and then assist the individual to think about the next step in the change process. Example: “On a scale of 1 to 10, with 1 being totally not ready and 10 being totally ready, how would you rate your current readiness to be discharged to CONREP?” If the individual self-rates as a 4, the practitioner can follow this up with, “During the next month, what steps can you take or what can you work on to get from 4 to 5?” Scaling questions can be used to (a) obtain a quantitative baseline, (b) assist the individual to take the next step in the process of recovery, and (c) encourage the individual to achieve recovery by successive approximations (i.e., in incremental steps—one point at a time, one month at a time).
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Stages of Change Continuum	Approaches to Psychiatric Rehabilitation
Stage 4: Action	
<ul style="list-style-type: none"> • Make successful efforts to change • Develop and implement strategies to overcome barriers • Requires considerable self-effort • Noticeable behavioral change takes place • Target behaviors are under self-control, ranging from a day to six months 	<ul style="list-style-type: none"> • Cognitive-behavioral approaches • Explore and correct faulty cognitions—catastrophizing, overgeneralizing, magnification, excessive responsibility, dichotomous thinking, selective abstraction • Learning-based approaches • Action-oriented approaches • Skills and support rehabilitation

Stages of Change Continuum	Approaches to Psychiatric Rehabilitation
Stage 5: Maintenance	
<ul style="list-style-type: none"> • Meet discharge criteria • Be discharged • Maintain wellness and enhance functional status with minimum professional involvement • Live in environments of choice • Be empowered and hopeful • Engage in self-determination through appropriate choice-making 	<ul style="list-style-type: none"> • Adapt and adjust to situations to facilitate maintenance • Develop personal wellness recovery plans • Utilize coping skills in the rhythm of life, without spiraling down (i.e., if substance use is a problem, cope with distressing or faulty cognitions without using drugs) • Learn about mindfulness, especially unconditional acceptance, loving kindness, compassion for self and others, and letting go

Stages of Change Continuum	Approaches to Psychiatric Rehabilitation
Stage 6: Evaluation	
<ul style="list-style-type: none"> • Assess personal outcomes • Obtain social validation and feedback from significant others 	<ul style="list-style-type: none"> • Continue with dynamic change process • Preempt relapse by engaging in personal wellness recovery plan • Accept that change is a spiral rather than a linear process • Practice and use mindfulness strategies

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FACILITATION, PROGRAM EVALUATION AND OUTCOMES

6.1 Facilitator Expectations

Effective course facilitation is a keystone of the Wellness and Recovery model. The learning process derives from an interaction of the learner, the material and learning context. Course facilitators are instrumental in fostering both participants' engagement and their acquisition of knowledge, attitudes, and skills. Each facilitator must learn to use his/her personal strengths, interpersonal skills, and knowledge of the material to assist participants in their recovery goals. Course facilitators are expected to:

- Know the material
- Practice the delivery
- Be aware of the learning process
- Be multimodal
- Accept feedback
- Be flexible and receptive

6.2 Course Facilitation and Course Monitoring

Finding ways of making Mall courses effective and productive is part of the hospital's overall mission of ensuring the best possible Recovery-oriented service. This entails periodic reviews of course facilitators. However, we know that individual learning and skill acquisition depends on more than simply good facilitators. There are at least four important factors involved in an effective course: the course facilitator, the participants, the lesson plans and materials, and the learning process. The Course Facilitator and Lesson Plan Checklists (included below) are designed to take into account all of these factors. In the process of reviewing a course, the emphasis should move away from "rating" the course facilitator and move towards a philosophy of quality improvement in which the desired end is not good or superior personal performance but a better product produced by the combined efforts of the course facilitator, the participants, and those who write and design course modules. A "Yes" or "No" on a particular checklist item should not be thought of as "pointing a finger" at the course facilitator but instead pointing towards something that needs to be thought about or understood in the course-delivery process. The person using these

checklists will ideally join together in a brief partnership with the course facilitator, designed to improve the course as a whole.

6.3 Course Facilitator Checklist

This Checklist is intended to be used with each course facilitator, at least one time during each quarter. For some facilitators who are inexperienced or struggling with the course structure, the Checklist and associated consultation should occur more frequently until the facilitator feels and is more competent in delivering the course. The Checklist is comprised of eighteen items, grouped into four sections. Each section is designed to provide a different view or perspective of what is occurring in the session. The four Sections are discussed below.

