

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION III: STRUCTURES WITH FUNCTIONS

CHAPTER 12b: Psychology

**PROCEDURE 12.b.2: Organizational Structure, Orientation, and
Supervision**

Governing Body Approval:	6/9/18
REVISED:	

Purpose:

Psychological services occur within the matrix organizational structure of Whiting Forensic Hospital (WFH). The majority of WFH Psychologists are unit-based. At the unit level, the Psychologist operates within a treatment team under the clinical oversight of the Attending Psychiatrist, and under the administrative supervision of the Unit Director.

Procedure:

The Psychology group is led by a Supervising Psychologist 2 who serve as Psychology Chair and who reports directly to the Chief Medical Officer. Additionally, there are two Supervising Psychologist 1's, one based on a Whiting unit and one on a Dutcher unit; they provide direct supervision to the Psychologists based in their corresponding buildings.

Within the Discipline of Psychology, all Psychologists receive monthly supervision from a supervising Psychologist. The purview of supervision includes, but is not restricted to, review of all professional duties, quality assurance, personnel issues, personal and professional development. When Psychologists encounter professional challenges they feel ill equipped to handle, they are expected to address these concerns with their supervisor. In addition to monthly meetings, supervisors also provide ad hoc supervision as needed. Supervisors document supervisory sessions in a supervisory log. The Supervising Psychologist 1's receive monthly supervision by the Psychology Chair, who in turn receives monthly supervision from the Medical Director.

In addition to aiming to insure the quality of the performance of Psychologists, the supervisory process also aims to identify areas in need of improvement and educational goals. Supervisors provide guidance to their supervisees and ongoing feedback on their performance. These collaborative efforts are then reflected in their Performance Appraisal.

The Psychology Chair is responsible for the following administrative tasks: developing discipline policies and procedures governing the psychological assessment and treatment of patients based on the standards of practice and care; collaborating with other hospital leaders to develop patient-care programming, decision-making structures and processes, improve performance, and ensuring that discipline-specific policies are revised as necessary and reviewed at least every two years.

Opportunities for professional supervision are available both in a structured and on an as needed basis. In addition to the Psychology roles mentioned above, two additional Psychologists coordinate specialized Psychology services: a forensic psychology service and a neuropsychology service. The coordinators of each of these services each provide corresponding clinical learning and peer supervision seminars, occurring approximately twice monthly. These are voluntary supplemental learning opportunities which all members of the Psychology group are encouraged to attend.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12.b:	Psychology
PROCEDURE 12.b.5	Psychological Evaluation, Referral and Administration
Governing Body Approval:	April 28, 2018
REVISED:	

PURPOSE: To describe the process for obtaining a psychological evaluation

SCOPE: All clinical staff.

PROCEDURE:

Description of Services:

Psychological Evaluation involves an extensive assessment of a patient’s psychological functioning detailing adaptive, intellectual/cognitive and/or personality functioning. In the following pages, the term Psychological Evaluation is used generically, and is meant to include more specialized evaluations such as behavioral analyses and neuropsychological assessments. Psychological evaluations of patients whose primary or preferred language is not English may require a referral to an outside consultant. In such cases, the psychologist facilitates this process, with consultation with their supervisor if needed.

Referral Process:

1. A request for a Psychological Evaluation is initiated either:
 - a. by the Unit Psychologist at any point in the course of treatment, or
 - b. by the treating psychiatrist or unit director in consultation with the Psychology Discipline Chair in the case that a psychologist is not currently assigned to the unit or is on an extended leave of absence. The Psychological Evaluation Referral form or Neuropsychological Evaluation Referral form should be used in these circumstances.
2. The Psychological Evaluation must be prescribed in the treatment plan.
3. The Psychological Evaluation Referral form or Neuropsychological Evaluation Referral form should be used if a Psychologist other than the Unit Psychologist is performing the evaluation.

Assignment of Evaluation:

1. The Unit Psychologist is responsible for the completion of the evaluation. No referral form is needed for an evaluation assigned to the Unit Psychologist or psychology student directly supervised by the Unit Psychologist.

