



Expressive Therapy and Rehabilitation Therapy: Content and Documentation

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Expressive Therapy

- "Expressive group therapy" means art, music, dance, movement, poetry, drama, psychodrama, structured therapeutic physical activities, experiential (ROPES), recreational, or occupational therapies that encourage the member to express themselves emotionally and psychologically.
- Through active expression, inner-strengths are discovered that can help the member deal with past experiences and cope with present life situations in more beneficial ways.

Expressive Therapy

- The focus of the group must be directly related to goals and objectives on the individual member's plan of care. Documentation must include how the member is processing emotions/feelings.
- Expressive therapy must be a planned therapeutic activity, facilitated by staff with a relevant Bachelor's degree and/or staff with relevant training, experience, or certification to facilitate the therapy.
- Expressive OR Rehab: Therapy or skills (re) development.

Example

Group Activity: sports			
Date: 2/10/10	Start Time: 1000	End Time: 1200	Total Time: 2hr
Treatment Plan Goal Addressed: The patient will learn appropriate social, recreational, and leisure skills in order to—			
<input checked="" type="checkbox"/> Improve Social Skills	<input type="checkbox"/> Decrease Sexual Acting Out	<input checked="" type="checkbox"/> Improve Critical Thinking Skills	
<input checked="" type="checkbox"/> Improve Positive Self Esteem	<input checked="" type="checkbox"/> Improve Ability To Manage Impulsivity	<input checked="" type="checkbox"/> Improve Mood	
<input checked="" type="checkbox"/> Promote Community Interactions	<input checked="" type="checkbox"/> Improve Ability to Manage Stress	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Improve Anger Management	<input checked="" type="checkbox"/> Improve Ability to Manage Leisure Time	<input type="checkbox"/>	
Type of Group:			
<input type="checkbox"/> Arts & Crafts	<input checked="" type="checkbox"/> Physical Fitness	<input checked="" type="checkbox"/> Gym / Sports Activity	
<input checked="" type="checkbox"/> Group Games	<input checked="" type="checkbox"/> Leisure Awareness	<input type="checkbox"/> Drama / Music	
<input checked="" type="checkbox"/> Community Reintegration	<input checked="" type="checkbox"/> Stress Management / Coping Skills	<input type="checkbox"/>	
Specific Activity: pt displayed good teamwork and problem solving skills. Pt stated that sports relieves his stress			
Patient's Affect: (Check one) <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Flat <input type="checkbox"/> Abnormally Elevated <input type="checkbox"/>			
Patient's Mood: (Check one) <input type="checkbox"/> Pleasant <input type="checkbox"/> Depressed <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/>			
Group Participation: (Check all that apply) <input type="checkbox"/>			
<input checked="" type="checkbox"/> Active Participation	<input type="checkbox"/> Apathetic	<input type="checkbox"/> Hostile / Aggressive / Provoking	
<input checked="" type="checkbox"/> Cooperative Play	<input type="checkbox"/> Uncooperative with Peers	<input type="checkbox"/> Withdrawn / Isolated	
<input checked="" type="checkbox"/> Attentive / Attention to task	<input type="checkbox"/> Inattentive / Off Task	<input type="checkbox"/> Excessive Talking	
<input checked="" type="checkbox"/> Followed Directions	<input type="checkbox"/> Disrespectful / Defiant / Uncooperative	<input type="checkbox"/> Wandering / Leaving Area	
<input checked="" type="checkbox"/> Positive Peer Interactions	<input type="checkbox"/> Negative Interactions with Peers	<input type="checkbox"/> Disruptive / Hyperactive	
<input checked="" type="checkbox"/> Positive Attitude	<input type="checkbox"/> Negative Attitude	<input type="checkbox"/> Self Harmful	
<input checked="" type="checkbox"/> Maintained Appropriate Boundaries	<input type="checkbox"/> Sexual Acting Out	<input type="checkbox"/> Refused / Failed to Participate	
Interventions Required: (Check all that apply)			
<input checked="" type="checkbox"/> Basic Group Facilitation	<input type="checkbox"/> Limit Setting Required	<input type="checkbox"/> Time Out / Removed From Group	
<input checked="" type="checkbox"/> Repeat Instructions / Occasional Cues	<input type="checkbox"/> De-Escalation Required	<input type="checkbox"/> Special Treatment Intervention	
<input type="checkbox"/> Multiple Redirections Required	<input type="checkbox"/> 1:1 Supervision	<input type="checkbox"/>	
Describe how patient processed emotions/feelings and discussed future interventions for maintaining a healthy lifestyle in response to this activity: Pt stated that physical exercise made him feel better about himself and decreased stress			
Provide additional explanation of behaviors checked above relevant to treatment:			