COURSE FACILITATOR-INSTRUCTION SKILLS - These eight items comprise traditional instructor skills within the recovery and skill-building format. Consistency of instruction is valued across units and instructors, so it is considered essential to have a lesson plan and, within reason, to follow it. But, it is not the intent of the checklist to straightjacket facilitators or turn them into robots. Full allowance and encouragement is made for the facilitator's initiative in enhancing and elaborating on the main points of a particular lesson. A critical item is number 5: "Facilitator's presentation style is engaging and effective." "Presentation style" encompasses a number of verbal and non-verbal behaviors, including:

- Facing the participants
- Maintaining eye contact
- Encouraging and rewarding participation
- Expressing enthusiasm and energy
- Not hiding behind tables, books, charts, etc.
- Conveying a belief in participants' ability to change

An effective presentation style is essential in building and maintaining the instructor's relationship with course members. It should be understood that a "presentation style" involves features which are unique for each person who leads a course. The checklist, once again, does not seek to "robotize" instructors but instead to help them make the most of the talents they bring to their work. This section also contains one "environmental" item, keeping participants "on task." A reasonably disciplined and focused learning environment should be maintained by the instructor to facilitate both individual and group learning.

COURSE STRUCTURE - The next six items of the checklist encourage course facilitators to follow a common instructional structure, from greeting the participants at the start to summarizing work at the end. A similarity of lesson structure between instructors facilitates participants learning the material in a familiar orderly way. Consistency also reduces anxiety and frustration and increases a participant perceived sense of professionalism within the hospital staff. New instructors are also provided with a basic framework, reducing their anxiety and providing a "way-

to-go" through the skills building lesson. This section also addresses the learning environment. A course room which is clean and orderly further reinforces these values within the hospital community and reduces distractions. In the course room, open space should be provided so that furniture or other objects don't hide the nonverbal behavior of therapists or participants. This encourages open communication. Also, group cohesion and development is easiest when participants can see each other, such as in a half circle arrangement. The final item in this section concerns place limits. Starting and ending the course on time conveys a feeling of professionalism to the participants and reinforces the values of limits and timelines.

USE OF POSITIVE INSTRUCTIONAL TECHNIQUES -The techniques course facilitators are encouraged to use are mainly drawn from behavioral and skill building psycho-educational models. The techniques are briefly described below:

- A. Modeling: By demonstrating a particular skill or component of a skill, the course facilitator can teach participants who have difficulty learning from descriptions, prompts, or reinforcement alone. Modeling is particularly useful for chronic participants.
- B. Prompting and Coaching: Often it is not possible to wait for some desirable behavior to occur and then reinforce it. Actively prompting or cueing the desired word, phrase, or action speeds up learning.
- C. Positive Reinforcement: All steps along the way to a particular goal, from simply showing interest to completing homework assignments, are rewarded with positive feedback or reinforcement by the course facilitator. In groups it is particularly important that the value of each participant to the learning process is acknowledged by the instructor (e.g. Mr. Smith helped us with a brand new coping skill" and "Mr. Jones was on time as usual"). If possible the relevance of each participant should be reinforced at least once per session. Also, positive reinforcement works best if the person knows what it is he/she is being reinforced for (e.g. don't just say "Great", but rather, "Great, you came up with three good high risk situations.")
- D. Shaping: The course facilitator successively reinforces small steps along the way to the desired response or behavior.
- E. Behavioral Rehearsal/Role Play: Simulated situations and conditions which approximate real life circumstances provide the best opportunity for participants to transfer learning from the course room to the actual environment where critical decisions are made.
- F. Homework: Individual and group work outside of the lesson reinforces learning and provides needed opportunities to over-learn the material.
- G. Multimedia Instruction: The particular cognitive and learning deficits each participant brings to the course room are best overcome by presenting material in a variety of ways within each lesson.

PARTICIPANT LEARNING PROCESS - This section is comprised of three items which attempt to capture whether or not "learning" is actually occurring in the session.

This involves not just the course facilitator giving each person an opportunity to participate or having each person actually participate in the session. It also involves varied levels of interaction among participants. Learning in a recovery-oriented environment should encourage a flow of information and reinforcement between all course members. The ideal for this section would be that the course facilitator, and the reviewer, are able to see and experience a participant as knowing more at the end of the session than he did at the start. But this section also tries to present that learning is a psychosocial event, one that occurs not just within the participant, but between participants, and amongst the participants as a whole. Within this section the interest and enthusiasm of participants are also reviewed. However, it is not the intent of this section to focus responsibility for the level of participant involvement solely on the course facilitator. It should be understood that the "enthusiasm and interest" of participants is determined by many factors outside of the facilitator's control, including stresses within the milieu, sociopathy, a particularly impaired group, etc. The collaborative nature of the checklist seeks to help the facilitator identify and remove impediments to the learning process regardless of their origin.

