

# ECH/PHP

Instructor 85AL  
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# Clinical Attendance Sheet

NURS 85AL

Psychiatric Mental Health Nursing

Student name (print): \_\_\_\_\_

Rotation (check one):    InPt \_\_\_\_    PHP \_\_\_\_    OATS \_\_\_\_    MOMS \_\_\_\_

Quarter and Year:    Fall \_\_\_\_    Winter \_\_\_\_    Spring \_\_\_\_    YEAR \_\_\_\_\_

Sequence:    First 6 weeks \_\_\_\_    Second 6 weeks \_\_\_\_

## Clinical Hours Log

Day of the Week	Date	Time In	Time Out	Total Daily Hours (minus lunch)
<b>Total Clinical Hours Attended:</b>				

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** First 6 weeks = 90 hours; Second 6 weeks = 75 hours

PHP Treasure Hunt

PHP Staff Offices, Jeanie's desk and key to vital sign book

MD offices for med clinic and intake interview rooms

Patient Charts

Patient waiting/sitting areas for between groups

vital sign station, use of scales

documentation in vital sign books (PHP and Dual Dx)

Information board with patient group assignments

location of group rooms "A", "B", "PHP" and CCP Program

Art therapy room

Big Kitchen and small closet with snacks

closet for student belongings

restrooms

PHP patio

Desk where snacks are delivered for PHP and OATS

Confidentiality bins for secure disposal

STAFF FRIDGE FOR YOUR LUNCH  
Patient Fridge and PATIENT SNACKS

**SAFETY PLAN FOR SUICIDE OR DELIBERATE SELF-HARM**

I \_\_\_\_\_ (print name) agree to do my best to follow this plan for safety in order to prevent harm to myself. While in the El Camino Hospital Behavioral Health Services Partial Hospitalization Program/Intensive Outpatient Program or OATS or Eating Disorder program, I will let the staff know if I am having thoughts or feelings of suicide or self-harm. I am willing to put the following practices into action while at the program as well as at home in order to increase my immediate safety:

1.  Talk about thoughts and feelings related to self-harm or suicide in groups and 1:1 while at the program.
2.  Call 24-hour suicide and crisis line.
3.  Call family members, friends, or personal support system (specify): \_\_\_\_\_
4.  Remove all temptations that may lead to harm (e.g., potential weapons, abundance of pills, razor blades, etc.)  
(specify): \_\_\_\_\_
5.  Attend a support group (12-step, community support groups for bipolar, depression, schizophrenia, eating disorder)  
Specify: \_\_\_\_\_
6.  Practice relaxation exercises (deep breathing, mindfulness, positive visualization, etc.)
7.  Write down your thoughts and feelings (journal).
8.  Engage in an art project or hobby.
9.  Listen to, or play music.
10.  Exercise.
11.  Attend church, synagogue, or engage in personal prayer.
12.  Eat 3 balanced meals a day. Avoid junk food.
13.  Plan to get 7-8 hours of sleep at night, avoid or limit daytime napping.
14.  Abstain from all alcohol and non-prescribed drugs.
15.  Take medications correctly. Do not take more or less medication than is prescribed for you. Take as needed (PRN) medication if ordered, to reduce anxiety, hallucinations, or troubling thoughts.
16.  Other ideas: \_\_\_\_\_

*If after attempting to follow this Safety Plan I am still having persistent thoughts of suicide or self-harm and I do not trust myself to remain safe, I will communicate this to program staff. If I am at home, I will call 911 or go to my nearest Hospital emergency room.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EL CAMINO HOSPITAL OUTPATIENT (PHP) ROTATION

### Main Duties:

- 1) Vitals Signs – Try to get all pts.' VS by end of the day on Wednesday *and Tuesday*
- 2) Attending Groups – Attend the same groups as your client if possible. Ask permission/introduce yourself to the group leader before attending each group. The schedule is posted on the bulletin board and the door of each room.
- 3) Meeting with our patient – Ask Jeannie for your assignment. Try and work with a client you can have for the entire 5 weeks if possible. (It really helps if you attend their intake).

### TUESDAY

0800: Doors of PHP open

0815-0850: Preconference meeting with Rebecca and outpatient students, in Conference room B.

0850-0900: One person leaves preconference meeting early, obtains the key for the VS station from Jeannie's desk and starts taking VS for IOP pt.'s that arrive early. Pt.'s with doctor appointments have priority. (The other person can remain in preconference until it is finished. Both students should **take turns** doing this).

0900-1000: One person attends group, the other person can continue to take vitals for those who are not in meetings/groups yet. (Check in with Jeannie for any special assignments)

1000-1020: Both students should attend Community Meeting. However, try to sit separately from the other student.

1020-1030: Use this time to take pt. VS

1030-1200: Groups – There are two process groups and a medication education group. The two students will attend two different groups; try to attend the same group as your patient. The medication education group is led by a nurse and an excellent learning opportunity; you should attend at least once.

