Partial Hospitalization Program Documentation

Program Review DocumentAdult Psychiatric Partial Hospitalization and Outpatient ProgramsClinician's Guide to Partial Hospitalization and Intensive Outpatient PracticeSpringer Publishing Company

This new edition of Textbook of Suicide Assessment and Management follows the natural sequence of events in evaluating and treating patients: assessment, major mental disorders, treatment, treatment settings, special populations, special topics, prevention, and the aftermath of suicide.

Make sense of the managed care systems that dominate the world of EAP professionals and programs today! Employee Assistance Programs in Managed Care gives you a valuable overview of modern employee assistance programs. It compares and contrasts EAPs with managed behavioral care products and examines how EAPs are often provided in conjunction with managed care services. This timely book, vital in today's ever-changing EAP climate, will familiarize you with essential managed behavioral technology such as the application of medical necessity criteria. This is especially important today in an environment dominated by employer- or insurer-sponsored managed care systems. You also get a helpful directory of EAP/managed care companies Employee Assistance Programs in Managed Care is your guidebook to today's EAPs, providing vital information about: the services modern EAPs offer to employers and employees participating in networks to provide both therapy and EAP services how EAPs interface with managed behavioral care organizations how EAPs are sold how EAPs are marketed and managed today professional issues--certification, credentials, ethics, and more ways that counseling professionals can participate in them to the advantage of their clients--and to their professional practices EAP professionals, clinical social workers, professional counselors, psychologists, benefit consultants, insurance brokers, psychiatric nurses, and clinical nurse specialists can all improve their practices and stay current with Employee Assistance Programs in Managed Care.

A cohesive addiction treatment model based upon the concept that addiction recovery is a learned skill. This step-by-step guide designed is drawn from the basic concepts found in Dr. Earley's Recovery Skills Manual: A Neuroscientific Approach to Treating Addiction. It is designed to help practitioners implement RecoveryMind Training (RMT) in outpatient practice (ASAM Level 1), IOP (Level 2.1), Partial Hospitalization (Level 2.5), or Residential program (Levels 3.1 to 3.7). To be successful, the learning involved in recovery has to overcome the complex and hard-wired entrainment produced by the use of highly reinforcing drugs, including alcohol. The RMT model describes the dynamics of active addiction with regard to its effects on the brain—motivations, drives, memories, and cognitive distortions—with the term Addict Brain. Recovery is facilitated through the learning of a structured set of skills that promote changes in thoughts, beliefs, and actions, and bring about Recovery Mind.

Since the publication of the Institute of Medicine (IOM) report Clinical Practice Guidelines We Can Trust in 2011, there has been an increasing emphasis on assuring that clinical practice guidelines are trustworthy, developed in a transparent fashion, and based on a systematic review of the available research evidence. To align with the IOM recommendations and to meet the new requirements for inclusion of a guideline in the

National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ), American Psychiatric Association (APA) has adopted a new process for practice guideline development. Under this new process APA's practice guidelines also seek to provide better clinical utility and usability. Rather than a broad overview of treatment for a disorder, new practice guidelines focus on a set of discrete clinical questions of relevance to an overarching subject area. A systematic review of evidence is conducted to address these clinical questions and involves a detailed assessment of individual studies. The quality of the overall body of evidence is also rated and is summarized in the practice guideline. With the new process, recommendations are determined by weighing potential benefits and harms of an intervention in a specific clinical context. Clear, concise, and actionable recommendation statements help clinicians to incorporate recommendations into clinical practice, with the goal of improving quality of care. The new practice guideline format is also designed to be more user friendly by dividing information into modules on specific clinical questions. Each module has a consistent organization, which will assist users in finding clinically useful and relevant information quickly and easily. This new edition of the practice guidelines on psychiatric evaluation for adults is the first set of the APA's guidelines developed under the new guideline development process. These guidelines address the following nine topics, in the context of an initial psychiatric evaluation: review of psychiatric symptoms, trauma history, and treatment history; substance use assessment; assessment of suicide risk; assessment for risk of aggressive behaviors; assessment of cultural factors; assessment of medical health; quantitative assessment; involvement of the patient in treatment decision making; and documentation of the psychiatric evaluation. Each guideline recommends or suggests topics to include during an initial psychiatric evaluation. Findings from an expert opinion survey have also been taken into consideration in making recommendations or suggestions. In addition to reviewing the available evidence on psychiatry evaluation, each guideline also provides guidance to clinicians on implementing these recommendations to enhance patient care.

The Code of Federal Regulations Title 32 contains the codified United States Federal laws and regulations that are in effect as of the date of the publication pertaining to national defense and security, including the Armed Forces, intelligence, selective service (the draft), and defense logistics.