PSR MALL COURSE FACILITATOR CONSULTATION

Course Title: _____

Session: _____

Course Facilitator: _____

Unit/Service: _____

Co-Facilitator: _____

Date: _____

Y=Yes N=No or 1=Needs Work 2=Good 3=Excellent

Course Facilitator Instruction Skills				Comments	
1.	Lesson plan is available and followed	Y	N		
2.	Facilitator shows familiarity with lesson plan and materials	1	2	3	
3.	Facilitator engages each person in the session	1	2	3	
4.	Facilitator keeps participants "on task" during session	1	2	3	
5.	Facilitator's presentation style is engaging and effective	1	2	3	
6.	Facilitator tests and evaluates participants' understanding through questions, role play or other means	1	2	3	
7.	Presentation is clear and orderly	1	2	3	
8.	Presentation is geared to the speed and comprehension level of the course	1	2	3	
Course Structure				Comments	
9.	Session starts and ends on time	Y	N		
10.	Facilitator greets participants and announces session has begun	Y	N		
11.	There is a brief review of work from prior session	Y	N		
12.	Facilitator introduces the day's topic and goals	Y	N		
13.	At conclusion, facilitator summarizes work done in session	Y	N		
14.	Arrangement of room is conducive to learning	Y	N		
Use of Positive Instructional Techniques				Comments	
15.	Facilitator/Co-facilitator used the following instructional techniques: <input checked="" type="checkbox"/> those used				
	A. Modeling				
	B. Prompting and coaching				
	C. Positive reinforcement				
	D. Shaping				
	E. Behavior rehearsal/role play				
	F. Homework				
	G. Multimedia instruction				
Learning Process				Comments	
16.	Participants show enthusiasm and interest in material by asking questions, making spontaneous comments, and making personal observations.	Y	N		
17.	Participants support one another in learning; provide constructive feedback, and encouragement, or acknowledge other person's comments and add to them.	Y	N		
18.	Participants demonstrate learning by progressing towards or attaining skill acquisition during session.	Y	N		
Consultant Observations and Suggestions					

Consultant Signature: _____

Course Facilitator Signature: _____

6.4 Lesson Plan Checklist

The purpose of the Lesson Plan Checklist is to obtain facilitator input on the ease of delivery and the usefulness of lesson plans as they are applied “in the field.” Recovery and skill building modules and their lesson plans that are created onsite are often developed and written by one or two authors. These authors then usually become the primary facilitators/instructors for that particular course. But the true test of a module is its “portability,” can other course facilitators who did not write and develop the module, and are not “experts” in that topic, take it and utilize it effectively. This checklist provides a means of reviewing the lesson plan structure and content, how accessible it is to participants, and how difficult or easy it is for the course facilitator to use. Additionally, this checklist serves as an organized way to obtain feedback on the usefulness of modules, lesson plans, and their support materials (films, overheads, etc.), enabling module developers to address deficiencies and correct design errors.

PSR MALL: FACILITATOR EVALUATION OF COURSE LESSON PLAN

Course Title: _____

Session: _____

Course Facilitator: _____

Unit/Service: _____

Co-Facilitator: _____

Date _____

[illegible]

Course Facilitator Signature: _____

6.5 Course/Activity/Service Outcome Measures

Each course must include identified outcome competencies, which reflect the specific goals and objectives of the course. When course participants are in different stages of change, separate competencies must be included for each of the stages. This allows for more appropriate assessment of each participant's individual progress. Competencies must be written in observable and measurable terms, so that each can be rated/scored by the facilitator and the participant. Participant reviews of the course should also be included, which can provide useful information to the facilitator and the Mall Director as to the value, acceptance and engagement that participants experienced in the course.

6.6 Course Evaluation Analysis and Review

The Mall Director is responsible to assure that course evaluations, participant assessments, and course facilitator reviews are completed and that the relevant information is retained in a central file (e.g., relational database or other hand tabulated spreadsheet). Analyses of course evaluations and participant reviews are to be conducted by type of course, stage of change, and other such aggregations as indicated or appropriate. At a minimum, outcomes for each course are to be analyzed in relation to similar courses, for both the average competency attainment and participant satisfaction/course review. Each facility may utilize its Evaluation and Outcome Service or the like, to assist in these analyses. Summary reports of these analyses, in the form of a quarterly Performance Improvement (PI) report, are to be developed by the Mall Director (or EOS) and made available to the appropriate stakeholders, e.g., Course Facilitators, the Curriculum Committee, Discipline Chiefs, Medical Staff, Clinical Administrator, Medical Director, etc. These Quarterly PI Reports need to include specific interpretations and recommendations associated with the outcome findings for the Mall services. This information and associated recommendations should be incorporated in the development of Mall courses and in the actual scheduling of courses offered each quarter (For further information on what is to be included in this quarterly PI report on course delivery, see Section 5.2, Review and Analysis of Course Delivery and Individuals' Needs).