1200-1300: Team meeting/ Dual Dx Vitals - One person will attend the staff team meeting in conference room A. (Please set up the room prior to the meeting, and be sure to bring your lunch as you may eat during the meeting). The other person should check in with Carolyn prior to the Dual Diagnosis group and do DDx pt. VS (students should alternate assignment weekly).

1300-1330: One student continues to take VS and the other may help Kris set up the OT room for art therapy group. You may also use this time to meet with your client.

1330: Both students may attend the announcement part of art therapy. You can leave when the pts. start their art. If you choose to stay, you may choose to participate by doing your own art, but be prepared to share if asked. Talking is not allowed during this time if you choose to sit there. (This is also a good time for the person that did not go to lunch yet, to do so)

1415-1530: Both students should come back to art therapy for the discussion part, assist with cleaning up and putting up artwork on the witness wall. This can also be a time to meet with your client or continue taking VS.

1530-1630: Emotion Regulation group- (one person per group)

### WEDNESDAY

0800: Doors of PHP open

0815: Preconference meeting. Both students may stay until meeting is concluded, no VS needed in the AM. Report to Jeannie after preconference for assignments or instruction.

1000: Community meeting - both students should attend and report to Jeannie after for assignment or instructions. Catch anyone you may have missed yesterday for VS if possible.

1200-1315: Lunch – one person goes at a time, never go together and ALWAYS report to Jeannie before leaving.

1315-1445: CBT group -There are two CBT groups: beginning and advanced, one student per group and try to alternate weekly. Try to attend the group that your pt. is attending. Ask permission from the group leader beforehand because the MFT Interns usually attend and they only want one or two people with badges in the group depending on the size of the group.

1445-1500: Finish VS if not already done

1500-1615: Stress Management group in PHP room, both students may attend. Do not sit together.

### Other Duties

- 1) Immediately report any untoward comments or changes in the client's mood to the therapist and instructor.
- 2) Sit in with the nurse on new patient intake meetings; take VS as directed, followed by giving pt. tour of facility.
- 3) Help set up rooms prior to meetings.
- 4) Keep the case manager abreast of all goals/evaluations you are working on and the client's progress.
- 5) Always let Jeannie know that you are available to help her with anything she needs.

## Tips

\*Do NOT bring a bag to clinical. Only bring the minimum items, such as a small notebook/binder that must be kept in closet after preconference meeting. "Personal items such as keys or money/ATM card, must fit and be kept in your pockets".

\*Do NOT keep the VS station key during groups. ALWAYS return the key to the drawer when not in use.

\*Document VS in the correct binder and X out patient once VS are done for the week. Don't forget to sign your name after you document!! Take credit for the work you've done!

\*ALWAYS check in with Jeannie or Carolaine before leaving to lunch or for the day.

\*Be on time to groups, do not interrupt by arriving late, time your VS accordingly.

\*If any questions or abnormalities with pt VS:

PHP pts- report to Jeannie

DDx & IOP pts- report to Carolaine

\*Clean VS station at least once per week with the Sani Wipes. Keep area clean and clutter free.

\*Set up for groups- check daily schedule as to how many pt will attend and set up accordingly. (Don't set up too many chairs if only 3 people will attend or only 5 chairs if it will be a group of 20).

\*Put delivered food (fruit, crackers and juices) that is labeled for PHP away in the snack room.

\*Do NOT take notes in groups, do NOT carry any papers with you into groups.

## PHP

- Vital signs do NOT include temp or o2 sat
- Actual group times can differ from syllabus; check the board in PHP each morning to be current
- If you have "down time", take the initiative and ask Jeannie (or a therapist if RN unavailable) what you can do to help. Ex: wipe down desks, put labels on info in pt. charts, filing, etc.
- Set up rooms with proper amount of chairs (and clipboards if necessary) prior to group starting
- Do not leave vital sign book open and never leave it unattended *Never, Never, Never*
- Double check the vital sign cabinet is actually locked before leaving VS station
- Clear the VS from the BP machine after taking them so they are not viewable to next patient
- If patient has an eating disorder (check on the patients VS sheet in the VS book) do not let them see the weighing scale reading (take a "blind weight")
- Wipe down desk, VS machine, pt. bench, etc. at least once a week in the vital sign station

### PHP guide lines

1. If patient is in the dual diagnosis program, chart the vitals in the dual diagnosis folder
2. If patient is in the PHP program, chart vitals in the PHP folder
3. To ID patients before taking vital signs use first name and first letter of last name, AND date of birth
4. If the patient has an eating disorder do "blind weights"- Do not let the patient see his/her weight
5. Whenever you have free time, ask Jeanie if she needs helps with anything
6. Dual diagnosis patients' vital signs are usually done on Tuesdays during DD study meeting (1200-1300). Only one student should stay with Carol, the other two must go to the staff meeting.
7. Report abnormal vital signs and pain to Rebecca and Jeanie
8. To document pain, use "pain management record" not "pain assessment form". Check in the VS book under patient's name to see if the patient already has a pain management record. If yes, do not take a new one, continue documenting if there is space, otherwise start a new "pain management record". Pain assessment form is for RN only.
9. Do not hesitate to ask Jeanie if you are unsure of anything. It is better to prevent a mistake than to fix it.
10. If your patient is in the dual diagnosis program, ask if patient is going to AA meetings and if yes how often.

