


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
JUVENILE INSTITUTIONS**

Subject: Counseling, Programs & Progress Notes		Policy Number: 11
Number of Pages: 6		Section: XIII
Attachments		Related Standards & References
A. Clinical Supervision Form B. Progress Notes Form C. Group Progress Notes Form D. Programming Alternatives E. Counseling Request Form		
Effective Date: May 20, 2007 Revised: October 06, 2008		Approved:  _____ Kathy Pittman, Director

I. POLICY:

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS), that clinical treatment services for youth with identified mental health, substance abuse, anger control and sex offender problems will be provided by Qualified Mental Health Providers (QMHP's). Other psycho-educational and psycho-social services shall be provided by staff that have been trained and certified in the application of these services. Not all therapeutic interventions require the advanced education and licensure required by a QMHP. All interventions shall be evidence-based and, to the extent possible, shall utilize developed materials – handouts and facilitator guides. Staff shall be trained in the use of these counseling and psycho-educational techniques and programs.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

- A. **Qualified Mental Health Professional** – Mental health care provider licensed or under supervision towards licensure and sufficiently trained to provide the services he or she undertakes to provide.
- B. **Risk Factor** – An area of risk and/or need that has been proven to have a high correlation to further criminal activity.
- C. **Protective Factor** – A Positive characteristic of the individual or an environmental factor used as the foundation for increasing pro-social behavior.
- D. **Service Plan** – A detailed written plan addressing the goals, objectives, timelines, and staff assignments, which are measured to establish a rehabilitative program, which addresses areas of high risk/need, and promotes pro-social behavior. Furthermore, it is a holistic and comprehensive document that addresses the recreational, educational, vocational, medical, mental health, substance abuse, sex offender/victim and transitional period needs, as well as the family history of youth.

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- E. **Treatment Plan** – A detailed written plan addressing identified clinical needs prepared by a QMHP which details specific measurable objectives, evidenced based treatment interventions, behavioral management plans, persons responsible for delivering services and reasonable time frames for accomplishing these tasks. Treatment Plans are incorporated into the individual’s Service Plan.
- F. **Serious Mental Illness** – Any mental illness which severely impacts a youth’s ability to establish and maintain normal interpersonal relationships or function in an age appropriate manner to include diagnoses with psychotic features, schizophrenia, severe post-traumatic stress disorder or schizoaffective disorder.
- G. **Psycho-Educational Counseling and Programming** – A series of individual or group sessions that utilize structured materials to help youth resolve an area of high risk/need related to family issues, use of free time, social skill deficits or attitudes/value problems.
- H. **Individual Therapy** – A philosophical and theoretical approach to counseling that is designed to achieve specific goals or outcomes.
- I. **Group Therapy** – A philosophical and theoretical approach to counseling provided in a group setting, which uses member interactions to facilitate change.
- J. **Progress Notes** – A structured format for documenting what has taken place in a counseling session or a treatment group.

III. PROCEDURE

Youth committed to a DYS training school shall be formally screened to determine areas of high risk/need, and subsequently assessed based on such risk/need. Based on the results of objective assessments, a Service Plan shall be developed, which is intended to reduce or resolve those areas of high risk/need and enhance the likelihood a youth will be able to function in the community. Treatment Plans will be developed for all youth with a serious mental illness or who have clinical impairments related to substance abuse, anger control, or sexual offending. The following individual therapy, group therapy and psycho-educational treatment approaches shall be used to resolve or reduce those identified areas of risk/need.

- A. **Treatment Philosophy** – We shall work with youth to identify and resolve treatment and programming needs. This shall be done using structured and approved assessment and treatment methods and materials. Programming staff are not authorized to use instruments, materials and/or treatment approaches that have not been approved by the Director of the Division of Youth Services and the Division’s Director of Clinical Services. The Division’s approach to treatment consists of the following:
 - 1. **Objective Assessments** - Clinical evaluations of individual youth using standardized risk/needs assessment instruments and other formal assessment procedures that yield valid scores and results.

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2. **Interventions** - All interventions and approaches shall be based on what will help the youth be successful in returning to the community as a law abiding citizen.
3. **Evidence-Based Programming** – Programs utilized by the Division shall be validated as effective or shall be based on techniques or interventions that have been proven to be effective with delinquent youth.
4. **Accountability** - The youth needs to be consistently held accountable for his/her behavior while learning the skills necessary for developing a pro-social lifestyle.
5. **Evaluation** - Ongoing objective evaluation of approaches and practices is shall be used to determine what is working effectively

B. **Service Providers/Clinical Supervision** – To assure high quality treatment programs and interventions, all clinical services shall be provided by Qualified Mental Health Professionals. Individual and group therapy shall be provided regularly to youth with mental health, substance abuse, anger control, and sex offender problems, which shall be properly supervised through the clinical chain of command. All psycho-educational and psycho-social services shall be conducted regularly as tools for lowering the risk/need level of involved youth, which shall be supervised through their normal chain of command. However, they shall be regularly reviewed and monitored by a Qualified Mental Health Provider for content and delivery.

1. **Assigned Clinical Supervisors** – Each staff member providing treatment services to youth shall be assigned a clinical supervisor. This listing of clinical supervisors shall be maintained by the Division’s Director of Clinical Services.
2. **Feedback Sessions** – Clinical supervisors shall meet regularly with the people they are assigned to supervise. This shall not be less than monthly, and may be as often as weekly.
3. **Feedback Forms** – The Director of Clinical Services shall develop forms for clinical feedback. These forms shall be completed quarterly to provide staff with feedback on their clinical skills.