Similarly, findings from the Course Facilitator Consultation and the Facilitator Evaluation of Lesson Plan are to be aggregated and analyzed. These analyses need to target information on both the training needs of course facilitators and the developmental needs of Course Manuals/Lesson Plans. Again, the Mall Director (or EOS) includes these summary findings and recommended actions in the Mall Service's quarterly PI report. Each facility is responsible for incorporating these findings and recommendations in its ongoing in-service training program, discipline-specific mentoring services, and professional development activities. Continual development of Mall services and enhancement of participant mastery are critical to the Mall's vitality. In addition, Lesson Plan developers are to receive copies of specific findings from reviews of their lesson plans.

ORIENTATION AND TRAINING

7.1 New Staff Orientation

All new employees must participate in the Hospital's initial orientation program within 30 days of employment. PSR Mall site orientation is provided in addition to the Hospital-wide training. The Mall Director is responsible for monitoring the quality of this training and assuring that each employee participating in the Mall has received a full orientation. The employee's direct supervisor is responsible for working with the employee to ensure completion of Mall-site orientation and training. Mall orientation covers the topics listed below.

- A. Tour of the Program and PSR Mall
- B. Review of the organizational chart
- C. Location of resource materials (e.g. Program Manual, Mall Manual, Safety Manual, MSDS etc.)
- D. Provision of keys to the storage/resource cabinets in the classrooms.
- E. Location of Program and Mall Resource Centers as well as the facility Resource Center.
- F. Location of Standing Medical and Security Alerts and Unit/Mall Communication Log.
- G. Contraband and security measures.
- H. Review of duty statement.
- I. Work schedules, including mall and wellness and recovery conference planning assignments.
- J. Introduction to employees and individuals in assigned areas
- K. Emergency procedures: location of fire extinguishers and fire exits & emergency equipment, evacuation routes, and personal alarms.
- L. Use of portable radios/*walkie talkies*.
- M. Documentation requirements and procedures.

- N. Creating and modifying the individuals' mall schedules.
- O. Staff supervision assignments.
- P. Program required readings

7.2 Orientation of Individuals

Newly admitted or transferred individuals will receive an orientation to the mall site(s) where they are scheduled to attend activities/courses. The orientation will occur on the first day of their attendance and will include the following:

- A. Review of the individual's schedule.
- B. Tour of the mall site.
- C. Emergency procedures: fire alarms, locations of exit doors, evacuation routes, etc.
- D. Review of the expectations of the "Individuals' Roles and Responsibilities" (refer to section 4.7).
- E. How to request a schedule change.
- F. Review of the "By Choice" procedures.
- G. Medications and medical appointments during mall hours.
- H. Who to contact for further questions/concerns.

The Mall site orientation must be documented on a PSR Mall Orientation Checklist (see attached) and filed in the individual's chart

7.3 Ongoing Training of Staff

All Programs and PSR Malls are dedicated to providing quality services to all individuals. Staff training is essential to maintain our standards for optimal services.

Ongoing continuing education will be approved in accordance with the hospital education policies.

MALL AREA HEALTH, SAFETY AND SECURITY

8.1 Supervision of Mall Areas

Prior to the individuals arriving at the mall a daily contraband/security check of the mall premises is conducted by the Mall Coordinator or designee. The Security check forms are maintained at the Mall Office for a period of one year. All follow-ups needed must be completed in a timely manner and management must be notified of any safety/security problems. Copies of all work orders, transfers, equipment requests, etc., that are generated must be attached to the Security Check forms.

A detailed inspection will be conducted on a weekly basis or more often if needed.

To ensure the safety of all individuals throughout the day, employees are responsible for the supervision of individuals at all times, and are to take immediate and appropriate action if individuals leave assigned area without authorization.

- A. Supervision of the individuals during Mall hours is the responsibility of both program and Mall staff.
- B. Knowledge of the individuals' location/activity must be maintained at all times.
 - 1. Attendance is taken at the beginning of each course/activity and given to the staff person in charge. If an individual is missing from an assigned course/activity, the staff person in charge must ascertain the whereabouts of that individual, e.g., outside appointment, alternate activity room, etc, and note it accordingly on the monitoring sheet.
 - 2. If an individual leaves the course/activity for another area, e.g., restrooms, alternative activity rooms, the Mall support staff must be notified to direct and monitor the individual and report the new location to the staff member in charge.
- C. Individuals should not remain in the hallways after the course/activity begins.