There was a time, not long ago, when the only treatment options considered to be worthwhile for patients requiring psychiatric care were the 50-minute hour on the one hand, or full-time hospitalization on the other. Most of us were convinced in those days that treatment could, and indeed should, take place with a minimum of involvement by the patient's family. Nor did we really consider that the community in which a patient lived was a significant contributor to either his illness or its cure. These naive assumptions were strongly challenged, of course, be ginning with the questions of social psychiatrists in the 50s and con tinuing with the quiet growth of the patients' rights movement. Thus it is no mere coincidence that when the community psychiatry movement emerged in the mid-60s as a powerful force for profound change in our traditional practice, the concept of partial hospitalization, which can be traced back at least 30 years, became a symbol of the new social psychiatry. Partial hospitalization had singular advantages well attuned to the times: it did not force a separation between

the patient and his family; it cost far less to deliver than inpatient care; and it avoided the stigma of institutionalization while still providing far more care than the traditional psychotherapeutic hour. In a few years' time, several well controlled studies documented that virtually all patients who were cus tomarily treated on an inpatient basis could be effectively managed and treated in a day hospital.

A versatile reference text for developing and applying clinical psychopathology skills Designed to serve as a trusted desktop reference on mental disorders seen across the lifespan for mental health professionals at all levels of experience, Diagnosis and Treatment of Mental Disorders Across the Lifespan, Second Edition expertly covers etiology, clinical presentation, intake and interviewing, diagnosis, and treatment of a wide range of DSM disorders at all developmental stages. Unlike other references, this book takes a lifespan approach that allows readers to develop the clinical skills necessary to respond to mental health concerns in a patient-centered manner. Introductory and advanced features support clinicians at every stage of their careers and help students develop their skills and understanding. Authors Woo and Keatinge combine a review of cutting edge and state-of-the-art findings on diagnosis and treatment with the tools for diagnosing and treating a wide range of mental disorders across the lifespan. . This second edition incorporates the following changes: Fully updated to reflect the DSM-5 Chapters have been reorganized to more closely follow the structure of the DSM-5 Cultural and diversity considerations have been expanded and integrated throughout the book A new integrative model for treatment planning Expanded discussion of rapport building skills and facilitating active engagement Identity issues and the fit between client and intervention model has been added to the case conceptualization model Mental health disorders affect patients of all ages, and the skilled clinician understands that there are no one-size-fits-all treatments. Diagnosis and Treatment of Mental Disorders Across the Lifespan, Second Edition will instruct clinicians and students in psychopathology for every life stage. Praise for the first edition: Reviews This handbook, Diagnosis and Treatment of Mental Disorders Across the Lifespan, comprehensively integrates best practices necessary for clinicians who deal with a wide range of mental disorders across the continuum of development in a practical, applied, and accessible manner. One of the unique aspects of the book is the length to which the authors go to ensure that the up-to-date information contained in the book is practical, user-friendly, and accessible to beginners in clinical practice Edited by clinicians who were involved with transcranial magnetic stimulation (TMS) from the beginning, Transcranial Magnetic Stimulation: Clinical Applications for Psychiatric Practice offers everything the mental health practitioner needs to know about this innovative and well-established treatment. It is increasingly clear that different combinations of biological, neurobehavioral, and symptomatic factors contribute to the problem of "treatment resistance" in psychiatric disorders. Fortunately, a number of neuromodulation approaches, including TMS, are providing more options for clinicians to combat psychiatric problems. However, guidance about how to identify patients who are good candidates for TMS and how to comanage them during treatment is scarce because instruction on this modality has yet to be integrated into most psychiatry residencies. Thus, this text fills a great need, providing clinicians with an evidence-based foundation for the efficacy and safety of TMS. Despite the rapid growth of this innovative option, many practitioners are unclear about how best to utilize

TMS. The book addresses these clinical concerns systematically and thoroughly: * Clinical vignettes illustrate how to identify appropriate patients for referral to a TMS clinician.* Discussions of treatment resistance, psychiatric and medical comorbidities, and preparation of the patient for TMS are included.* Because TMS is likely to be used concurrently with other treatments, the book explains how to best integrate this modality with psychotherapy, pharmacotherapy, and other forms of neuromodulation to improve outcomes.* In-depth coverage is provided on how to coordinate efforts between the primary treatment and TMS teams to assure the best outcomes during acute, continuation, and maintenance treatment.* Chapters provide a review of topic-specific literature, as well as clinical vignettes that highlight how to integrate TMS into patient care. * Key clinical points summarize the optimal clinical application of TMS for the general mental health provider.* The evolving nature of TMS research, such as the ongoing development of this and related technologies, as well as its expanding use as a potential treatment for other clinical neuropsychiatric conditions, is also addressed. Transcranial Magnetic Stimulation: Clinical Applications for Psychiatric Practice guides the general psychiatrist and mental health clinician on how to integrate this treatment modality into their practice by presenting an update on the current clinical role of TMS and a road map to its potential future.

