A Therapeutic Self Study Handbook/Guide

NIPSA Therapeutic Certification is an evaluative process for schools that describe themselves as therapeutic in nature and that have a component for addressing student needs in addition to that which is seen as traditionally academic. These criteria are designed to set high standards of performance in regards to personnel, safety, and quality of care. The process includes a comprehensive self-evaluative report by the school, followed by a site visit by a committee of peers in order to experience the school firsthand and to evaluate the accuracy of the report. To be recognized for NIPSA Therapeutic Certification a school must also meet, or have previously met, the criteria of NIPSA Academic Accreditation as set forth in the *Evaluative Criteria, NIPSA Accreditation and Therapeutic Certification Program, 2013* and must meet the criteria for Special Needs Schools described in Section 14.0 of that document.

While certification is not a guarantee of positive outcomes, we believe that schools that strive to meet these standards will have more likelihood of success.

1. *Philosophy and Goals*

Each school should have a clearly delineated mission from whence its philosophy of operation and its goals for the improvement of its clients and students emanate. In addition, the philosophy should be a public document and be part of explanatory and marketing materials that are used to tell patrons and the school community what they can expect from the program. There must be a description of the population served and the disorders or personality traits addressed by the program. DSM IV categories should be used and a description of the process that is used to determine admission to the therapeutic program should be provided.

2.   *Procedures*

Each school must describe in detail the specific scheduling of students for therapy and the nature of that therapy (group, family, individual, etc.), documentation and records kept for all activities, emergency care policies, policies for handling aberrant behavior or unusual events, disciplinary measures employed, appropriateness of staff training and assignments, and follow up procedures. Any and all policies that are unique to the program should be explained in detail.

3.   *Personnel*

Student safety often depends upon the effectiveness of staff. The school must include specific lines of communication among the therapeutic staff members, the selection criteria and evaluation procedures employed for staff members, qualification of staff (including background checks, educational experience and certification), and staff development implemented (including in-service, mentoring, probationary periods.) The level of staff expertise should be described (e.g., counselors, psychologists, psychiatrists on staff or consulting.)

4.   *Other Certifications*

If the school or program has established relationships, certifications or accreditations of the therapeutic program those should be described in detail and documentation should be provided as part of the self-study.

5.   *Medical Policies*

  There must be a complete explanation of any medical procedures employed, the staff members that are responsible to implement those procedures; and there must be written policies that insure safety, secure record keeping with HIPPA assurances, hospitalization policies, emergency policies and follow-up policies.

6.   *Evaluation*

 A complete explanation of program evaluation must be part of the study. A strategic or log-range plan must have been developed and any periodic re-evaluations of that plan should be part of the program policies and the self study report.

7.   *Office Procedures*

Office procedures must be included and must describe staff responsibilities for protection of records, enforcement of HIPPA regulations and all policies related to federal, state and local regulations.

8. *Dormitories and Housing*

 Boarding school must also meet the criteria described in Section 11.0 of the *Evaluative Criteria, NIPSA Manual for the Self Study, 2010.*

# EVALUATIVE CRITERIA FOR SCHOOL THERAPEUTIC CERTIFICATION

### **A SELF-STUDY GUIDE**

Each of the following criteria must be addressed in your report. Please follow the numbering used to report your comments and observations. This report should then be included in the same binder with the Report of the Academic Self-Study, but separated and clearly marked, and should be titled Report of the Therapeutic Certification Self-Study. It should be noted that some emotional growth schools have a mix of students: some who require treatment and others who do not. Emotional growth schools may opt out of being clinically certified. If however it is found that they do in fact have clients who require treatment, and they are in fact providing treatment then being clinically certified maybe required.

NOTE: NOT ALL OF THE FOLLOWING STANDARDS ARE APPLICABLE TO ALL THERAPEUTIC LEVELS. SHOULD THAT BE THE CASE IN YOUR STUDY PLEASE MARK THE ITEM “ N/A” FOR NOT APPLICABLE, AND EXPLAIN WHY THAT IS THE CASE (Keep in mind, the committee may ask for additional clarification if they feel it is necessary.)