REV. Spring 2012

# EL CAMINO HOSPITAL OUTPATIENT (PHP) ROTATION

## PHP Student Nurse Schedule & Duties

### Main Duties

- (1) Vital signs – Try to get all the pts' VS completed by end of day on Wednesday
- (2) Attending groups – Attend the same group as your client if possible. Ask permission from the group leader before attending each group. The schedule is posted on the bulletin board & the doors of each room.
- (3) Meeting your patient – Ask Jeanie (RN) for your pt assignment. Ask for a client you can have for the entire 5 weeks, if possible.

### Tuesday

0800: The door of the PHP office opens. Put your bag on the floor of the PHP office near Jeanie's desk.

0815 – 0850: Pre-conference – Conference room B

0850 – 0900: Get the key for the vital sign station cabinet from Jeanie's desk and take VS for IOP patients that arrive early. Those pts who have doctor appointments have priority. Try to finish them first, and then the rest. The appointment schedules are on the door of the doctors' offices and the bulletin board next to the ladies' room.

0900 – 1000: If your pt is in IOP, you can attend the IOP group with the permission of the group leader. If not, use this time to review charts and take VS of PHP pts that arrive before the community meeting. This is also a useful time to meet with your client if they are able to come to program early.

1000 – 1020: Community meeting – Try to sit separately from the other student if there are more than one.

1020 – 1030: Use this time to take pt VS.

1030 – 1200: Groups – There are two process groups and one medication education group. Two students will attend two different groups. Try to follow your assigned pt and ask permission of the group leader before attending. The medication education group is led by a nurse and an excellent learning opportunity. You should attend at least once.

1200 – 1300: Team meeting – Carry your lunch to the room next to the inpatient library. Once during the rotation, attend the dual dx Big Book study at noon instead of the team meeting. Ask Carrie for permission beforehand.

1300 – 1330: Continue to take VS. You can also use this time to meet with your client. If there is more than one student, the other student can help Kris, the art therapist set up.

1330: Attend the announcement part of art therapy and help pts set-up. You can leave when the pts start their art. If you choose to stay, you may choose to participate by doing your own art, but be prepared to share if asked. Talking is not allowed during this time if you choose to sit there.

1415 – 1530: Come back to art therapy for the discussion part.

1530: Assist with cleaning up from art & putting up the artwork on the witness wall. This can also be a time to meet with your client if they are able to stay late.

### Wednesday

0815 – 1030: Same as Tuesday

1030 – 1200: Same as Tuesday except there is no medication education group on Wednesdays.

1200 – 1315: Lunch time – You may find time to talk to your pt at this time. This is also a good time to take VS.

1315 – 1445: CBT – There are two CBT groups: *beginning and advanced*. Try to attend the group that your pt is attending. Ask permission from the group leader beforehand because the MFT interns usually attend and they only want one or two other people with badges in the group depending on the size of the group.

1445 – 1500: Finish the last of the VS if you haven't already.

1500 – 1615: Stress management in PHP room.

### Other Duties

- (1) Go with client to meetings with their case manager. Get advanced agreement from the therapist & client.
- (2) Meet with the therapist to discuss new patient and get some insights from them regarding their treatment.
- (3) Keep the case manager abreast of all goals/evaluations you are working on and the client's progress.
- (4) Immediately report any untoward comments or changes in the client's mood to the therapist and instructor.
- (5) Sit in with the nurse on new patient intake meetings.
- (6) Help set up rooms prior to meetings.
- (7) Pull patients for their clinic meetings with the psychiatrist.
- (8) Always let Jeanie know that you are available to help her with anything she needs.

# EL CAMINO HOSPITAL OUTPATIENT (PHP) ROTATION

## About PHP Student Nurse Main Duties

### Vital Signs

You need to take vitals on all patients weekly. You will notice on the schedule that you will be taking vital signs whenever you can. If any patient is scheduled to see the doctor that day, they are a priority for vital signs. Go around before group meetings and during breaks asking patients nicely if you can take their vitals (try to learn names as quickly as possible). If anyone has pain or if their vitals are abnormal, notify the nurse and their case manager. The case manager is listed in the vital signs binder. If you don't let someone know about abnormal VS until the end of the day, this doesn't give them time to follow-up.

Only weigh the patients who have an eating disorder if you have been given permission and instruction by the nurse in charge of the eating disorder track. You only have to measure each client's waist circumference once if they are a new patient or if it hasn't been measured yet. Only do orthostatic blood pressures if it is marked on their sheet to take orthostatic blood pressures. If a pt reports pain, fill out the extra pain assessment sheet and notify the nurse.

\* *Be sure you know how to do Orth. BP properly!*

### Groups

At the beginning of both days, everyone attends the community meeting. The nurse and/or the therapists discuss the day's schedule and make general announcements as well as get a mood rating from each of the clients. Once this meeting is over, the big group splits into two or three groups. They will announce the names of who will be going to each group. Try to attend the group that your client is attending. Ask permission from the group leader before going.