Example

Teamwork (tanagram)/Interactive Game: clients encouraged to focus on teamwork while participating in interactive game (tanagram). Discuss following game to examine how we interact with others and how teamwork is influenced by our participation or non participation, role of communication. Processed how communication impacts team success and identify personal issue that can be impacted by communication. Areas addressed include: increase self awareness; increase awareness of effective communication skills; increase attn to task; increase problem solving skills, explore role of teamwork in problem-solving activities/situations.

Client attended group with neutral affect, cooperative with game and group activity. Client assumes a quiet leadership role - offers guidance to peers when they struggle, genuinely tries to be supportive. Noted to roll her eyes when female peer was bossy and intrusive. Able to contribute relevant and insightful feedback during processing "you watch what other people are doing and try to see it from another perspective".

Discussion

- Did note what focus of group was, what activity was, how it aided in meeting goals and what child demonstrated or his/her response.
- Questionable area is aspect of leisure awareness. Leisure awareness, recreation, etc, will not be accepted for ET without documentation of aspect that encourages the member to express themselves emotionally and psychologically. Must show structured therapeutic activity relevant to the child's specific treatment goals and the response. If art projects are used, cannot be just “worked on fuse beads” or “painted picture frame”. These do not show therapeutic focus and process of activity towards goals. Ideally the focus is individualized to the client's identified needs.

Example

Group Therapy Documentation
Expressive Group

Name: _____ DOB: _____ Date: _____

Start: 1530 Stop: 1630 Group Topic: SA

Activity: Client created a poem dealing with their families' favorite activities.

Tx Plan Goal/Objective addressed: Anger management.

Client's Response (include response, participation, progress towards goal):
Client participated in group well by completing assignment in a timely manner and openly sharing it w/ the group. Client stated he enjoyed group. Also stated that activity helped him express his happiness ^{about his family} through writing. Client addressed the goal by maintaining a positive attitude and sharing his thoughts about his family's favorites and the importance of spending time w/ family.

New problems identified in session None

Staff signature/Credentials _____ Date _____

Expressive Groups				
	Time	A	Time	B
1		Art		Therapeutic Physical Activity
2		Music		Experiential Activity
3		Dance		Recreational Activity
4		Movement		
5	<u>1530</u>	Poetry		
6		Drama		
7		Psychodrama		

Discussion

- More detailed information
- Activity is expressive activity
- Form suggests appropriate activities (art, music, dance, etc.)
- Indicates child's processing of activity and relevance to IPC
- Notes child's mood, interaction, and participation
- Signature of staff leading group indicated bachelor level.

Counted as RT not ET

- Notes for Volleyball/ basketball, without documentation of how physical activity was expressive activity designed to help child address treatment goals in setting other than traditional group therapies. If it appears to be strictly physical activity or recreational in nature, will not be accepted for ET, but may be counted as Rehab.
- Structured free time
- Social Skills without specific goal, structured activity, or therapeutic focus.

Additional Items

- Consider working with therapeutic milieu staff to develop groups with planned activities, goals and intent
- Movies can be used for ET, but staff must carefully select movie/ scenes in order to address therapeutic intent and child's processing of feelings, emotions and treatment issues
- ET must be lead by bachelors level staff or above or individual with special training (art or music therapy)

What the IOC Team Looks For:

- A child that is admitted to an inpatient facility is there because they can not receive the treatment they need in a less restrictive environment. Therefore the content of the services must have a therapeutic treatment component. If the group or session is recreational or leisure in nature they don't have to be in the most restrictive environment to receive that, it can be obtained in an outpatient or community setting.
- Because of that, it is expected that treatment will occur soon after the child is admitted. If it is the acute level of care the treatment should start no later than the next working day, most are fairly short stays. At the Residential Treatment level of care we will look at your schedule, however a long delay might cause us to question the need for that level of care.