General Data

This section should include all of the current statistical information for the school.

 Pertinent Information

|  |  |
| --- | --- |
| School |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City |  |  State |  |  Zip |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  |  Fax |  |

|  |  |
| --- | --- |
| Name and Title of Head of School |  |

Type of School: (Enter information below)

|  |  |  |  |
| --- | --- | --- | --- |
| Preschool  |  |  Elementary (Enter Grades) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Middle/Junior (Enter Grades |  |  High (Enter Grades) |  |

 Organizational Structure

 Describe the school’s classroom organization (i.e. self-contained, departmental, non-graded, etc.)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Enrollment (as of October 1st of the current school year |  |

|  |  |
| --- | --- |
| Enrollment Three (3) Years Ago |  |

 Present a brief history of the school.

|  |
| --- |
|  |

School Promotional Information, Admissions and Records

 List methods used to give the community and parents of prospective students information about the school. *Append school brochures or catalogues.* *Include other materials in a supplementary file.*

|  |
| --- |
|  |

 List the distinguishing characteristics that attract students to your school. Briefly describe admissions procedures. Please include entrance requirements, tests used, and other screening procedures.

|  |
| --- |
|  |

 All NIPSA schools are required to have an anti-discrimination policy. Briefly describe how your policy is made public and how is it published. *Include copies in your appendix.*

|  |
| --- |
|  |

 Compare present enrollment with school capacity.

|  |
| --- |
|  |

 Describe how student progress is reported to parents. (*Include a copy of report card or other reporting instruments in appendix.)*

|  |
| --- |
|  |

 Describe the system used to request records from a former school and to transfer student records from your school to student’s next school. *Include request/transmittal forms in appendix.*

|  |
| --- |
|  |

 How are student and personnel records protected against fire, theft, vandalism, etc.? (It is required that adequate protection of school records be evident.)

|  |
| --- |
|  |

 Are all required governmental permits and inspection reports current? *Include a copy of them in the appendix and supplementary file.*

|  |
| --- |
|  |

1 Describe methods taken to provide data security.

|  |
| --- |
|  |

 Geographical Community

 What community or city does your school serve?

|  |
| --- |
|  |

 *Include a map (county or city road map acceptable) in the supplementary materials showing school and area served.*

. How are children transported to school? Indicate approximate percentages.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Parents |  |  Car Pools |  |  Bus |  |
|  Public Trans. |  |  Walk or Bike |  |  Other |  |

 What demographic changes are occurring in the community your school serves? How do you believe these changes will affect your school?

|  |
| --- |
|  |

1. Philosophy and Goals

1.1 Describe the philosophy and goals of the treatment program.

* 1. Explain how the philosophy and goals of the therapeutic program are communicated to the school community.  *Include examples in the appendix.*
	2. Describe the population served and the disorders or personality traits addressed by the program, and indicate below the DSM V categories by number that the school/program is designed to serve.

DSM V Diagnosis:      # students:      #mild:       #moderate       #serious       #acute

DSM V Diagnosis:      # students:      #mild:       #moderate       #serious       #acute

DSM V Diagnosis:      # students:      #mild:       #moderate       #serious       #acute

DSM V Diagnosis:      # students:      #mild:       #moderate       #serious       #acute

DSM V Diagnosis:      # students:      #mild:       #moderate       #serious       #acute

DSM V Diagnosis:      # students:      #mild:       #moderate       #serious       #acute

DSM V Diagnosis:      # students:      #mild:       #moderate       #serious       #acute