- D. All doors to course/activity rooms, PC/documentation rooms, restrooms and conference rooms must be locked when unoccupied by staff.
- E. If an individual refuses to attend the scheduled activity, he/she must be escorted to an alternate activity room. If an individual needs to use the restroom the Mall support staff assigned to the post will ensure that after use, the individual is redirected back and enters the proper course room.
- F. Transition times between courses/activities can be hectic and very active. Therefore it is helpful that facilitators arrive in a timely manner. Course/activity facilitators should arrive 5 minutes prior to their course's start time.
- G. Facilitators should hold their course or activity for the full scheduled time.
- H. After course/activity has ended, each facilitator must ensure that all individuals have left the course/activity room and that the door to the room is locked. No individual is to be left without direct staff supervision in any Mall site room.

8.2 Role of Safety and Support Staff

In the event of medical or psychiatric emergencies during the day-to-day operations of the PSR Mall, the Safety and Support Staff will immediately respond to ensure the safety for individuals, staff and visitors by:

- A. Assisting in conflict resolution between individuals.
- B. Assisting with individual de-escalation as needed.
- C. Facilitate support and counseling for individuals in crisis.
- D. Refer the individual to the attending psychiatrist for further assessment as needed, i.e., PRN medication, acute physical problems, assessment of DTO/DTS, etc.
- E. Refer to the Wellness and Recovery Team for review of the individual's W&R plan when the individual repeatedly comes to Safety and Support Staff's attention.
- F. Complete the appropriate documentation as level of intervention warrants.

8.3 Standing Medical and Security Alerts

Each facility has a system to communicate standing Medical and Security Alerts for restraints, medical conditions, assaults, suicide, inappropriate sexual behavior,

AWOL precautions and other alerts. Each facility needs to add specific language on who, when, what, and how this alert information is communicated in a timely way to the group/course facilitators.

8.4 Daily Cautions

Each facility has a system to ensure appropriate communication of an individual's alerts, special considerations, appointments, court leaves, excused absences, etc., across all settings. Each facility needs to add specific language on who, when, what, and how this daily alert information is communicated to the group/course facilitators.

8.5 Fire Protection and Drills

FIRE PROTECTION - is the responsibility of every employee, placing utmost importance on the safety of individuals and staff.

In case of Fire: **RACE**

R = Rescue, Relocate endangered persons. Move individuals to safety and reassure them.

A = Activate Fire Alarm if available and DIAL the hospital's emergency number. Identify yourself and give the operator your exact location and pertinent information regarding the fire (type, room, injuries).

C = Confine, close all doors and windows, and prevent smoke and fire from spreading as much as possible.

E = Extinguish fire if small and safe to do so. Evacuate if necessary, **or** when ordered to do so.

NOTE: During fires, use stairwells only

FIRE SAFETY - Know location of nearest fire extinguishers and what key to use for extinguisher cabinets. Know emergency exits and area fire evacuation plan.

FIRE DRILLS

- A. Each PSR Mall site shall be involved in one fire drill per quarter which will include a full and actual evacuation of all staff and individuals from the area.
- B. Drills will be unannounced to test the knowledge of the staff.

- C. An evacuation plan with primary and secondary points will be posted in all mall sites.
- D. During the evacuation all rooms will be checked, tagged and locked to ascertain that evacuation is complete.
- E. After the evacuation the Mall Coordinator or designee will conduct a head count to ensure that everyone is present and accounted for.
- F. The Mall Coordinator will question staff regarding the proper procedures for reporting, confining and extinguishing fires.
- G. The Fire and Evacuation Drill Report will be completed and copy distributed to the Fire Chief within 24 hours of the drill.
- H. Each Mall Coordinator will maintain records of the drill.

8.6 Disaster Plan

The facility Disaster Manual contains references, and guidelines to ensure the readiness of all employees and resources to meet the various types of emergencies/disasters that involve this facility.

It is the responsibility of all employees to understand their role in responding to emergency situations. Each Mall area needs to have emergency information on the following:

- a. General Safety
- b. Fire
- c. Hazardous Material Spills
- d. Emergency Preparedness
- e. Earthquakes
- f. Bomb Threats
- g. Hospital Security
- h. Medical Equipment/Utilities

8.7 Material Safety Data Sheets

The Hazard Communication standard (G.I.S.O. 5194) requires that all employees be provided with information regarding hazardous substances utilized in the workplace.

The primary vehicle for the dissemination of this information is the Material Safety Data Sheet (MSDS). A MSDS is a fact sheet prepared by the manufacturer or distributor of a hazardous material and details specific and required information on the product's identity and chemical nature, physical and health hazards, appropriate handling and safety precautions, and emergency/spill cleanup procedures.