What the IOC Team Looks For:

- Sources of Information: the psychiatric evaluation, the history and physical examination, psychosocial evaluation and others (nursing, CTRS-Certified Therapeutic Recreation Specialist, etc.) and Individual Plan of Care
- The Individual Plan of Care is the document that is to direct and focus the treatment the child is to receive and must indicate what the identified treatment needs are across milieus.
- Documentation indicating the identified treatment issues are being addressed and reflects back to the child's specific issues.

Expressive Therapy Requirements

Acute

- 4 clock hours of ET per week (7 days)
- Prorated for actual LOS

RTC

- 3 clock hours of ET per week (7days)
- Prorated for 1st week if not Sunday – Saturday
- Sunday- Saturday calendar week used after that.

CBT-RTC

- 2 clock hours/ week

Documentation

- A OHCA, JCAHO, CARF approved form is available at SoonerPro.com or may use own form
- Each session individually noted (not weekly summaries)
- Start/ stop time
- Date of service
- Therapeutic activity, method used to address specific issues
- Therapeutic goal(s)
- Content of group
- Problem addressed
- Child's response to intervention, progress/ regression to goals (Processed feelings/ emotions)
- Problem/ goal reflects back to IPC

Insufficient Documentation:

- Relying solely on quoting a statement that the child makes that may or may not be pertinent to the focus of the group. When that occurs we then look for the staff to indicate therapeutic intervention or professional observation. (“I don’t know” when asked to describe his drawing, may be followed by staff observations-The child participated in completing the task but became quiet and withdrawn when asked to discuss the meaning of his art work, when provided the child the observation that he seemed to get quiet when asked to talk about his drawing he related “it is a picture of my brother and I miss him”)
- Pt attended and participated

Documentation:

- What if the child attended/ refused to participate?
- Missed groups/ make- up assignments:
 - If the child has less than the required amount of ET, requires a makeup or substitution (1 hr of PGT may substituted for 1 hour ET*)
 - Still requires documented processing feelings and emotions

OHCA ET Documentation Form

EXPRESSIVE THERAPY NOTE

NAME:	DATE:	TIME STARTED:	TIME ENDED:
TYPE OF EXPRESSIVE ACTIVITY:			
MEDIUM: <input type="checkbox"/> Visual art/craft <input type="checkbox"/> Movement <input type="checkbox"/> Music <input type="checkbox"/> Expressive writing <input type="checkbox"/> Psychodrama			
BARRIERS TO TREATMENT: <input type="checkbox"/> None <input type="checkbox"/> Acuity of illness <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Cultural			
<input type="checkbox"/> Language <input type="checkbox"/> Developmental level			
HOW DID THIS GROUP APPLY TO TREATMENT OBJECTIVE?			
PATIENT'S AFFECT: <input type="checkbox"/> Normal <input type="checkbox"/> Flat <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Euphoric <input type="checkbox"/> Other:			
PATIENT'S MOOD : <input type="checkbox"/> Cheerful <input type="checkbox"/> Sad <input type="checkbox"/> Irritable <input type="checkbox"/> Depressed <input type="checkbox"/> Labile <input type="checkbox"/> Other:			
PATIENT DEMONSTRATED THE FOLLOWING DURING GROUP:	<input type="checkbox"/> Cooperative/Compliant		<input type="checkbox"/> Attentive/Focused
	<input type="checkbox"/> Able to Follow Directions		<input type="checkbox"/> Positive Attitude
	<input type="checkbox"/> Positive Peer Interaction		<input type="checkbox"/> Maintained Boundaries <input type="checkbox"/> Inattentive
	<input type="checkbox"/> Dominated group		
	<input type="checkbox"/> Required Redirection		<input type="checkbox"/> Required Multiple Redirections
	<input type="checkbox"/> Negative Attitude <input type="checkbox"/> Resistive		
	<input type="checkbox"/> Defiant <input type="checkbox"/> Provoking		<input type="checkbox"/> Verbally Aggressive <input type="checkbox"/> Assaultive
	<input type="checkbox"/> Withdrawn/Isolated		
	<input type="checkbox"/> Self-Harmful <input type="checkbox"/> Poor Boundaries		<input type="checkbox"/> Male/ <input type="checkbox"/> Female Focused
	<input type="checkbox"/> Sexual Acting Out Behaviors		
PROVIDE EXPLANATION OF BEHAVIORS, WHEN NECESSARY:			
DESCRIBE HOW PATIENT PROCESSED EMOTIONS/FEELINGS DURING THIS ACTIVITY:			
PROGRESS TOWARDS TREATMENT GOAL:			
<input type="checkbox"/> Patient was able to exhibit progress toward treatment goal by demonstrating appropriate behavior and processing during the group			
<input type="checkbox"/> Patient was not able to exhibit progress toward treatment goal due to:			
STAFF'S SIGNATURE:			Date:

Rehabilitation Therapy

- "Group rehabilitative treatment" means behavioral health remedial services, as specified in the individual care plan which are necessary for the treatment of the existing primary behavioral health disorders and/or any secondary alcohol and other drug (AOD) disorders in order to increase the skills necessary to perform activities of daily living.
- Examples of educational and supportive services, which may be covered under the definition of group rehabilitative treatment services, are basic living skills, social skills (redevelopment, interdependent living, self-care, lifestyle changes and recovery principles. Each service provided under group rehabilitative treatment services must have goals and objectives, directly related to the individual plan of care.

- "Individual rehabilitative treatment" means a face to face, one on one interaction which is performed to assist members who are experiencing significant functional impairment due to the existing primary behavioral health disorder and/or any secondary AOD disorder in order to increase the skills necessary to perform activities of daily living.

Considerations

- Recreational OR Rehabilitation Skills: play, exercise or activity for fun or relaxation OR designed activity with skill (re) development as goal
- Consider: Is this a skill this child needs to learn to successfully function in the community?
- Consider: Is this a skill that this child has to learn while inpatient?
- Consider: Is inpatient the only place to learn this skill?
- Consider: Will this skill help the child meet his/ her identified treatment needs?

What is Rehab?

Rehab Is:

- Skill development or redevelopment
- Substance abuse education/ prevention
- ADLs/ Hygiene*
- Basic living skills*
- Social skills*
- Interdependent living
- Self-care
- Lifestyle changes
- Medication education
- Relaxation skills
- Daily goals (need detail and follow- up)

Rehab Is NOT:

- Free time
- Cleaning unit
- Exercise
- Room time
- Recess
- Movies
- Arts and crafts w/o goal
- ADLs w/o identified need
- Current events
- Parties
- Cards /board games
- Peer interaction
- Leisure awareness w/o information

Considerations

- Many records indicate generic rehab goals or needs that are the similar in all reviewed records (not individualized to child based on assessment).
- Hygiene: if not an issue for child, then rehab in this area is not needed. Might be appropriate in psychotic, MR or autistic spectrum children, if areas are documented.
- Often see notes on “Cleaning unit/ room, making bed”. Not a problem that requires inpatient level of care treatment.
- Cards, movies and board games: as social skills/ peer interaction, with note that patient participated w/o difficulty or with positive attitude.
- “Attended and participated” charted as only response of child. Need to see patient response, what was learned, demonstrated, verbalized. If child refused to participate, then note that and what was done instead (individual rehab or attempts to engage).

Example

Group Activity: <i>Mania</i>			
Date: <i>2-21-10</i>	Start Time: <i>1730</i>	End Time: <i>1830</i>	Total Time: <i>1hr</i>
Tx Plan Goal Addressed: <i>major depression</i> <i>Oppositional Defiant Disorder</i>			
Objective Addressed: <i>Peer interaction</i>			
Skills addressed: (Check one)			
<input type="checkbox"/> Basic living	<input type="checkbox"/> Redevelopment	<input type="checkbox"/> Self-care	<input type="checkbox"/> Recovery principles
<input checked="" type="checkbox"/> Social Skills	<input type="checkbox"/> Interdependent living	<input type="checkbox"/> Lifestyle change	<input type="checkbox"/>
Affect: (Check one)			
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Flat	<input type="checkbox"/> Abnormally Elevated	Other: _____
Mood: (Check one)			
<input checked="" type="checkbox"/> Pleasant	<input type="checkbox"/> Depressed	<input type="checkbox"/> Irritable	<input type="checkbox"/> Angry
Other: _____			
Cooperation/Participation: (Check one)			
<input checked="" type="checkbox"/> Active/appropriate participation for at least 75% of activity	<input type="checkbox"/> Minimal participation	<input type="checkbox"/> Disruptive/inappropriate behavior	
	<input type="checkbox"/> Little or no participation	<input type="checkbox"/> Refused group/Sick	
Describe how this activity related to the patient's treatment plan, the patient processed emotions/feelings and the progress the patient made towards his/her treatment goals: <i>Pt had @ attitude.</i>			