1.4 Select what you feel is the most appropriate level of clinical certification based on the needs of your students.

|  |  |  |
| --- | --- | --- |
| **[ ]**  | **Level 1** | Counseling and guidance provided as part of the program on an as needed basis and may be provided on-site or by outside referrals. Most students do not have a DSM V diagnosis, and those who do, are “mild.” Any previous in-patient psychiatric hospitalizations have resulted in the discharge recommendation that no further intensive care is necessary. A consulting psychiatrist should be available if needed. Clinical certification is optional. |
| **[ ]**  | **Level 2** | Clinicians are licensed or must be license eligible and are provided for students identified as in need of counseling or therapy. However, if there is only one clinician, that clinician must be fully licensed. Sessions are conducted at least weekly on site and may be group or individual. If there have been previous in-patient psychiatric hospitalizations, the discharge summary recommendation has been for a lower non hospital level of care. A psychiatric consultant or staff member is available for medication or consultation if required. Students with a DSM V diagnosis may be “mild” or “moderate” Since therapy is being offered, clinical certification is required.  |
| **[ ]**  | **Level 3** | Therapy is part of the ongoing program and a requirement for ALL of the students in the school. Sessions are conducted and based on the DSM V diagnosis and the need of the client, and may be group and/or individual, and are conducted on site. There may have been previous in-patient psychiatric hospitalizations. All clinical staff is licensed mental health professionals with a minimum of two years experience. Students on medication or those who have had previous hospitalizations meet with the staff psychiatrist or consulting psychiatrist a minimum of bi-monthly. Family therapy is part of the program for all students and is conducted either in person or via Skype or similar electronic means. Students’ DSM V diagnoses modifiers may be “moderate” or “serious.”. Clinical certification is required. |
| **[ ]**  | **Level 4** |  Regular ongoing intensive treatment is provided at least daily and as needed. Most of the students have had at least one prior in-patient psychiatric hospitalization. Psychiatric care, including evaluation and medication management is provided at least monthly by the staff psychiatrist. All clinicians are licensed mental health professionals with experience and training of a level necessary to work with this more at risk population. The DSM V modifier for most of the students will be “serious” or “acute.” Clinical certification is required. |

 It is assumed that documentation is consistent with the best practice requirements of the profession in which the clinician is licensed, and the state in which the school is located. It is also assumed that the clinician’s experience and education are appropriate for the level for which the school is applying. All such documentation is to be provided.

1.5 Describe the process that is used to determine admission to the therapeutic program and how it is determined if a child is clinically appropriate for the school. The following records should be required. Place an A [x] in the box when the records are required. Where notpresent, please indicate the reason.

* If the student has been hospitalized, or in a prior therapeutic setting (RTC, Wilderness, etc) within the past three years all records must be available..[ ]
* Discharge summaries and recommendations from hospitals or similar programs.[ ]
* Psychological and psychiatric and other pertinent evaluations.[ ]
* IEP if available [ ]
* Record of the admission interview.[ ]
* Qualifications of the person who conducted the interview.[ ]
* Admission interview (required face to face or electronic for Level IV [ ]
* Please indicate the reason for any of the above NOT being available.

*Please make your clinical and/or therapeutic staff procedures manual and/or employee manual available to the committee in the supplementary material.*

2.   Procedures

* 1. Describe in detail the specific scheduling of students for therapy.

|  |  |
| --- | --- |
| 2.1.1 How many times a week they receive therapy. |       |
| 2.1.2 The lengths of various therapy sessions.   |       |
| 2.1.3 Does the program use group therapy, individual therapy, or both.   |       |
| 2.1.4 If groups are used, detail the types of groups (process groups, psycho-educational groups, or other configurations) |       |
| 2.1.5 The number of clients in each group. |       |
| 2.1.6 The number of staff in each group |       |
| 2.1.7 The number of times per week that each group meets. |       |

Please make any additional comments you feel necessary.

2.2 Family therapy is a meaningful component of all therapeutic programs. Family therapy will be evaluated based on the following:

* **Level- 1:** Family therapy may be provided as part of the program on an as needed basis and may be provided on site or by outside referrals.
* **Level 2:**  Family therapy is available for all students on an as needed basis and is conducted every 2-4 weeks either on site or via Skype or similar electronic means
* **Level 3:** Family therapy is a regular component of the program, is offered at least weekly and takes place a minimum of monthly for all students and is provided on-site or, if necessary, via Skype or similar electronic means.
* **Level 4:** Family therapy is a required component of the program and takes place at least twice a month or on a greater or lesser schedule as determined by the clinical director. All sessions either take place in person or via Skype or similar electronic means.