2. A Psychologist, in consultation with their supervisor or the Discipline Chair, may refer a psychological evaluation to another Psychologist when one or more of the following criteria is met:
 - a. the assigned Psychologist has multiple active referrals simultaneously which, in his/her judgment, cannot be completed within the required time period [i.e., within the general time limits prescribed by hospital policy and/or within the time limits imposed by the circumstances of the case, such as a court date for example];
 - b. the assigned Psychologist does not have the specific skills necessary to complete the evaluation [e.g., advanced neuropsychological skills];
 - c. the assigned Psychologist has an involvement with the client which does not predispose to a successful evaluation outcome or which would, in the judgment of that psychologist, compromise the performance of a psychological evaluation [e.g., when the Psychologist is the focus of a paranoid delusion or has an ongoing psychotherapeutic relationship];
 - d. any Psychologist may seek consultation and assistance from another Psychologist when he/she feels this reflects prudent judgment [e.g., when there is a question of objectivity or a question of expertise].
 - e. the Psychologist may pass on the referral to a Psychology doctoral level trainee (i.e., post-doctoral fellow, intern, or practicum student); in that case the student's assigned primary supervisor remains responsible for the contents and prompt completion of the evaluation, including signatures.

Evaluation Timeframes:

1. Receipt of Psychological Evaluations referrals, if not being internally managed by the Unit Psychologist, are acknowledged in writing to the referring source within 7 days.
2. Psychology has the general goal of having general psychological evaluation and the associated report completed within 28 days of initiation of administration and 45 days for neuropsychological evaluations.
3. Resources, clinical factors, or hospital priorities may impact this timeline. Psychologists are to record in the medical record reasons for departure from these guidelines, should they occur (e.g., an uncooperative patient).
4. Evaluation referrals for non-English language patients may take considerably longer as the hospital may need to contract with an outside vendor for these services, and reason for delays should likewise be documented in the medical record.

Required report format:

1. Name of Client;
2. Date of Birth;
3. Dates of Evaluation;
4. Date of Report;
5. Reason for Referral;
6. Confidentiality Limitations Statement (especially necessary in forensic cases where it is clear that the results of the report may have a bearing on the outcome of a court proceeding, but any limitations should be explained to a client prior to evaluation and this

explanation and the client's willingness to complete the evaluation should be documented);

7. Testing Procedures Utilized;
8. Degree of Confidence in the Results Obtained (based on apparent degree of cooperation; alertness; etc);
9. Clinical Observations (appearance, attitude, general behavior, etc);
10. Pertinent History (history of present illness, social history, familial history, medical history, etc);
11. Results of Evaluation (format based on the content of the evaluation);
12. Summary of Findings (to include a summary of relevant client assets);
13. Conclusions;
14. Recommendations; and
15. *Signatures*: Name, degree. If prepared by a trainee, the supervisor's signature follows the trainees and the clause "Reviewed and approved by". Psychologists and trainees have the responsibility to insure the completion of their reports, including all signatures within 10 business days.

Retention of records:

1. All materials related to specific patient testing (such as notes and used testing forms) are stored in accordance with WFH medical record policies.

Additional Assessments

Additional assessments are needed beyond the initial assessment under a variety of circumstances. These include significant changes in clinical presentation, in particular changes over long periods of time that may reflect the influence of factors such as maturation, the benefits of treatment, or the effects of a worsening CNS disease. The same process is used to trigger a "re-evaluation" as described above. Comparisons with performance on earlier assessment(s) are particularly important in additional assessments.

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12.b:	Psychology
PROCEDURE 12.b.6:	Individual Psychotherapy
Governing Body Approval:	12/12/2024
REVISED:	N/A
Effective Date:	12/12/2024
Joint Commission Standards	None

PURPOSE:

To outline procedures and guidelines for the referral, assignment, supervision, and termination of individual psychotherapy at Whiting Forensic Hospital (WFH).

SCOPE: All clinical staff.