All the forms, handouts, and records you need to meet the paperwork requirements of the managed care era In an era of third-party accountability, your professional survival could hinge on your ability to comply with the documentation requirements of insurers and regulatory agencies. Written by an experienced clinician who has trained thousands of mental health professionals in effective clinical documentation, this sourcebook helps you minimize the potential for billing disputes–or worse–by arming you with the full retinue of required forms, checklists, and records. An indispensable resource for mental health professionals working in inpatient, partial hospitalization, day treatment, and/or residential treatment programs, The Continuum of Care Clinical Documentation Sourcebook is the only book that brings together sample documents covering all stages of treatment–from intake and admission to outcome assessment. Ready-to-use blank forms, handouts, and records make it easy to satisfy the paperwork demands of HMOs, insurers, and regulatory agencies Completed copies of forms illustrate the exact type of information required Clear, concise explanations of the purpose of each form–including when it should be used, with whom, and at what point Forms may be copied from the book or customized on the included disk

Helps health care organizations use mock (practice) tracers to identify unrecognized medication management compliance and patient safety issues and implement changes as part of an ongoing improvement process - before a survey takes place. This title offers many sample tracers, called scenarios.

Each year, more than 33 million Americans receive health care for mental or substance-use conditions, or both. Together, mental and substance-use illnesses are the leading cause of death and disability for women, the highest for men ages 15-44, and the second highest for all men. Effective treatments exist, but services are frequently fragmented and, as with general health care, there are barriers that prevent many from receiving these treatments as designed or at all. The consequences of this are serious—for these individuals and their families; their

employers and the workforce; for the nationâ€™s economy; as well as the education, welfare, and justice systems. Improving the Quality of Health Care for Mental and Substance-Use Conditions examines the distinctive characteristics of health care for mental and substance-use conditions, including payment, benefit coverage, and regulatory issues, as well as health care organization and delivery issues. This new volume in the Quality Chasm series puts forth an agenda for improving the quality of this care based on this analysis. Patients and their families, primary health care providers, specialty mental health and substance-use treatment providers, health care organizations, health plans, purchasers of group health care, and all involved in health care for mental and substanceâ€"use conditions will benefit from this guide to achieving better care. This pertinent book assists occupational therapists and other health care providers in developing up-to-date psychogeriatric programs and understanding details of treating the cognitively impaired elderly. There exists a significant demand for occupational therapy in psychogeriatrics now. As the elderly population increases, especially elderly requiring rehabilitative care, the need for occupational therapy in psychogeriatrics will increase markably. Evaluation and Treatment of the Psychogeriatric Patient emphasizes the expertise of leading psychogeriatric occupational therapists, focusing on transitional programming, treating cognitive deficits, and recognizing the malignant cultural myths which continue to disenfranchise and denigrate the elderly. Appropriate diagnosis and management of the elderly population is vital to their ability to function independently. Through detailed, operationally useful descriptions of current geriatric day care hospitals and psychogeriatric transitional programs, this book will be an invaluable aid for social workers, nurses, geriatric counselors, and physical therapists. These helping professionals will be better equipped to develop up-to-date psychogeriatric programs and will better understand the details involved in treating the mentally impaired elderly.

Hispanic adolescent girls have the highest rate of suicidal ideations and suicide attempts when compared to all other adolescents, according to the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance (2004). Even though the rate of suicide completion is lower than other adolescents, these statistics merit great concern. Though they may share many of the same stressors as non-Hispanic adolescents, sociocultural, migration, and acculturation factors are specific to this group (Zayas, Kaplan, Turner, Romano, & Gonzalez-Ramos, 2000). The literature indicates that Partial Hospitalization Programs (PHPs) have been found to be effective for adolescents (Robinson, 2000; Kettlewell, et al., 1985; Waugh & Kjos, 1992). However, there is a lack of research available on PHPs specialized in treating Hispanic adolescents or adults. The high rate of suicide attempts in this population, their particular stressors and the effectiveness of PHPs for adolescents in general, indicate that a culturally sensitive PHP would be beneficial. The present work aims to develop a program manual for a culturally sensitive PHP for Hispanic adolescent girls who

are suicidal. The program provides treatment that is culturally sensitive by addressing issues such as cultural expectations, national identity, gender roles, and acculturation differences between adolescents and parents. Treatment is achieved through group, individual, and family therapy. Two theoretical models were chosen as the foundation for the program, Rational-Cultural Theory and Dialectical Behavior Therapy, although aspects of other theories were used throughout the program as well.

The Code of Federal Regulations is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government.