Discussion

- How does watching a movie (re) develop rehab skills ?
- Treatment goal is diagnosis, not goal from treatment plan
- Objective is peer interaction: how does this help major depression and ODD?
- Minimal information on group activity, response and progress on goals/ objectives
- “pt had a + attitude” does not really say anything

Example

Group Activity: <i>DISCUSSION</i>			
Date: <i>2/26/10</i>	Start Time: <i>830</i>	End Time: <i>930</i>	Total Time: <i>1 HR</i>
Tx Plan Goal Addressed:			
Objective Addressed: <i>PERSONAL SPACE</i>			
Skills addressed: (Check one)			
<input type="checkbox"/> Basic living	<input type="checkbox"/> Redevelopment	<input type="checkbox"/> Self-care	<input type="checkbox"/> Recovery principles
<input checked="" type="checkbox"/> Social Skills	<input type="checkbox"/> Interdependent living	<input type="checkbox"/> Lifestyle change	<input type="checkbox"/>
Affect: (Check one)			
<input type="checkbox"/> Normal	<input type="checkbox"/> Flat	<input checked="" type="checkbox"/> Abnormally Elevated	Other: _____
Mood: (Check one)			
<input checked="" type="checkbox"/> Pleasant	<input type="checkbox"/> Depressed	<input type="checkbox"/> Irritable	<input type="checkbox"/> Angry
Other: _____			
Cooperation/Participation: (Check one)			
<input checked="" type="checkbox"/> Active/appropriate participation for at least 75% of activity	<input type="checkbox"/> Minimal participation	<input type="checkbox"/> Disruptive/inappropriate behavior	
	<input type="checkbox"/> Little or no participation	<input type="checkbox"/> 'Refused' group/Sick	
Describe how this activity related to the patient's treatment plan, the patient processed emotions/feelings and the progress the patient made towards his/her treatment goals:			
<i>PT COMMENTS ALOT. PT TALKS EXCESSIVELY, UPSETTING PEERS. PT IS TOLD REPEATEDLY TO MINIMIZE COMMENTS. PT GIVES EYE CONTACT.</i>			

Discussion

- Better documentation
- Treatment goal blank
- Discussion was used to address personal space issues. Not clear what goal was of discussion.
- Space issues were not on his treatment plan, but other documentation in record indicates issues with interactions with peers, which were noted as problematic on intake.
- Boundaries issues should be on treatment plan
- Rehab notes should detail more of what the issues addressed were (intrusive, poor boundaries, learning about personal space, etc)

Example:

Group Rehab

Name: _____ DOB: _____ Program #: _____ Date: _____

Start: 1800 Stop: 1900 Group 1 2 Unit: _____ Group Topic: B-7

Activity: Clients talked about peer pressure. Clients were given handouts to educate them on peer pressure and ways to over come peer pressure. Clients were given different scenarios to act out how they could handle peer pressure in different situations. Clients discussed how feeling pressured can make them do impulsive things that could get them in trouble and discussed ways that they could stay away from that when they leave here.

Tx Plan Goals/ Objective Addressed: Anger/Aggression

Level of Participation Poor Fair Good Excellent

Explain: Client followed all staff instructions.

Client's Responses to Group: Clients said group was "okay."

Client Addressed His Treatment Issue By: Client had no angry emotions

Any New Problems identified: Yes No No new problems

Staff Signature [Signature] Date 9-12-09

	Time	A	Time	B	Time	C
1		Assertiveness		Independent Living		Relaxation
2		Community Exploration		Interpersonal Skills		Safety Group
3		Cooperative Play		Med Education		Self Esteem
4		Conflict Resolution		Money Management		Sport Exploration
5		Feelings Group		Physical Endurance		Strength Development
6		Health Group		Problem Solving		Table Manners
7		Hobby Exploration	<u>1800</u>	Psycho Educational		Others

Discussion

- Form details Rehab activities at bottom of page
- Activity well described
- Documentation weakens at that point
- Minimal information on participation, response and treatment issues
- Staff used credentials (BA)