2.3 Explain your particular approach to treatment. (EX: psychodynamic, DBT, CBT etc.)

 Please describe:

2.3.1 Indicate if treatment team meetings are held on a regular basis and who attend.

If so, detail how often.       Indicate whether or not a psychiatrist is in attendance

2.3.2 Indicate any alternative therapies that are being used.

2.4 Copies of the type of documentation and records created after each group, individual or family session are to be available for committee examination.

2.5 Indicate if there is an emergency 24-hour hotline for students and/or parents.

 If there is, describe how it operates and the qualifications of those manning the hotline.

2.6 Describe the system designed to facilitate internal tracking of unusual events in order to monitor and analyze incidents, identify trends, and develop improvement plans to prevent recurrences.

2.7 Explain whether or not the guidelines for ethical conduct of both staff and students are published in a policy manual~~.~~ If they are not in the staff or employee documents, please describe where they are located or describe here.

2.8 If restraints are employed describe who conducts the restraining, how the staff members are trained, records kept of staff trainings, and to whom incidents requiring restraints are reported.

2.9 Describe what situations require restraints or seclusion, and explain how the policy is made clear.

 *Please provide a copy of the restraint and seclusion policy in the supplemental file.*

2.10 Documentation: (Please see the attached recommendation for restraint/seclusion documentation.) Incidents of seclusion and/or restraint must be documented on designated forms. Please place an “X” in the boxes below of the following types of information that are included in the documentation. If any of the following are not included, please explain here why they are not included.

|  |  |
| --- | --- |
| [ ]  | The reason for the physical interventions |
| [ ]  | The length of the interventions |
| [ ]  | The persons notified, the antecedent behaviors |
| [ ]  | Alternative interventions attempted and outcomes thereof |
| [ ]  | The student’s condition as observed during the 15 minutes checks, and the student’s response to the intervention |

*Include the forms in the appendix.*

2.11 Incidents of solitary confinement or group punishment are to be detailed and the reporting procedures made a part of the supplemental file*.*

* 1. If an after-care support system is available, please report in detail.

*2.13 Transition plans should be detailed and made a part of the supplemental file.*

3.   Personnel

* 1. Describe the lines of communication among administration and staff members in the therapeutic program.

*Include a table of organization.*

* 1. If the following staff selection procedures are followed and documented, place an “X” in the appropriate box below and explain any “No” answers at the end of the chart.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Complete background checks | [ ]  | [ ]  |
| Valid transcripts | [ ]  | [ ]  |
| Have former employers provided recommendations | [ ]  | [ ]  |
| Have recommendations been vetted | [ ]  | [ ]  |
| Have certifications been validated | [ ]  | [ ]  |
| Has former work experience been verified | [ ]  | [ ]  |
| Has driving record been checked | [ ]  | [ ]  |
| Has there been a physical exam (drug screen, TB test) | [ ]  | [ ]  |
| If any answers are NO, please explain below. |  |  |

*Please complete the staff questionnaire in the appendix and indicate the level of educational attainment and qualifications of all staff member (i.e., BS, MA, MSW, PsyD, Ed.D, or PhD degrees.)*

If you employ non-degreed persons as part of the therapeutic staff, explain the qualifications required of those individuals.

3.2.1 Explain the qualifications you require for your non-degreed staff.

3.2..2 Detail the minimum amount of experience required.

* 1. Describe any probationary period that is employed for all therapeutic staff members.

* 1. Describe any mentoring or peer support program that is required by the school.

* 1. Describe the school’s in-service training and staff development programs for all personnel involved in working with children.
		1. Describe in what clinical areas in-service trainings are conducted for clinicians and therapeutic staff.
		2. Describe in-service training conducted by the school for non-certified staff, and whether it is conducted on or off site.
		3. Provide records of staff training.
		4. Explain whether in-service credits are offered for these courses.

3.5.5 Provide the qualifications of all persons involved in training.

 3.5.6 Describe how the staff is informed of the latest relevant clinical information.

* 1. Indicate whether there is a psychiatrist on staff or whether there is a consulting psychiatrist

Give the following information about this individual:

* + 1. The number of days and hours a week this person is available
		2. The number of times each child is seen       The number of minutes each child is seen
		3. Does this individual write prescriptions for the students(Yes or No)
		4. Indicate if this person is board certified(Yes or No)
	1. Explain how the clinical staff is evaluated and supervised.