On Tuesdays, there is a medication education group led by a nurse for IOP (intensive outpatient) clients. They discuss what meds they are on, how those meds effect neurotransmitters and what side effects they may experience. This is an excellent learning opportunity. Attend this group at least once during your rotation. Also, if possible, attend one Big Book study group during lunch on Tuesday. You need to ask permission from Carrie, the group leader before attending this group. Make sure you bring your lunch as eating is allowed during this time.

### Meeting with your Client

If you're lucky, you'll be able to sit in on the therapy sessions with your client and their case manager. Just ask permission from the client and the therapist. Also, you should arrange to meet with your client during a convenient time for both of you. This can happen before or after the program or during the lunch hour. Most clients meet with their case manager during lunch time three times a week so keep this in mind. This will help you to build a therapeutic relationship with your client and apply nursing interventions.

Rolando Roman

*former  
student  
now working  
as ECH RP.*

### **Partial Hospitalization Program (PHP)**

- 1- Be on time for clinicals and Cognitive Behavioral Therapy (CBT).
- 2- Dress professionally.
- 3- Arrange a one on one interview with your assigned patient and arrange for specific meeting times.
- 4- Consult with patient about being present during doctor appointments and case manager interviews, which are done within the clinic.
- 5- Be prepared to participate in pre-conference with the instructor and revise your patient's chart.
- 6- Report any suicidal ideations, or plans, from any patient immediately to the primary nurse and instructor.
- 7- Report any unusual situations immediately to the nurses and instructor (e.g. if you find a patient inducing vomiting in the restroom).
- 8- Participate in group therapy but be brief; don't take too much time, remember the session is for patients to participate. Whenever you participate in group therapy try to keep it simple and personal, do not generalize. Don't walk in late, if your late just stay out.
- 9- Volunteer to help in arranging the rooms for therapy (CBT, arts, and group sessions).

- 10- Do not interrupt the group therapy by going to the restroom; go before or wait until after the sessions.
- 11- Overcome your emotions, while in the group you can not be disruptive. If you are an emotional person that cries easily PHP is not for you.
- 12- Do not miss the Tuesday staff meetings; these are a wonderful way to learn a little about every patient. Feel free to comment or make suggestions regarding your assigned patient and ask questions.
- 13- Keep track of your patient's weight weekly and report it to their case manager. One of the side-effects of some medications includes weight gain (especially Zyprexa) and nurses and doctors are not always aware of how many lbs a patient may gain in a week.
- 14- Remember confidentially. What is said in group therapy stays in there.
- 15- Bring your lunch to clinicals, especially on Tuesdays, because of the staff meeting you may not have enough time to go to the cafeteria; you are allowed to eat in the meeting.
- 16- Before you leave the clinical site report to the case manager of the patient. This report should include the activities that you did with your patient and how the patient reacted. Make this a routine from day one.

# DISTORTED THINKING LIST

1. **All-or-nothing thinking:** You look at things in absolute, black and white categories.
2. **Overgeneralization:** You view a negative event as a never-ending pattern of defeat.
3. **Mental filter:** You dwell on the negatives and ignore the positives
4. **Discounting the positives:** You insist that your accomplishments or positive qualities don't count.
5. **Jumping to conclusions:** You conclude things are bad without any definite evidence.
  - a. **Mind reading:** You assume people are reacting negatively to you.
  - b. **Fortune-telling:** You predict that things will turn out badly.
6. **Magnification or minimization:** You blow things way out of proportion or you shrink their importance.
7. **Emotional reasoning:** You reason from how you feel: "I feel like an idiot, so I must be one."
8. **"Should" statements:** you criticize yourself or other people with "shoulds", "shouldn'ts", "musts", "oughts", and "have-tos".
9. **Labeling:** Instead of saying, "I made a mistake," you tell yourself, "I'm a jerk" or "a failure".
10. **Blame:** You blame yourself for something you weren't entirely responsible for, or you blame other people and overlook ways that you contributed to a problem.

PHP - Partial Hospital Program

Time	Tuesday	Wednesday	Programs
8:00	Student Responsibility Decide who will leave pre-conference early to do vitals before the 9am meeting (one student) Jeannie for 9am mtg attendance, In-takes and coordinate with each other	Student Responsibility Pre-conference	Programs
8:15-00 - 09:15	Pre-conference Vital Signs - prioritize patients with Dr appointments Dual Diagnosis patients done between 12-2pm (One student in VS area at a time) (Do not interrupt as this is considered a confidential interaction)	8:15-00 - 09:15 Pre-conference	
09:00 - 09:50	(One Student) Check with therapist before group check attendance sheet and set up room Connections	9:15 Check in with Jeannie - intakes, group attendance, special projects each other	Coordinate with
09:30-10:00	Vital Signs - prioritize patients with Dr appointments not cause patient to be late for group Diagnosis patients done at noon Do Dual	9:30 Vital Signs - patients with doctor appointments prioritized (Only one student in VS area at a time... this is a confidential interaction between you and the patient. Treat it as if there was a closed door)	
10:00 - 10:20	All students attend (Do not sit next together) Community Meeting	10:00 - 10:20 Community Meeting (all students attend)	
10:20 - 10:30	Vital Signs if time allows not cause patient to be late for 10:30 group student check in with Jeannie to confirm group attendance (do Other	10:20 - 10:30 Vital Signs if time allows not cause patient to be late for 10:30 group check in with Jeannie to confirm group attendance	student
10:30 - 12:00	(One student per group) Check with Group leader before Set up Room Process Groups	10:30 - 12:00 Check in with Jeannie Process Groups	
12:00 - 13:00	(Decide which student will attend staff and which will do vitals. (inform Jeannie) Vital Signs w/ Carolyn & Staff Meeting (bring lunch) & Book Study Group (patient driven)	11:00 - 12:00 Dual Diagnosis Team Meeting	
1:00 - 1:15	Help set up OTC room for art therapy	1:15 - 2:45 One student per group Check with group leader before Group	Group Therapies
1:30 - 3:00	Art Therapy &		