Example

Group Activity: sports			
Date: 2/10/10	Start Time: 1000	End Time: 1200	Total Time: 2hr
Treatment Plan Goal Addressed: The patient will learn appropriate social, recreational, and leisure skills in order to—			
<input checked="" type="checkbox"/> Improve Social Skills	<input type="checkbox"/> Decrease Sexual Acting Out	<input checked="" type="checkbox"/> Improve Critical Thinking Skills	
<input checked="" type="checkbox"/> Improve Positive Self Esteem	<input checked="" type="checkbox"/> Improve Ability To Manage Impulsivity	<input checked="" type="checkbox"/> Improve Mood	
<input checked="" type="checkbox"/> Promote Community Interactions	<input checked="" type="checkbox"/> Improve Ability to Manage Stress	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Improve Anger Management	<input checked="" type="checkbox"/> Improve Ability to Manage Leisure Time	<input type="checkbox"/>	
Type of Group:			
<input type="checkbox"/> Arts & Crafts	<input checked="" type="checkbox"/> Physical Fitness	<input checked="" type="checkbox"/> Gym / Sports Activity	
<input checked="" type="checkbox"/> Group Games	<input checked="" type="checkbox"/> Leisure Awareness	<input type="checkbox"/> Drama / Music	
<input checked="" type="checkbox"/> Community Reintegration	<input checked="" type="checkbox"/> Stress Management / Coping Skills	<input type="checkbox"/>	
Specific Activity: pt displayed good teamwork and problem solving skills. Pt stated that sports relieves his stress			
Patient's Affect: (Check one) <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Flat <input type="checkbox"/> Abnormally Elevated <input type="checkbox"/>			
Patient's Mood: (Check one) <input type="checkbox"/> Pleasant <input type="checkbox"/> Depressed <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/>			
Group Participation: (Check all that apply)			
<input checked="" type="checkbox"/> Active Participation	<input type="checkbox"/> Apathetic	<input type="checkbox"/> Hostile / Aggressive / Provoking	
<input checked="" type="checkbox"/> Cooperative Play	<input type="checkbox"/> Uncooperative with Peers	<input type="checkbox"/> Withdrawn / Isolated	
<input checked="" type="checkbox"/> Attentive / Attention to task	<input type="checkbox"/> Inattentive / Off Task	<input type="checkbox"/> Excessive Talking	
<input checked="" type="checkbox"/> Followed Directions	<input type="checkbox"/> Disrespectful / Defiant / Uncooperative	<input type="checkbox"/> Wandering / Leaving Area	
<input checked="" type="checkbox"/> Positive Peer Interactions	<input type="checkbox"/> Negative Interactions with Peers	<input type="checkbox"/> Disruptive / Hyperactive	
<input checked="" type="checkbox"/> Positive Attitude	<input type="checkbox"/> Negative Attitude	<input type="checkbox"/> Self Harmful	
<input checked="" type="checkbox"/> Maintained Appropriate Boundaries	<input type="checkbox"/> Sexual Acting Out	<input type="checkbox"/> Refused / Failed to Participate	
Interventions Required: (Check all that apply)			
<input checked="" type="checkbox"/> Basic Group Facilitation	<input type="checkbox"/> Limit Setting Required	<input type="checkbox"/> Time Out / Removed From Group	
<input checked="" type="checkbox"/> Repeat Instructions / Occasional Cues	<input type="checkbox"/> De-Escalation Required	<input type="checkbox"/> Special Treatment Intervention	
<input type="checkbox"/> Multiple Redirections Required	<input type="checkbox"/> 1:1 Supervision	<input type="checkbox"/>	
Describe how patient processed emotions/feelings and discussed future interventions for maintaining a healthy lifestyle in response to this activity: Pt stated that physical exercise made him feel better about himself and decreased stress			
Provide additional explanation of behaviors checked above relevant to treatment:			

Discussion

- Addressed many goals (see list): which one was goal?
- Minimal documentation of activity and purpose of group
- Not related to treatment plan goals, assessed needs
- Minimal documentation of child's response
- Had been documented as ET, was counted as Rehab
- Other issue was this provider had mostly exercise groups, with little other rehab topics