C. **Therapeutic and Programming Services vs. Management Interactions** – While every interaction with a youth can have a therapeutic affect, only interactions that are focused on the development, completion or review of treatment goals are considered therapeutic or programming services.

1. **Therapeutic Services** – The following are examples of services with a youth that are considered therapeutic: regularly scheduled group and individual therapy sessions that are delineated in the Service Plan and related Treatment Plans as interventions focused on addressing an area of mental health, substance abuse, anger control or sex offender treatment.

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2. **Programming Services** – Psycho-educational or psycho-social group sessions focused on the elimination of high risk/needs associated with criminogenic factors as delineated in the Service Plan.
 3. **Management Interactions** – The following are examples of interactions with youth that are not considered therapeutic services: classification meetings, development of reports to the court, disciplinary hearings, treatment team meetings, dormitory or unit meetings, planning of activities, and discussions about events occurring in the facility.
- D. **Therapeutic Service Selection** – The Treatment Team in consultation with a Qualified Mental Health Professional shall assess and determine the most appropriate therapeutic services for a youth, which shall be documented using the Service Plan or Treatment Plan formats.
1. **Individual Therapy** – Qualified Mental Health staff shall use specific treatment interventions and/or structured approaches to individual therapy to assist youth in the completion of treatment goals related to mental health, substance abuse, anger control, and sex offender problems.
 2. **Group Therapy** - Qualified Mental Health staff shall use specific treatment interventions and/or structured approaches to group therapy to assist youth in the completion of treatment goals related to mental health, substance abuse, anger control, and sex offender problems.
 3. **Crisis Counseling** – Youth who are in emotional crisis due to a traumatic event or stressful situation shall be provided counseling by a Qualified Mental Health Professional to help them cope with the event that has occurred.
 4. **Short-term Counseling** – Short-term counseling shall be provided by a Qualified Mental Health Professional to help a youth to achieve a defined treatment goal or to help the youth address an issue with which the youth is struggling.
- E. **Programming Service Selection** - The Treatment Team shall assess and determine the most appropriate psycho-educational or psycho-social services for a youth, which shall be documented in the youth’s Service Plan.
1. **Psycho-Educational Services** – Certified staff use standardized psycho-educational curricula in an individual or group setting to address high risk/needs related to criminogenic factors.
 2. **Psycho-Social Services** – Certified staff provide training in psycho-social skill development individually or in groups to remediate specific social skill deficits.
- F. **Request for Counseling** – A youth desiring to see their assigned counselor or a QMHP may fill out a counseling request form, place it in a sealed envelop, and place it in one of the facility mail boxes.

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1. **Request Forms** – Blank forms shall be maintained next to the mail boxes as are grievance forms and medical request forms.
 2. **Request Log** – Completed request forms shall be forwarded to the facility’s coordinator of clinical services. This person shall log the requests and forward the form to the appropriate counselor for action. Once the counselor has seen the youth, the counselor shall completed the form indicating the action that ahs been taken and return the form to the counseling coordinator.
- G. **Progress Notes** – Following a therapeutic service session or a programming service session, the staff person who has conducted the session shall document the results of that session using either the Progress Notes Form (Attachment B) or the Progress Note for Group (Attachment C). The Progress Notes Form consists of the following SOAP model:
1. **Subjective** – The treatment professional shall document key activities and important statements made by the youth during the counseling session.
 2. **Objective** – The treatment professional shall provide his or her clinical observations – non-verbal indications of mood, emotional state, and/or issues with which the youth is struggling.
 3. **Assessment** – The treatment professional shall make a clinical judgment as to the emotional state of the youth, the issues that are critical, and the progress being made in counseling.
 4. **Plan** – A brief statement of what changes, if any, need to be made in future sessions and/or the planned treatment plan.
- H. **Training** – All treatment staff who provide therapeutic or programming services shall, in additional to their formal academic training, receive training in the services they shall be expected to implement.
1. **Pre-service Training** – Contractual and full-time staff hired to provide counseling services to youth at the two training schools, shall receive training which orientates them to the rules of the Division of Youth Services, the behavior management program used to manage youth, and the specific counseling and treatment programs provided to youth.
 2. **In-service Training** – The Training Coordinator for the Division of Youth Services shall conduct an annual training needs assessment and develop a strategic training plan for the upcoming year. This assessment and plan shall address the specific needs of counseling staff. (For further information about training, see Policy VI.7 – Training Management.)
- I. **Certification** – Staff must be appropriately trained and certified/licensed to provide select services to youth.

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1. QMHPs shall only provide services and practice within the scope of their respective license.
 2. Programming Staff shall pass a certification process following training indicating a minimum proficiency in the specific psycho-educational or psycho-social process prior to providing services.
- J. **Documentation** - Staff shall fully document behavior, service plans, treatment plans, and services related to therapeutic and programming sessions. The following documentation shall take place:
1. **Program Manuals** – The Program Directors at the two facilities shall maintain program manuals for the structured programs that are utilized at the two training schools. A manual for a specific program shall contain a complete set of participant handouts and a facilitator’s guide for conducting the program.
 2. **Program Statistics** – Each treatment provider shall maintain the statistics needed by the facility and by DYS (as dictated by the performance review process) to track attendance and manage the programs being offered at the facilities. These statistics shall be maintained in the Quality Assurance files for the facility.
 3. **Progress Notes** – Progress notes related to programming services shall be maintained in a youth’s master file. Progress notes related to clinical services shall be filed in both the master and medical files. These progress notes shall provide the dates of therapeutic or programming service sessions, the length of each session.