<p>Giving premature advice</p>	<p>and the patient can't think for self. Inhibits problem solving and immediately fosters dependency.</p>	<p>"Get out of this situation."</p> <p>"What were some of the actions you thought you might take?"</p> <p>"What are some of the ways you have thought of to meet your goals?"</p>
<p>Minimizing feelings</p>	<p>Indicates that the nurse is unable to understand or empathize with the patient. Here the patient's feelings or experiences are being belittled, which can cause the patient to feel small or insignificant.</p>	<p><b>Empathizing and exploring</b></p> <p>“You must be feeling very upset. Are you thinking of hurting yourself?”</p> <p><b>Clarifying the patient's message</b></p> <p>“I know what you mean.”</p> <p>“You should feel happy you're getting better.”</p> <p>“Things get worse before they get better.”</p>
<p>Falsely reassuring</p>	<p>Undermines a person's feelings and belittles a person's concerns.</p> <p>May cause the patient to stop sharing feelings if the patient thinks he or she will be ridiculed or not taken seriously.</p>	<p>“I wish I were dead.”</p> <p><b>Nurse:</b> “Everyone gets down in the dumps.”</p> <p>“I wouldn't worry about that.”</p> <p>“Everything will be all right.”</p> <p>“You will do just fine, you'll see.”</p> <p>“What do you think could go wrong?”</p> <p>“What are you concerned might happen?”</p> <p><b>Making observations</b></p> <p>“I notice you are still smoking even though your wife has lung cancer. Is this a problem?”</p> <p><b>Asking open-ended questions; giving a broad opening</b></p> <p>“Tell me some of the reasons that led up to your not taking your medications.”</p> <p><b>Clarifying:</b></p> <p>“Tell me about your eating habits since you've been depressed.”</p>
<p>Making value judgments</p>	<p>Prevents problem solving. Can make the patient feel guilty, angry, misunderstood, not supported, or anxious to leave.</p>	<p>“How come you still smoke when your wife has lung cancer?”</p> <p><b>Asking open-ended questions; giving a broad opening</b></p> <p>“Why did you stop taking your medication?”</p> <p><b>Nurse:</b> “How's your appetite? Are you losing weight? Are you eating enough?”</p> <p><b>Patient:</b> “No.”</p>
<p>Asking “why” questions</p>	<p>Implies criticism; often has the effect of making the patient feel defensive.</p>	<p>“Why did you stop taking your medication?”</p> <p><b>Nurse:</b> “How's your appetite? Are you losing weight? Are you eating enough?”</p> <p><b>Patient:</b> “No.”</p>
<p>Asking excessive questions</p>	<p>Results in the patient's not knowing which question to answer and possibly being confused about what is being asked</p>	<p>“How come you still smoke when your wife has lung cancer?”</p> <p>“Why did you stop taking your medication?”</p> <p><b>Nurse:</b> “How's your appetite? Are you losing weight? Are you eating enough?”</p> <p><b>Patient:</b> “No.”</p>

<p>Implies the patient is doing the right thing — and that not doing it is wrong. May lead the patient to focus on pleasing the nurse or clinician; denies the patient the opportunity to change his or her mind or decision.</p>	<p>"I'm proud of you for applying for that job." "I noticed that you applied for that job." "What factors will lead up to your changing your mind?"</p>	<p><b>Making observations:</b></p>
<p>Giving approval, agreeing</p>	<p>Asking open-ended questions; giving a broad opening "What led to that decision?"</p>	<p>Exploring: "What was going through your mind when you decided not to come to your medication group?" "That's one point of view. How did you arrive at that conclusion?" Validating and exploring</p>
<p>Disapproving, disagreeing</p>	<p>"You really should have shown up for the medication group." "I disagree with that."</p>	<p>Validating and exploring</p>
<p>Can make a person defensive.</p>	<p>May invalidate the patient's feelings and needs. Can leave the patient feeling alienated and isolated and increase feelings of hopelessness.</p>	<p>Validating and exploring</p>
<p>Changing the subject</p>	<p>Alcoholics Anonymous like we discussed?"</p>	<p>Validating and exploring</p>
<p>Changing the subject</p>	<p>"This sounds serious. Have you thought of harming yourself?"</p>	<p>Validating and exploring</p>