PROCEDURE:

Description of Services:

Individual Psychotherapy is the treatment of emotional, developmental, and personality disorders using psychological interventions based on case conceptualization. Individual psychotherapy can be conducted using a variety of well-established and evidence supported theoretical approaches. A key element of forensic psychotherapy is that the individual psychotherapist has received extensive training and supervision in providing this treatment, with current supervision focused on forensically informed individual psychotherapy.

There are several key features and parameters of individual psychotherapy within the forensic hospital setting, including:

- A suitably trained, supervised, and competent psychotherapist.
 - Provision of psychotherapy within Whiting Forensic Hospital (WFH) is conducted by licensed hospital staff or supervised hospital trainees to ensure proper care.
 - In very rare cases, a WFH-contracted specialty clinician may be asked by the Hospital to provide specific therapeutic services, although this must be approved by the Psychology Department Chair and the Chief Medical Officer. The provider must be licensed within the state of Connecticut and suitably credentialed by WFH or DMHAS.
 - The Psychology Department at WFH provides supervision of individual psychotherapy and determines the structure of supervision processes.
- A therapy patient who is willing and able to participate in the psychotherapy process.
- A mutually agreed upon plan specifying the location, frequency, and duration of individual psychotherapy sessions allowing for flexibility as deemed appropriate by the psychotherapist.
- The need to communicate and document the patient’s progress in forensic psychotherapy comes with unique confidentiality limitations which must be disclosed to the patient at the start of psychotherapy.

Given the forensic nature of this setting, individual psychotherapy conducted at WFH must be informed by unique forensic treatment considerations. For example, those providing psychotherapy to patients under the jurisdiction of the Psychiatric Security Review Board (PSRB) will need to understand how patients navigate the PSRB process, or similarly those working with competency restoration patients will need to be aware of how competency is assessed and restored. Psychotherapists must also be able to assist patients in accurately enhancing their understanding of the PSRB or Competency Restoration processes.

Additionally, individual psychotherapy at WFH has a forensically driven objective of mitigating risk factors that played a role in patients' index offenses or precipitants to admission, including increasing patients' insight about these factors. Forensic individual psychotherapy requires a high level of expertise and understanding of the following factors: personality disorders, serious and persistent mental illness, neurocognitive impairments, co-occurring disorders, and the interactions of these factors that affect risk and psychological stability.

As stated previously, psychotherapy in a forensic setting such as WFH has specific confidentiality limitations embedded within treatment. The therapist may use their discretion regarding documentation of sensitive issues in individual psychotherapy that are not directly related to risk for violence or self-injury.

Psychotherapy Service Referral Process:

1. Patients may be referred for individual psychotherapy when the following conditions are present:
 - a. The patient verbalizes willingness to participate in individual psychotherapy.
 - b. The Unit Psychologist, in collaboration with the unit treatment team, has determined that individual psychotherapy is recommended for that patient given their individualized psychiatric, cultural, cognitive, and personality factors.
 - c. The patient does not have a legal status or admission status that precludes current participation in individual psychotherapy, e.g., newly admitted NGRI patients who are in the process of a 60-day initial evaluation where the focus is the assessment process, or patients whose primary treatment need is focused on understanding recent problem behaviors leading to legal charges of which they have not been fully adjudicated. At the discretion of the Unit Psychologist, the latter-mentioned patients may benefit from targeted coping-focused treatments that enhances their capacity to participate in competency restoration or facilitate their hospital adjustment.
2. Questions regarding appropriateness of psychotherapy referral related to these factors will be managed by the Unit Psychologist consulting with the Psychotherapy Services Director (PS Director) and the Supervising Psychologists.
3. If the treatment team is in agreement that referral is appropriate, they submit a referral to the Psychology Department as outlined in the Psychology Department Manual.
4. The Psychology Department reviews the case for appropriateness of individual psychotherapy assignment at this current time as outlined in the Psychology Department Manual.
 - a. If a referral is not considered to be appropriate for assignment at this time, the PS Director will notify the referral source communicating the reason the patient is not

going to be referred at present and advising what change factors can result in a successful future referral. The two parties will also agree on how this will be documented for the patient's medical record.