OHCA RT Documentation Form

THERAPEUTIC REHABILITATION GROUP NOTE

NAME:	DATE:	TIME STARTED:	TIME ENDED:
TYPE OF <input type="checkbox"/> Social Skills <input type="checkbox"/> Problem-Solving <input type="checkbox"/> Moral Development <input type="checkbox"/> Anger Management <input type="checkbox"/> Medication Education GROUP: <input type="checkbox"/> Recovery Principals <input type="checkbox"/> Self-care <input type="checkbox"/> Independent Living <input type="checkbox"/> Lifestyle Changes			
MEDIUM: <input type="checkbox"/> Audiovisual <input type="checkbox"/> Demonstration <input type="checkbox"/> Discussion <input type="checkbox"/> Handouts <input type="checkbox"/> Experiential			
BARRIERS TO TREATMENT: <input type="checkbox"/> None <input type="checkbox"/> Acuity of illness <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Cultural <input type="checkbox"/> Language			
FOCUS OF GROUP: _____			
RELEVANT TREATMENT PLAN TREATMENT GOAL: _____			
PATIENT'S AFFECT: <input type="checkbox"/> Normal <input type="checkbox"/> Flat <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Euphoric <input type="checkbox"/> Other: PATIENT'S MOOD: <input type="checkbox"/> Cheerful <input type="checkbox"/> Sad <input type="checkbox"/> Irritable <input type="checkbox"/> Depressed <input type="checkbox"/> Labile <input type="checkbox"/> Other:			
PATIENT DEMONSTRATED THE FOLLOWING DURING GROUP: <input type="checkbox"/> Cooperative/Compliant <input type="checkbox"/> Attentive/Focused <input type="checkbox"/> Able to Follow Directions <input type="checkbox"/> Positive Attitude <input type="checkbox"/> Positive Peer Interaction <input type="checkbox"/> Maintained Boundaries <input type="checkbox"/> Inattentive <input type="checkbox"/> Dominated group <input type="checkbox"/> Required Redirection <input type="checkbox"/> Required Multiple Redirections <input type="checkbox"/> Negative Attitude <input type="checkbox"/> Resistive <input type="checkbox"/> Defiant <input type="checkbox"/> Provoking <input type="checkbox"/> Verbally Aggressive <input type="checkbox"/> Assaultive <input type="checkbox"/> Withdrawn/Isolated <input type="checkbox"/> Self-Harmful <input type="checkbox"/> Poor Boundaries <input type="checkbox"/> Male/ <input type="checkbox"/> Female Focused <input type="checkbox"/> Sexual Acting Out Behaviors			
PROVIDE EXPLANATION OF BEHAVIORS, WHEN NECESSARY: _____			
PATIENT RESPONSE TO THERAPEUTIC GROUP: _____			
PROGRESS TOWARDS TREATMENT GOAL: <input type="checkbox"/> Patient was able to exhibit progress toward treatment goal by demonstrating appropriate behavior and processing during the group <input type="checkbox"/> Patient was not able to exhibit progress toward treatment goal due to: _____			
ASSIGNED STAFF'S SIGNATURE: _____			

Additional information

- Therapeutic Passes: Planned pass, documented goals addressed with guardian before pass and documented review upon return.
 - Planned passes need to be on Individual Plan of Care
- Illness: On doctor's orders
- Court
- Time- outs
- Seclusion/ restraint
- Precautions and alternative activities

- Missed group/ make-up assignment
 - Must be face to face processing
 - Specific skill and achievement of goal as evidenced by child's feedback/ demonstration of skill or information
 - IR for make- up in required situations
 - Need to document on GR note "missed group", reason for missed group. IOC team then looks for additional documentation (pass form, IR, Dr's order, etc.)
- In other services (Dr, IT/ FT)
- Acute/ RTC: 2 hours / days required
 - May substitute 30 minute of IR for each hour of group rehab
- RTC: CBT: 6 hrs/ week
 - May substitute with 1 hr of 1:1

Wrap - up

- Quality of Care: more than minimal contractual requirements

- Documentation indicates:
 - Coordinated care across the milieu
 - Progress or regression of the patient
 - Active, ongoing interventions to address treatment issues that requires that level of care,
 - Scheduled treatment occurs on weekends (more than group rehab)

Wrap- up

- Active treatment must meet documentation and content requirements in OAC 317.
- Clock hour vs. “therapy hour”
- Modifications due to child’s needs/ functional ability (PDD, MR, learning disabled, dyslexia, other communication problems such as receptive or expressive language, etc)
- Overlapping documentation of services may result in recoupement