### Orthostatic Hypotension

-Systolic >150 mm Hg (PHP Guideline, according to Jeanie, wait 1.5 mins to 2 mins before taking the BP while standing)

Additional info from my readings about orthostatic hypotension:

-systolic drops 20 mm Hg or more OR

-diastolic drops 10 mm Hg or more

Sitting 108      standing 133

For some psychiatric patients, partial hospitalization can be a useful alternative to inpatient treatment. The acute partial hospitalization program at El Camino Hospital uses cognitive behavioral therapy as its theoretical framework. Our goal is to enable patients to effectively continue their treatment after discharge by transitioning to a traditional outpatient psychiatrist and/or therapist.

#### About El Camino Hospital

As an independent, nonprofit hospital with campuses in Mountain View and Los Gatos, we are empowered to do whatever it takes to bring you the finest quality care. Our administrative leadership helps foster a dynamic, collaborative environment. Our world-class physicians actively seek out the latest treatments and technologies to benefit our patients. And all of our nurses, staff and volunteers share our commitment to excellence. Together, we do our utmost to bring you compassionate, comprehensive medical care that is truly state-of-the-art. Our key medical specialties include cancer care, heart and vascular services, neuroscience, genomic medicine, urology, ophthalmology, orthopedic and spine surgery, and women's health.

For a more detailed look at our capabilities, please visit our Web site at [www.elcaminohospital.org](http://www.elcaminohospital.org).

2500 Grant Road  
Mountain View, CA 94040

**800-216-5556**  
[www.elcaminohospital.org](http://www.elcaminohospital.org)

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## Acute Psychiatric Partial Hospitalization Program



**El Camino Hospital**  
THE HOSPITAL OF SILICON VALLEY



**El Camino Hospital**  
THE HOSPITAL OF SILICON VALLEY

#### About our programs

The partial hospitalization program (PHP) and the intensive outpatient program (IOP) both provide intensive, goal-oriented short-term treatment. The idea is to help patients overcome dysfunctional emotions and behaviors, and develop the coping skills they need to get on with their lives. Treatment is tailored to the individual person.

#### Partial hospitalization program:

- 6 hours a day, 5 days a week, Monday–Friday.
- Length of stay varies depending on medical necessity, but the average is 15 days.

#### Intensive outpatient program:

- Up to 3 hours a day, 5 days a week, Monday–Friday
- 6–12 sessions, depending on the patient's needs



#### Typical day

- 9:30 a.m. — Individual appointments
- 10:00 a.m. — Community meeting
- 10:30 a.m. — Group therapy
- 12:00 p.m. — Lunch
- 1:00 p.m. — Cognitive behavioral group
- 3:00 p.m. — Stress management group
- 4:00 p.m. — Home

#### Our staff

Our staff consists of psychiatrist-medical directors, clinical nurse specialists, registered nurses, marriage and family therapists, occupational therapists, and psychologists. The team is experienced and empathetic, and gets to know each patient individually so as to provide treatment that is both personalized and relevant.

#### Admission

Patients are referred to the outpatient programs by their community psychiatrist and/or therapist, or by psychiatric inpatient hospitals. Occasionally, it is the patients' families, or even the patients themselves, who initiate acute psychiatric partial hospitalization. All prospective patients must make an appointment for an initial assessment to determine the best level of care.

#### Fees and insurance

Most insurance plans cover the partial hospitalization/intensive outpatient programs. Psychiatrist fees are separate from hospital program fees.

#### Location

El Camino Hospital Behavioral Health Services, 2500 Grant Road, Mountain View, California.

#### Contact information

For more information, or to make an assessment appointment, please call 650-940-7254 or 866-789-6089 (toll-free).



**EL CAMINO HOSPITAL  
BEHAVIORAL HEALTH SERVICES**

**ACUTE PARTIAL HOSPITALIZATION SERVICES  
INTENSIVE OUTPATIENT SERVICES  
650/940-7035**

We would like to welcome you to the Acute Partial Hospital and Intensive Outpatient Program of Behavioral Health Services at El Camino Hospital. These ambulatory service programs operate Monday through Friday from 9:00AM to 5:00PM by appointment only. The following information is offered to assist you with a smooth entry into your treatment program. Your active participation is most important in making these programs a valuable experience for you. Please feel free to ask about any part of the program that may seem confusing or unclear.

**YOUR PSYCHIATRIST**

Your psychiatrist or therapist has recommended admission to the partial hospital (PHP)/intensive outpatient program (IOP) to provide you with assistance in resolving and/or stabilizing your current difficulties. The PHP/IOP treatment staff will work closely with your community providers in regard to your care. During your treatment course in the PHP and IOP, the program staff and the Medical Director Psychiatrist for the PHP/IOP will do all therapy and psychiatric medication management. We ask that you suspend treatment with your community providers until you complete treatment in the PHP/IOP. We will facilitate your return to your community providers at discharge or assist you with obtaining providers at discharge. The Psychiatrist visits in the PHP/IOP are a separate charge from the facility program charges. Most insurance plans recognize doctor visits as an intensive treatment visit, similar to inpatient visits. The Medical Director Psychiatrist is available to you only during your PHP/IOP stay. You will need to obtain a community psychiatrist upon discharge from El Camino Hospital outpatient programs.