- b. If the referred patient is found appropriate for individual psychotherapy, the Psychology Department identifies appropriate individual psychotherapist assignment considering factors including, but not limited to: therapist match, patient preference/request, availability and clinical fit of potential individual psychotherapists, admission history and legal status, continuity of care, and other relevant clinical factors. For further discussion of these factors, please refer to the Psychology Department Manual.

Psychotherapy Transitions and Junctures:

- 1) Unit or building transfers. During the course of individual psychotherapy, patients may be transferred between the Whiting and Dutcher Services, or between units within a service. In such instances a determination needs to be made as to whether the current individual psychotherapist should continue to provide care. This decision-making process is detailed in the Psychology Department Manual.
- 2) Patient requests a change of their individual psychotherapist. At times during the course of psychotherapy, the individual psychotherapy patient may request transfer to a new psychotherapist. This is not an uncommon occurrence or exclusive to forensic psychotherapy. Such requests need to be understood in the context of what is happening in the patient's current course of individual psychotherapy, as some of these requests may occur at times of emotionally difficult yet important relational work leading to the patient's resistance. At other times, the current psychotherapy may no longer be as productive as it may have been previously, and a fresh approach is indicated.

When the patient makes a request for a new individual psychotherapist, this initiates a consideration process:

- All approached parties should direct the patient to speak to their current psychotherapist first to explore with the patient the reasons for this request and associated emotions.
- The current therapist should discuss this situation with their supervisor, the PS Director, and with the patient's clinical team to further evaluate the current request.
- If further clinical support is needed to assess the current request, the individual therapist may request to present the case in the Psychotherapy Seminar for additional consultation.

Most often, the clinically indicated course of action is to maintain the current individual psychotherapy and to attempt to work through the current resistance or impasse. These episodes of breach and repair can have tremendous clinical value. However, in other situations, the conclusion may be that a change of therapist is recommended resulting in a new Psychotherapy Service Referral.

- 3) Patient declines recommended psychotherapy. There are two different types of scenarios in which patients may decline individual psychotherapy which may be handled somewhat differently:

- a. When a patient actively in individual psychotherapy indicates that they no longer wish to continue psychotherapy, the situation is handled similarly to when a patient requests a change of their individual psychotherapist. The reason for this similarity is because the desire to switch or end a current psychotherapy may be precipitated by emotionally difficult yet important psychotherapy work.
 - b. In the case of a patient who has not been participating in psychotherapy and who declines to start psychotherapy as recommended by the treatment team, the unit psychologist will not complete a referral for psychotherapy. Instead, the unit psychologist, together with the treatment team, will understand and address the reasons for the patient's refusal, attempting to build the patient's confidence and trust to give psychotherapy a try. At the same time, it is important that the patient not be pressured by the team to begin psychotherapy, because that is likely to have the opposite effect. Often, it is best that one team member who has particularly good rapport with the patient take the primary lead in such efforts.
- 4) Individual psychotherapy is not indicated. There are some WFH patients for whom it is clinically determined that individual psychotherapy is not currently indicated, even if the patient expresses an interest in psychotherapy. This determination may occur for a number of reasons, including, but not limited to, the following: a) limitations, such as severe/profound cognitive impairment or treatment refractory psychosis, that preclude retaining potential gains of individual psychotherapy; b) a form of serious paranoid psychotic symptoms that tend to incorporate the individual psychotherapist into the delusional content in a manner that is risky and tends to be intractable; c) a personality organization that precludes building a therapeutic alliance, such that psychotherapy becomes an opportunity for the patient to further refine interpersonal exploitation skills; d) patients who are acutely symptomatic and require further stabilization on medication prior to successfully initiating a therapeutic relationship or potentially benefitting from psychotherapy.
- A determination that psychotherapy is not indicated for a specific patient should be made by joint consideration of the patient's treatment team and the Psychology Department. If and when the patients' related clinical status changes, the patient may be re-evaluated for appropriateness for individual psychotherapy after demonstrating significant clinical change or within an individually specified time frame not to exceed one year.

WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL

SECTION III: STRUCTURES WITH FUNCTIONS

CHAPTER 12.b: Psychology

PROCEDURE 12.b.8: Psychology Services

Governing Body Approval:	6/9/18
REVISED:	

Purpose:

Whiting Forensic Hospital (WFH) Psychologists apply demonstrated psychological principles to the diagnosis and treatment of adults with severe and prolonged mental disorders and the development of integrated systems of care in order to foster each person’s achievement of the highest possible levels of autonomy, personal satisfaction and productivity; and to the training of the next generation of Psychologists to ensure the availability of high quality services for this population and system.

Procedure:

Psychology services at WFH are delivered in accordance with the standards of the American Psychological Association (APA), and Psychologists are licensed by the State of Connecticut.

WFH Psychologists treat all patients as valuable human beings who have rights to equal access to Psychological Services. Psychologists promote the principle that patients have the right to treatment in a clinically indicated setting that is least restrictive. Further, they take the position that Psychological Services should be of such quality that they minimized the length of time patients require hospital-level treatment and maximize the potential for patients to adjust to the communities of their choice.

Psychologists hold themselves responsible for promoting the welfare of patients and in that vein are expected to practice in accordance with the Ethical Principles of the American Psychological Association (APA); to keep abreast of current developments in the field of Psychology and in related disciplines; to collaborate effectively with colleagues from other professional disciplines; to facilitate an environment in which patients and staff are treated fairly and respectfully with due regard for their human, legal and civil rights so that each might achieve an optimal level of functioning; and to share knowledge of human behavior, systems, intervention strategies and research methodologies with other hospital disciplines as well as with community agencies, groups and residential sites.

Psychologist Duties may include:

Screening evaluation - Screening is the use of a clinical interview and chart review to assess an individual's need for psychological services.

Psychological Evaluation - Psychological evaluation is the systematic assessment of an individual's cognitive abilities and deficits, personality strengths and weaknesses, character structure, and psychopathology, using standardized psycho-diagnostic tests and clinical interviews. Standardized psycho-diagnostic tests include the Wechsler Adult Intelligence Scale, Rorschach, Minnesota Multiphasic Personality Inventory, Millon Clinical Multiaxial Inventory, Benton Visual Retention Test, Luria-Nebraska Neuropsychological Battery, Halstead-Reitan, Peabody Picture Vocabulary Test, Vineland Social Maturity Scale, tests of memory and additional formal procedures recognized by the profession.

Neuropsychological Evaluation - Neuropsychological Evaluation is the assessment of an individual's brain behavior relationships in terms of strengths and weaknesses. This is done through the use of standardized interview and assessment methods such as neuropsychological test batteries, as well as other memory tests, standardized intelligence tests, sensory perceptual and motor coordination tests, and additional formal procedures recognized by the profession.

Diagnostic Evaluation - Diagnostic evaluation is the act of identifying and/or classifying mental disorder according to presenting signs and symptoms and relevant historical information. It is a summary statement of a condition: conveying clinical picture, etiology, pathogenesis, prognosis, and possible treatment. Psychologists conduct a diagnostic evaluation by means of clinical interview, observation, historical documentation, structured interview, or standardized psycho-diagnostic tests as clinically indicated; and diagnose within the framework of psychological documentation (assessments, evaluations, etc.) Psychologists utilize DSM-V as well as ICD-9.

Consultation - Consultation is the provision of psychological expertise to staff members, programs, or community providers and consumers.

Individual Psychotherapy - Individual psychotherapy is a form of verbal therapy involving regularly scheduled meetings in which a trained and experienced psychotherapist establishes a professional relationship with an individual patient. The psychotherapist facilitates exploration of problems of a psychological *and/or emotional nature* with the objective of removing or modifying behavior problems or endeavoring to restore functioning or to effect change in personality organization. Individual psychotherapy notes documenting treatment progress are entered in the chart on a weekly basis for the first month and monthly thereafter. A thorough off-service note is written at the end of a course of individual psychotherapy to summarize the course and outcome of treatment. All psychotherapy notes need to identify the Master Treatment Plan problem addressed, describe progress or lack thereof, and be easily legible. An illegible signature needs to be followed by the therapist's printed name. Trainee notes require their supervisor's co-signature.