For many psychiatrists and other mental health professionals, the clinical review is the most burdensome and disagreeable part of managed care. In that review they are asked, by a representative of the managed care company, to justify their patient's need for care and to defend the treatment they are providing. Clinicians usually feel at a disadvantage in these discussions because they are never quite sure what information the reviewer needs to approve the patient's care. This does not have to be the case. The goal of this book is to teach psychiatrists, mental health professionals, and administrators how reviewers think and how to conceptualize, present, and document clinical care in a manner that greatly increases the likelihood that reviewers will approve their request for care. Beginning with five questions that must be answered in every managed care review, the author discusses the following key topics and many others. Presenting your case to a reviewer -- How to effectively present requests for inpatient, partial hospital, and substance abuse care and avoid common mistakes that decrease the likelihood that your request will be approved. How to answer the four clinical questions that must be addressed in every review even if they are not asked by the reviewer. Negotiating with the reviewer -- How to negotiate with a reviewer who is reluctant to approve the care you request. Writing effective notes -- How to write effective clinical notes in the patient's record that substantiate your request for care and increase the likelihood that it will be approved. Dealing with unethical reviewers -- How to identify and take action against unethical reviewers and managed care companies that are insensitive to your patient's clinical needs. Appealing denials of care -- How to appeal denials of care when you do not agree with the reviewer's decision. These and many other important issues are highlighted in brief vignettes illustrating a clinician's presentation of a patient's case and a typical reviewer's comments. This tremendously useful volume will be welcomed by every mental health care practitioner who must negotiate the current managed care landscape.

The second edition of Clinical Manual of Emergency Psychiatry is designed to help medical students, residents, and clinical faculty chart an appropriate course of treatment in a setting where an incorrect assessment can have life-or-death implications. Arranged by chief complaint rather than by psychiatric diagnosis, each chapter combines the fresh insights of an accomplished psychiatry trainee

with the more seasoned viewpoint of a senior practitioner in the field, providing a richly integrated perspective on the challenges and rewards of caring for patients in the psychiatric emergency department. This newly revised edition presents current approaches to evaluation, treatment, and management of patients in crisis, including up-to-date guidelines on use of pharmacotherapy in the emergency setting; suicide risk assessment; evaluation of patients with abnormal mood, psychosis, acute anxiety, agitation, cognitive impairment, and/or substance-related emergencies; and care of children and adolescents. The editors have created an accessible text with many useful features: A chapter devoted to effective strategies for teaching, mentoring, and supervision of trainees in the psychiatry emergency service. Chapters focused on assessment of risk for violence in patients, determination of the need for seclusion or restraint, and navigation of the legal and ethical issues that arise in the emergency setting. Clinical vignettes that contextualize the information provided, allowing readers to envision applicable clinical scenarios and thereby internalize important concepts more quickly Constructive "take-home" points at the end of each chapter that summarize key information and caution against common clinical errors. References and suggested readings to help readers pursue a deeper understanding of concepts and repair any gaps in knowledge. Emergency psychiatry is one of the most stressful and challenging areas of practice for the psychiatric clinician. The guidelines and strategies outlined in Clinical Manual of Emergency Psychiatry, Second Edition, will help psychiatric trainees and educators alike to make sense of the complex clinical situations they encounter and guide them to advance their skills as clinicians and educators.

In keeping with previous editions, this manual incorporates responses to recent significant changes in the field of peer review, quality assurance, and utilization review, including increased involvement of federal and state agencies in quality of care review. Not intended as a standard for psychiatric care, this manual offers useful guidelines to those involved in quality assurance activities within hospitals and other health care organizations.

Clinicians who understand mental health care administration in addition to their clinical fields are likely to be valuable to the organizations in which they work. This handbook is an accessible source of information for professionals coming from either clinical or management backgrounds. Sections offer coverage in: mental health administrative principles, mental health care management, business, finance and funding of care, information technology, human resources and legal issues.

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Find your next career with COMPARATIVE HEALTH INFORMATION MANAGEMENT, 4e. Updated for the fourth edition, this book explores a variety of professional settings where opportunities abound, including hospitals, ambulatory clinics and medical offices, veterinary

practices, home health, long-term care, and correctional facilities, as well as emerging practice areas in consulting and cancer registry. Focused on the challenges of managing and protecting the flow of information across sites, chapters introduce the health care system today, and then delve into specifics of the many HIM roles available to you, enhancing discussions with key terms, self-test questions, web links, and more to add meaning to concepts. Additional features include realistic case studies to help you solve problems, and new "Professional Spotlight" vignettes for an inside view of actual professionals in their HIM careers. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Partial hospitalization and intensive outpatient treatment programs (PHP/IOP) often present particularly stressful environments in which clinicians are engaged with groups of diverse patients who are all at different points in treatment. This book provides clinicians new to PHP/IOP settings with a conceptual framework and practical skills for effective and efficient practice. Written for social workers, counselors, therapists, and psychiatric nurses, it helps clinicians to develop realistic expectations for treatment in a managed care environment with limited time and funding.