**PARTIAL HOSPITAL/IOP STAFF**

The multidisciplinary staff consists of Licensed Marriage and Family Therapists, Psychiatric Registered Nurses, Clinical Nurse Specialists, Occupational Therapists, Art Therapists, Clinical Psychologist, and a Medical Director. You will have a specific staff member (case manager) who will assist you in developing and attaining desired treatment goals from admission to discharge.

**MEDICATION**

You are responsible for taking your own medication. If you are having difficulty with your medication schedule or any other problems, please inform your primary staff member and the program psychiatrist so that adjustments can be made.

**GENERAL POLICIES**

You are expected to attend all groups as part of your individualized treatment plan. Breaks are scheduled between groups so that you may attend to any necessary phone calls or personal matters. Visitors and phone calls are not permitted during program hours. Please notify your primary staff member as soon as possible if you are not able to attend the program on a particular day or portion thereof by phoning your case manager directly or by calling the main program number (650)940-7035. Your program may differ from other program members as a result of

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tailoring the program to meet your individual treatment needs. Lunchtime is from 12:00N - 1:15PM. You may purchase your lunch in the hospital cafeteria, first floor snack bar, bring your own, or have lunch off site. Decaffeinated coffee, soft drinks, fruit, etc. are available as part of the Partial Hospital/ IOP program. Smoking is only permitted in designated outdoor areas. Visiting with inpatients is discouraged, primarily because the inpatient area becomes too congested. Please do not bring valuables to the program since there is no locked storage available. You must provide your own transportation to and from the Partial Hospital program.

**HOLIDAYS**

The Partial Hospital/IOP is closed for major holidays which include: Thanksgiving Day; Christmas Eve; Christmas Day; New Years Day; Martin Luther King Day; Presidents Day; Memorial Day; Independence Day; and Labor Day.

**SCOPE OF SERVICE**

The Partial Hospital/IOP is a specialized program designed to treat select patients with acute psychiatric problems and at the same time to prevent major disruption of family, work and social life. As such, the program works in partnership with you and your family/significant other. The Partial Hospital/IOP Services provide intensive treatment and support to you for a portion of a 24-hour day, and relies on you and your family through written agreement to care for you the remainder of the day. This agreement is a prerequisite to admission to the program. If you or your family has any questions about this agreement, please discuss this with your primary staff member.

**IN AN EMERGENCY**

The Partial Hospital/IOP Services are equipped to deal with psychiatric/medical emergencies as they may arise in the program, using needed resources such as the program Psychiatrist, your medical doctor, or the Hospital Emergency Department. If you should have a crisis when the Partial Hospital/IOP is closed, the Emergency Department at El Camino Hospital is available for psychiatric emergencies as it is for the general community. **The PHP/IOP Medical Director Psychiatrist is not available outside of program hours.**

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## EL CAMINO HOSPITAL

2500 GRANT ROAD, P.O. BOX 7025  
MOUNTAIN VIEW, CA 94039-7025

### ***THE PARTIAL HOSPITALIZATION PROGRAM (PHP) INTENSIVE OUTPATIENT PROGRAM (IOP)***

#### **HOW IT WORKS**

The Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) use a Cognitive-Behavioral approach in supporting change. Basically, the theory behind this approach is that *the way you think* effects *the way you feel & behave*. Therefore, whether you have a major emotional disorder, an eating disorder, or a chemical dependency problem, a very important part of your recovery will be *changing the way you think*. We will help you identify possible "unhealthy" ways of thinking, learn to stop such thinking, and replace it with more "healthy" ways of thinking. We will also be teaching you important *coping skills*, such as stress management, relaxation training, goal-setting, social skills, and anger management that will help you better manage your behavior.

We do not do uncovering intensive therapy, per se, in the PHP/IOP programs. Resolving the deeper psychological issues relating to your disorder requires mental stability and best occurs in outpatient group and/or individual therapy and occurs over time. Here, we will teach you how to "*contain*" powerful emotions and urges that may be interfering with your ability to function effectively in your work or social life. We do this by keeping our focus on the here-and-now, practical issues of recovery.

We maintain a positive, recovery-oriented attitude. By entering this program you are making a commitment to change your thinking, your behavior, your attitude. In our groups, we talk about what we can do differently to get better. We set daily goals and work toward them, learning what works and what doesn't. We support each other toward healthy change. We do not support unhealthy thinking (I deserve to die) or unhealthy behavior (chemical abuse or self-harm behaviors). If you struggle with these issues while in the program, we will support you by setting limits and offering alternative coping tools.

Remember, this program is here for you. If you have questions, ask them. If you have complaints, voice them. We need your feedback to continue to improve our services.

