

## **DAY TREATMENT INTENSIVE AND DAY REHABILITATION SERVICE COMPONENTS**

### **THERAPEUTIC MILIEU--DEFINITION**

The therapeutic milieu:

- Provides the foundation for the provision of day treatment intensive and day rehabilitation and differentiates these services from other specialty mental health services.
- Includes a therapeutic program that is structured by well-defined service components with specific activities being performed by identified staff.
- Takes place for the continuous scheduled hours of operation for the program (more than four hours for a full-day program and a minimum of three hours for a half-day program).
- Creates a supportive and nurturing interpersonal environment that teaches, models, and reinforces constructive interaction.
- Supports peer/staff feedback to clients on strategies for symptom reduction, increasing adaptive behaviors, and reducing subjective distress.
- Empowers clients through involvement in the overall program (such as the opportunity to lead community meetings and to provide feedback to peers) and the opportunity for risk taking in a supportive environment.
- Supports behavior management interventions that focus on teaching self-management skills that children, youth, adults and older adults may use to control their own lives, to deal effectively with present and future problems, and to function well with minimal or no additional therapeutic intervention.

### **COMMUNITY/MILIEU MEETING**

Both day treatment intensive and day rehabilitation must provide for community meetings that occur at a minimum once a day, but may occur more frequently as necessary, to address issues pertinent to the continuity and effectiveness of the treatment milieu. The meeting must actively involve staff and clients. For day treatment intensive the meeting must include a staff person whose scope of practice includes psychotherapy. For day rehabilitation, the meeting must include a staff person who is a physician; a licensed/waivered/registered psychologist, clinical social worker, or marriage and family therapist; a registered nurse, a psychiatric technician, a licensed vocational nurse, or a mental health rehabilitation specialist. The content of the meeting should include a variety of items including, but not limited to: what the schedule for the

day will be; any current events; individual issues clients or staff wish to discuss to elicit support of the group milieu process; conflict resolution within the milieu; planning for the day, the week, or for special events; old business from previous meetings or from previous day treatment experiences; and debriefing or wrap-up.

## **THERAPEUTIC MILIEU SERVICE COMPONENTS**

The following menu of services must be made available during the course of the therapeutic milieu for at least an average of three hours per day for full-day programs and an average of two hours per day for half-day programs. For example, a full-day program that operates five days per week would need to provide a minimum of 15 hours per week; a program that operates seven days per week would need to provide a minimum of 21 hours. (Please note that day treatment intensive and day rehabilitation also include components that occur outside the therapeutic milieu, e.g., family therapy, travel, documentation, and contacts with significant support persons.)

### **DAY REHABILITATION**

- **Process Groups:** Staff facilitate these groups to help clients develop the skills necessary to deal with their individual problems/issues by using the group process to provide peer interaction and feedback in developing problem-solving strategies and to assist one another in resolving behavioral and emotional problems. Process groups are based on the premise that much of human behavior and feeling involves the individual's adaptation and response to other people and that the group can assist individuals in making necessary changes by means of support, feedback and guidance. It is a process carried out by informally organized groups that seek change. Day rehabilitation may include psychotherapy instead of process groups or in addition to process groups.
- **Skill Building Groups:** Staff help clients to identify barriers/obstacles related to their psychiatric/psychological experiences and, through the course of group interaction, become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors.
- **Adjunctive Therapies:** Staff and clients participate in non-traditional therapy that utilizes self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention. Participants do not need to have any level of skill in the area of self-expression, but rather be able to utilize the modality to develop or enhance skills directed towards client plan goals.

### **DAY TREATMENT INTENSIVE**

Day treatment intensive programs must include the skill building groups and adjunctive therapies required of day rehabilitation and must also include psychotherapy as described below. Day treatment intensive may include process groups in addition to psychotherapy.

- **Psychotherapy:** Psychotherapy means the use of psychosocial methods within a professional relationship to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions that affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes. Psychotherapy is provided by licensed, registered, or waived staff practicing within their scope of practice. Psychotherapy does not include physiological interventions, including medication intervention.

### **CONTACT WITH SIGNIFICANT SUPPORT PERSONS**

Both day rehabilitation and day treatment intensive must allow for at least one contact (face-to-face or by an alternative method (e.g., e-mail, telephone, etc.)) per month with a family member, caregiver or other significant support person identified by an adult client, or one contact per month with the legally responsible adult for a client who is a minor. Adult clients may choose whether or not this service component is done for them. The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration.

### **CRISIS RESPONSE**

Both day rehabilitation and day treatment intensive must have an established protocol for responding to clients experiencing a mental health crisis. The protocol must assure the availability of appropriately trained and qualified staff and include agreed upon procedures for addressing crisis situations. The protocol may include referrals for crisis intervention, crisis stabilization, or other specialty mental health services necessary to address the client's urgent or emergency psychiatric condition (crisis services). If clients will be referred to crisis services outside the day treatment intensive or day rehabilitation program, the day treatment intensive or day rehabilitation staff must have the capacity to handle the crisis until the client is linked to the outside crisis services.

### **SCHEDULE**

Day treatment intensive and day rehabilitation must have and make available to clients and, as appropriate, to their families, caregivers or significant support persons a detailed written weekly schedule that identifies when and where the service components of program will be provided and by whom. The written weekly schedule will specify the program staff, their qualifications, and the scope of their responsibilities.

### **STAFFING RATIOS**

Staffing ratios must be consistent with the requirements in Title 9, CCR, Sections 1840.350 and 1840.352; and, for day treatment intensive, must include at least one staff person whose scope of practice includes psychotherapy.