The hospital maintains a list of all hazardous substances in each work area. MSDS's are maintained in each Mall site's nursing station for each substance on the hazardous substance inventory list, which are used or stored on the Mall sites.

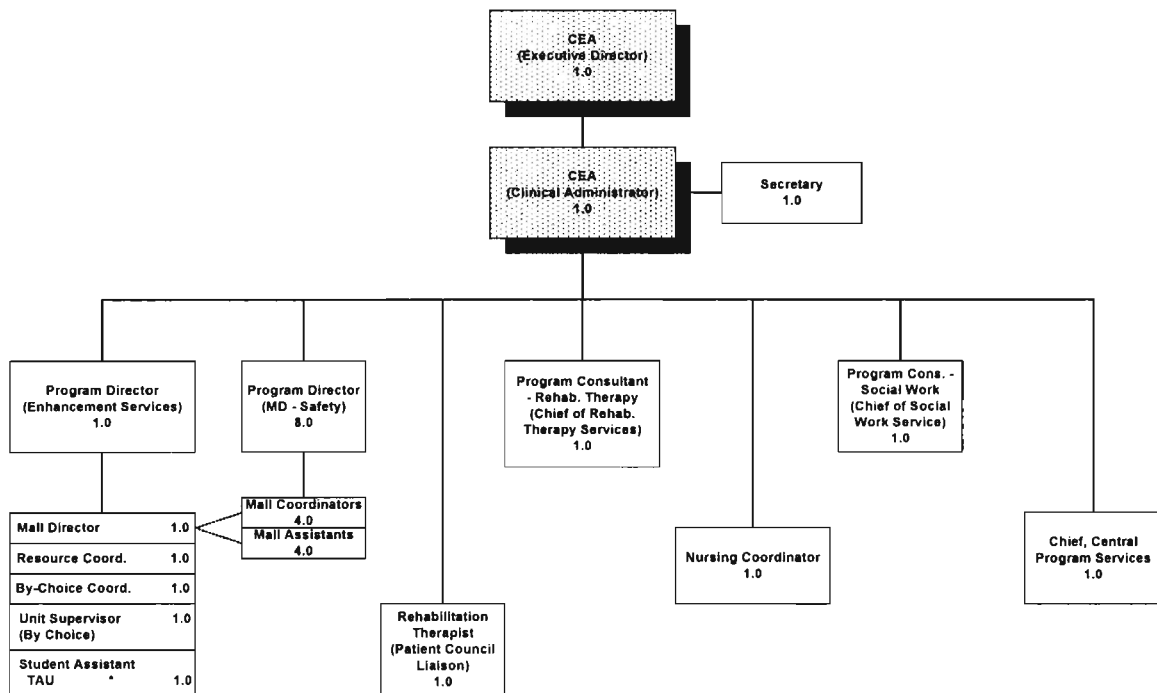
APPENDIX A

ORGANIZATIONAL CHARTS

PATTON STATE HOSPITAL 2004 / 2005 CLINICAL SERVICES (NON-MEDICAL)