**THIS IS YOUR TREATMENT PROGRAM- MAKE IT WORK!**

## **Partial Hospitalization Program (PHP) Description of Therapy Groups**

### **Community Meeting**

First group of the day that is designed to promote group cohesiveness, information dissemination, and an "ice-breaker" to start the day. It is an opportunity to interact with all members of the program in a structured setting.

### **Process Group**

This is an interactive group that encourages self-expression. Members learn that talking helps. They learn that unburdening and discussing their problems not only offers relief, but also initiates the process of change. Through the therapeutic factor of universality, members learn they are not alone and their experience is not unique. At the beginning of each group patients are asked what they would like to work on that day regarding their interpersonal relationships or their relationship with themselves. Alternatively, the therapist may present a general topic for discussion and encourage patients to relate the topic to their current situation. The first 30 minutes of group is used to present issues. The remainder of the group's time is spent working cooperatively on these issues. Patients are encouraged to interact freely with each other and with the therapist.

### **Cognitive Therapy Group**

The theory behind cognitive therapy is that the way you think affects the way you feel and behave. Therefore, an important part of recovery is changing the way you think. Through educational handouts, written exercises, and group discussions, patients in this group learn to identify, stop, and change their "unhealthy" ways of thinking.

### **Expressive Arts Therapy**

Through art therapy, group members find alternative ways to identify and work through feelings and core issues. In addition, art therapy helps group participants reconnect with their unique, innate, and healing creative abilities. Unconditional acceptance of whatever art is produced and careful storage of the products, makes a statement about the group member's worth. Processing the art productions through discussion provides opportunities to focus on strengths and to normalize and accept whatever feelings emerge during the process. The art provides a tangible, permanent record of the group member's progress in treatment and can be reviewed and reinterpreted at any time.

### **Stress Management Group**

This 1-hour educational and experiential group meets 1x per week. Discussion and handouts provide information about the physiology of stress, the effect of stress on health, internal and external sources of stress, and the symptoms of stress. Patients learn to differentiate between stressors that can be changed and stressors that cannot. Additional handouts focus on strategies for coping with stress, such as, exercising, prioritizing, challenging stress-producing beliefs, simplifying tasks and responsibilities, and setting limits. Patients attending this group will also learn about and practice different relaxation techniques like deep breathing, progressive muscle relaxation, self-massage, guided imagery, and meditation.

### **Occupational Therapy Workshop**

This group emphasizes the choice and completion of a specific, tangible task. Numerous art and hobby materials are available to provide opportunities for creativity, development of new interests, relaxation, improvement of problem solving

skills and time management skills, and a sense of accomplishment through successful task completion. Working on tasks also allows for casual social interaction among patients. Most participants enjoy working on crafts, but other options for this session include bringing in bills or other paperwork from home that patients are having a difficult time completing on their own. Patients should not, however, work on menu planning during this group (eating disorder program).

### **Drama Therapy**

Drama therapy is process-oriented, humanistic, depth-oriented, and action-oriented. In life it is difficult to respond in a new way to an old situation. In a dramatic scene one can experiment responding in a new way. Drama creates the distance from real life roles and enables one to gain perspective on real life roles and patterns and to experiment actively with alternatives. There is safety in the dramatic act; by pretending in drama, patients often find they are able to do something that in real life was too difficult or frightening. Drama therapy promotes spontaneity and playfulness, utilizes imagery as a way of healing, and, sometimes, it is just plain fun!

### **Fitness and Leisure Group**

This group provides educational and experiential activities to promote the development of leisure interests and exercise as a way to enhance mood, improve fitness, structure time outside the program, and build social support. Walking and stretching are encouraged to improve body awareness and to address under or over exercising. Indoor board games and team sports such as volleyball, sit-down soccer, or shuffle-board facilitate the release of tension, positive rapport with peers, and a sense of humor. Life balance is emphasized with the identification of leisure preferences and weekly goal setting.

### **Communication Group**

This psychoeducational group aims to help patients understand their particular style of communicating (verbally and nonverbally) and the situations that trigger a breakdown in their ability to communicate effectively. Group interaction, role-play, and psychoeducation are used to demonstrate communication techniques "in vivo." Topics include "how to say no without feeling guilty," "how to set healthy boundaries in interpersonal relationships," "how to communicate with authority figures," and "how to talk about one's illness with friends, family, and co-workers."

### **Exercise/Contemplative Group and Weekend Planning**

On Fridays, patients have a choice of 2 groups depending on their mood and needs for the day. One group is a physically active form of meditation such as yoga stretching, Qigong, etc. The other group is more contemplative such as progressive muscle relaxation, body scan, etc. The last 20 minutes of the scheduled time is spent as a whole group focused on weekend planning and wrap up for the week.

### **Symptom Management Group**

This group is designed to assist patients with symptom identification and the development of coping strategies until symptoms lessen or abate. Various topics are discussed including medication management, crisis survival strategies, relapse prevention, Maslow's hierarchy, discharge resources, etc. Group interaction and personal sharing are encouraged.

### **Mindfulness Group**

This meditative activity takes place several times a week. The primary goals are to learn skills in observing, describing and participating while taking a nonjudgmental stance, focusing on one thing in the moment, and being effective.