Comprehensive Behavioral Plans - Comprehensive behavioral plans are explicit procedural strategies, based on established principles of learning theory, in which antecedent-consequence relationships are identified and implemented in an effort to increase or decrease target behavior(s). Comprehensive behavioral plans may involve multiple caregivers/treaters in their implementation but must be supervised and monitored by professionals trained in behavior therapy. These professionals are responsible for ensuring adherence to all legal, professional, and ethical standards relative to the use and application of behavioral techniques.

Group Psychotherapy - Group psychotherapy is defined as the establishment of a professional and therapeutic relationship between a trained and experienced psychotherapist and a single group of identified patients. The group participants explore psychological and emotional problems on a regular schedule in a safe, supportive setting with the overall purpose of addressing, modifying, or reducing problem behaviors. Group psychotherapists may utilize a variety of evidence-based approaches and modalities. Group psychotherapy notes documenting treatment progress are entered in the chart on a monthly basis. All group psychotherapy notes need to identify the Master Treatment Plan problem addressed, describe progress or lack thereof, and be easily legible. An illegible signature needs to be followed by the therapist's printed name. Trainee notes require their supervisor's co-signature.

Family/Couples Therapy and Family Support Groups - A specialized form of psychotherapy in which an experienced psychotherapist with specialized training in marriage and family therapy works with a family or families. Participants discuss the identified client's problems, treatment and progress, and how it affects the family and how the family influences the client. The family receives education specific to the client's illness. The goal is to reduce behavioral problems that are generated within the family system. Interns, under supervision of a psychotherapist, may provide family/couples or family group therapy.

Psycho-education - Is the presentation of information (oral, written, videotaped or some combination) with the goal of increasing a client's understanding of a particular issue related to his/her identified treatment needs. Psycho-education is typically conducted in a group setting to promote discussion, sharing of information and experiences among peers, and the answering of questions.

Research and Program Evaluation - These activities involve systematic approaches to research and evaluation of therapeutic endeavors. The procedures include formulation of a hypothesis or problem, development of assessment methods, selection of appropriate populations, and possible control groups, collection and analysis of the data, and preparation of written reports.

Forensic Psychology - Forensic psychology deals with the psychology of the law, courts and legal procedures. Forensic credentials are based upon standards of the American Board of Forensic Psychology Clinical Credentials are granted in the following areas: Expert Witness in the Judicial Setting, Pre-sentence Evaluation Expert, Psychiatric Security Review Board (PSRB) Expert, Probate or Civil Mental Illness Determination Expert, and Competency Evaluation Expert.

Substance Abuse Counseling - Substance abuse counseling requires basic knowledge in chemical dependency and recovery. Experience in working with clients with both addiction and co-occurring psychiatric and/or medical disorders is expected. Staff conducting substance abuse counseling should have knowledge of Dialectical Behavior Therapy, Motivational Enhancement Therapy, Stages of change models, 12-step recovery models, and the use of Opiate agonist treatment, in addition to an understanding of the 12 core functions identified by the Connecticut Certification Board (*see attached*).

Program Development: Program development entails the development, implementation, as well as quantitative and qualitative evaluation of clinical services designed to meet the specific needs of WFH patients.

Supervision of trainees: WFH Psychology provides a rich training placement site for graduate psychology students who are supervised by Psychologists within WFH. Supervision consists of regularly scheduled formal supervision meetings to provide guidance and feedback to trainees. At a minimum, each supervisor is also expected to meet with each of their assigned trainees at least twice weekly, unless dictated otherwise by contractual requirements. Additionally, a licensed Psychologist must be on site at all times that trainees are present, so that they can be available for ad hoc supervision.