Legend

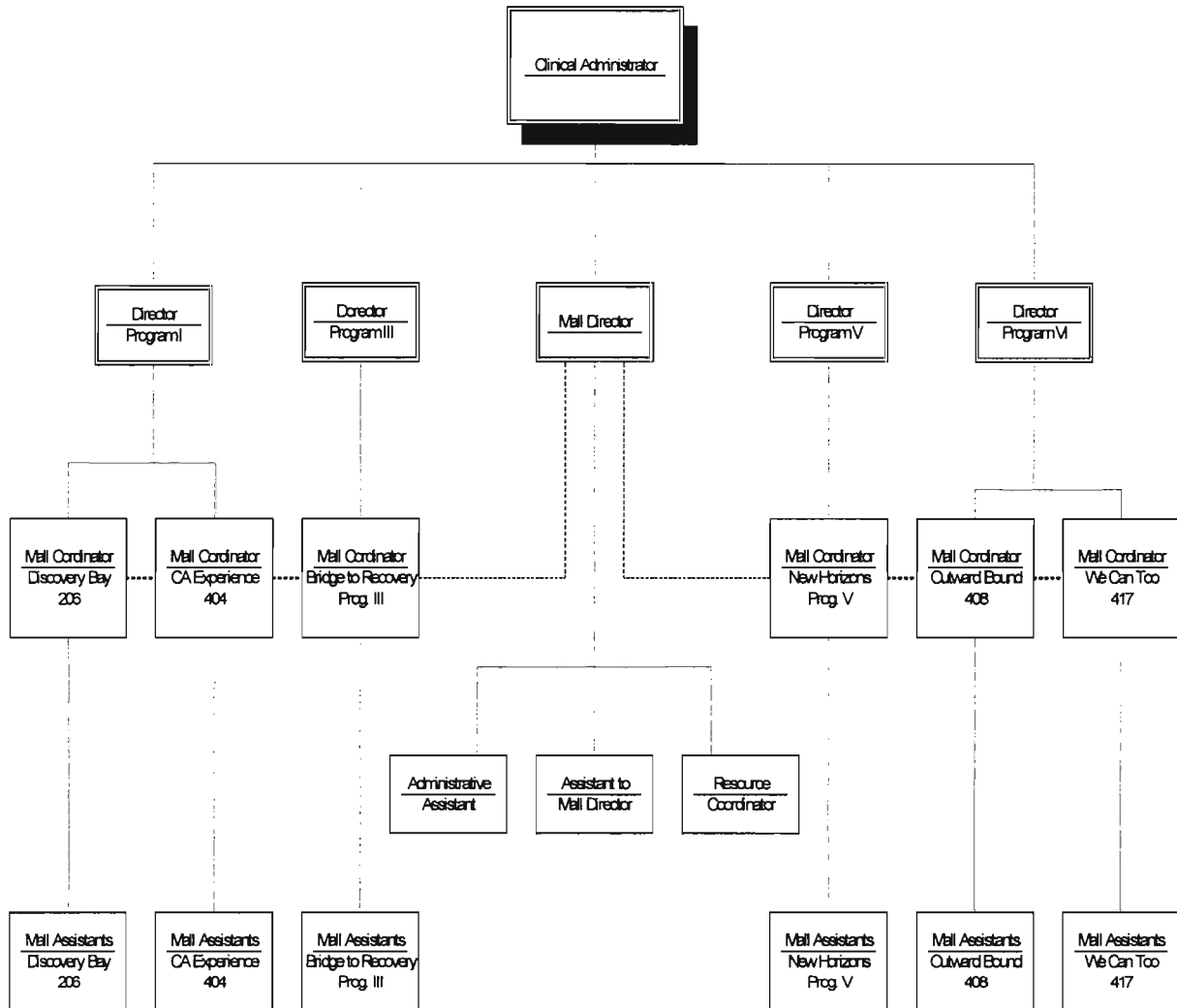
CEA Career Executive Assignment
MD Mental Disabilities
Coord. Coordinator
TAU Temporary Appointment