3.8 Give the names, positions and qualifications of those conducting the evaluations and of those who are supervisors.

3.9 Describe the methods of communication that are employed among the therapeutic, academic and the support staff.

 Describe the frequency of meetings for both staff and treatment teams.

3.10 Explain the procedures that govern the use of contracted therapists.

3.11 Describe the treatment plans that are written for each student.

 (Please attached a sample copy of a treatment plan)

*Please include a sample of the treatment plan in the supplementary file.*

4.   Other Certifications

* 1. Indicate whether or not the program is approved by any mental health or other public body such as JCHO, COA, etc.

***If so, please list and include copies of all certifications and approvals in the appendix.***

* 1. List the federal, state and local laws and regulations that are required to operate this program and approve this facility.

***Show evidence of compliance in the appendix.***

5.   Medical Policies

* 1. Describe, in detail, the school’s medication management policy.
	2. Explain how medication compliance is addressed.

5.2.1 Describe how often and by whom this is addressed.

* 1. Describe, in detail, the procedures employed if a student needs to be hospitalized during the course of the school year.
	2. If there is a policy for the hospitalization of students, it must be included in the clinical policies and procedures manual. If the policy is not in the manual, explain where it is located and provide a copy of the policy in the supplementary materials.
	3. Describe the clinical transition plans that have been developed and implemented for students who are transitioning to alternate levels of care outside of the school.
	4. Describe, in detail, how medical assistance is made readily available on a 24-hour basis

6.   Evaluation

* 1. Describe the procedures and measures used to evaluate the overall clinical program.

6.1.1 List the persons or agencies responsible.

* 1. Explain what measures of client satisfaction are employed.

6.3 Describe the ways in which these procedures and measures evaluated in order to bring about institutional change.

*Please attach summaries of evaluations of the clinical program by students, parents, staff and others in the school community as an appendix to this report.*

* 1. Explain the ways in which the school employs program improvement, strategic or long-range planning to bring about positive change.

6.4.1 Explain how the measurable goals and objectives are employed to bring about therapeutic success.

6.4.2 Explain how and how often these plans are are reviewed.

*Attach a copy of the plan.*

7.   Office Procedures

* 1. Describe the methods for protecting and storing student, staff and all other personnel records.
	2. Describe all methods used to back up files.
	3. Explain who is allowed access to student files and records

7.4 Describe how and in what ways staff members made aware of federal regulations regarding confidentiality of medical records.

* 1. Explain how is it is determined whether all HIPPA regulations are being followed.
	2. Explain who monitors and trains to insure HIPPA compliance.

1. Dormitories and Housing

Boarding school must also meet the criteria described in Section 11.0 of the *NIPSA Accreditation Handbook, 2013.*

8.1 Describe any housing policies and procedures that are unique to the therapeutic program.

* 1. 8.2 Describe the security policies taken both day and night

Restraint/Seclusion Documentation Recommendation

|  |  |
| --- | --- |
| Evidence that parents and student were informed of the facility’s restraint policy prior to admission | [ ]  |
| Within 24 hours, special documentation was entered in the chart identifying | [ ]  |
|  Date and time of restraint incident | [ ]  |
|  Precipitating events prior to restraining | [ ]  |
| Interventions employed prior to use of restraints | [ ]  |
| Who authorized restraints-name, title, date, time, type of restraint and length of time authorized | [ ]  |
| Evidence that restraints were employed as an emergency safety measure and that all non-restraint interventions were exhausted | [ ]  |
| Student was evaluated periodically throughout the episode by staff other than the restraining staff | [ ]  |
| All appropriate parties were notified as soon as possible: Supervisors, parents, DCF | [ ]  |
| Student was evaluated for physical injury during and following the incident | [ ]  |
|  Incident report prepared within 24 hours and distributed to appropriate parties | [ ]  |
| Debriefing was held with administration and staff within 24 hours of incident | [ ]  |
| Debriefing was held with administration and staff within 24 hours of incident | [ ]  |