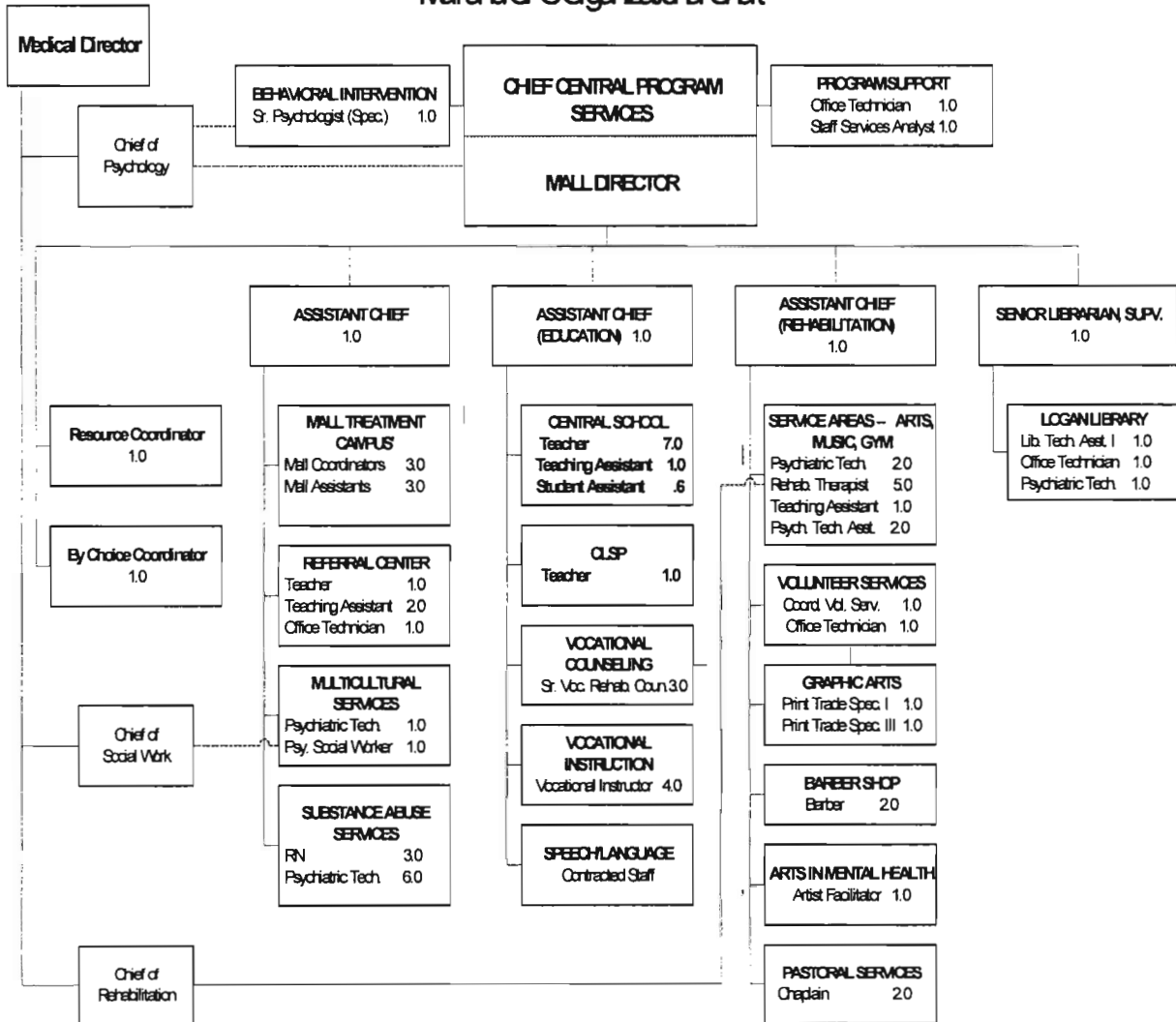
Revised 5-5-05

Sharon Smith Nevins
Clinical Administrator

Metropolitan State Hospital



Atascadero State Hospital Mall and CPS Organizational Chart



Jim Neville
Chief, Central Program Services

Date

Dave Bourne, MSW/MPA
Clinical Administrator

Date

4/21/05



APPENDIX B

FORMS AND OTHER DOCUMENTS

GROUP / ACTIVITY REQUEST FORM

This form is used to request a new group / activity that is in addition to what is offered in the current mall catalog. The request for a new group / activity is based on an identified need found during Wellness and Recovery Planning and is associated with the need of a particular individual.

Date of Request: _____

Contact Person: _____

Phone Extension(s): _____

Name of Individual: _____

Case Number: _____

Program: _____ Unit: _____

ACTIVITY DETAILS:

Proposed Activity Title: _____

Type: ☐ Group ☐
Individual

Course Outline: ☐ No ☐ Yes: #

Focus: _____ Level: _____

Primary Focus:

☐ Psychiatric & Psychological
☐ Social Skills
☐ Dangerous and Impulsivity

☐ ADL Skills
☐ Substance Abuse
☐ Medical

☐ Legal
☐ School/Education
☐ Occupational Skills

☐ Spirituality and Leisure
☐ Community Integration

Activity Level / Stage of Change:

☐ 01 - Pre-contemplation
☐ 04 - Preparation

☐ 02 - Contemplation
☐ 05 - Maintenance

☐ 03 - Action
☐ 00 - No Specific Level

Level of Cognitive Functioning

☐ Challenged

☐ Average

☐ Advanced

Description of Activity:

Describe the Need or Focus of the Activity. Include the suggested frequency, recommended discipline, general goal, Individual request and any other pertinent information.

GROUP / ACTIVITY REQUEST FORM - REVIEW / RESPONSE

Request is reviewed and a response is provided within two (2) weeks.

Date of Review: _____

Contact Person: _____

Phone Extension(s): _____

Date of Review: _____

Contact Person: _____

Phone Extension(s): _____

RESPONSE:

☐ Activity Available

Activity #: _____

Activity Title: _____

Term: _____

Outline #: _____

Outline Title: _____

Level(s): _____

Curriculum #: _____

Curriculum Title: _____

Begin Date: _____

Mall Site: _____

Unit: _____

Classroom: _____

	Mo	Tu	We	Th	Fr
Day(s) of Week:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begin Time(s):					
End Time(s):					

Facilitator(s): *Primary* Name: _____

Discipline: _____

Name: _____

Discipline: _____

Name: _____

Discipline: _____

☐ Activity Not Available

Include any factors that may impact the request such as: facilitator resources, availability of curriculum, redundancy, space or other issues.



APPENDIX C

CATALOGUE OF COURSES AND SERVICE