

BSCIP

Psychology Standards

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ACUTE CARE PSYCHOLOGY STANDARDS

The purpose of the standards in the acute setting is to manage the psychological and behavioral reactions to the traumatic injury, to promote favorable outcome from medical treatment, and maximize function in individuals with brain or spinal cord injury from a behavioral and psychological perspective.

It accomplishes this task through appropriate factors which are related to *the trauma of the injury, acute institutionalization, medical procedures and functional outcome*, and utilizes the results of these assessments with an interdisciplinary team approach to develop an effective overall treatment plan.

KEY

N/A = Not Applicable

A = Acceptable / Meets Standards

C = Acceptable With Corrections -
(Comments Are Suggested)

U = Unacceptable / Does Not Meet
Standards –
(Recommendations Are Required)

In addition, it provides specific behavioral and psychological interventions with individuals with brain or spinal injury, their families and significant others to maximize physical and psychological function, independence and quality of life.

- For each of the following sections, ask *“What would be acceptable data or evidence that would help me as a reviewer to check A, C or U?”*

1.16 STAFFING:

There should be at least one designated clinical doctoral level licensed psychologist with expertise in brain and spinal cord injury who is identified as the psychologist with responsibility for brain and spinal cord injury service.

1.16 STAFFING:

Qualified masters level counselors with appropriate credentials to provide clinical services to patients with brain or spinal cord injury may also be employed as staff in addition to the doctoral level psychologist(s).

1.16 STAFFING:

However, they must be under the supervision of the doctoral level psychologists and masters level counselors should not be greater than two masters level to one doctoral level staff.

1.16 STAFFING:

When caring for the pediatric population the psychologist should have training and experience with children.

A = Lists of team members, interviews

1.16 STAFFING: B

The number of psychologists and counselors on staff must be sufficient to provide the necessary clinical psychological services as outlined in the psychology standards

1.17 TRAINING

Orientation - Each psychologist starting on the brain and spinal cord injury service should be provided with an orientation in at least the brain and spinal cord injury section of the following disciplines:

1.17 TRAINING

- Psychology / Neuropsychology
- Physical Therapy
- Occupational Therapy
- Nursing
- Social Work
- Respiratory
- All medical specialties involved with brain or spinal cord injury patients on the acute unit.
- Any other discipline involved with the acute brain and spinal cord injury service
(cont'd)

This orientation should include the following:

- Physiology and neuro-anatomy, including determination of level, completeness and functional correlation and / or cognitive levels.
- Functional and / or neuropsychological factors
- Emotion impact and stages and psychological factors
- Developmental assessment
- Cognitive assessment (cont'd)

- Sexual functioning
- Family dynamics
- Activities of daily living and care
- Management of acute problems (see standards)
- ICU procedures
- Surgical procedures (cont'd)

- Non-surgical procedures
- Respiratory therapy procedures
- Goals and philosophies of the unit
- Rehabilitation resources in the community
- Clinical policies and procedures of each discipline
- Treatment of interventions and strategies of each discipline

Acceptable evidence

- Orientation syllabus
- Policy and Procedures manual that includes information on these issues
- Corroborated by interviews

Not acceptable

- Verbal statements that "I had that."
- If it isn't documented, the assumption is that it wasn't done.

1.17 TRAINING: C

Each psychologist on the acute brain and spinal cord injury service should attend at least four (4) education training programs on a brain and spinal cord injury rehabilitation related topic per year.

Acceptable = CE documentation

1.17 TRAINING: D

The psychologist on a pediatric unit should be knowledgeable and experienced in developmental processes

Acceptable = evidence of training e.g. CE, coursework

1.18 CLINICAL PROCEDURES:

Assessment - Every patient with a brain or spinal cord injury and their family admitted to the acute brain and spinal cord injury center will have an assessment provided by the psychologist as soon as practically possible, but not later than four (4) days. This assessment

Shall include:

- Psychological status of patient and family
- Behavioral reactions of the patient and family
- Pre-morbid psychological and behavioral status (cont'd)

Shall include:

- Recommendations for maximizing acute care outcome and potential for rehabilitation
- Identification of any anticipated cognitive, psychological or behavioral problems
- Treatment plan

A = Assessment in the chart

1.18 CLINICAL PROCEDURES: B Neuropsychological and Psychological Testing

The type and frequency of neuropsychological and psychological testing should be provided as deemed clinically warranted and appropriate for the acute care setting.

1.18 CLINICAL PROCEDURES: C Treatment Plan

A psychology treatment plan which includes current psychological status, goals of treatment intervention being provided and response to treatment should be developed after the assessment and updated appropriately.

A = Written treatment plan in the chart

1.18 CLINICAL PROCEDURES: D Treatment Interventions

Treatment interventions should be made available to the acute patient with a brain or spinal cord injury and family as deemed clinically appropriate. No delineation of services should be included here.

A = progress notes in the chart

1.18 CLINICAL PROCEDURES: E Discharge Summary

There should be a psychology discharge summary for each patient which should include the following:

1.18 CLINICAL PROCEDURES: E

- Pre-morbid psychological, behavioral and educational / work status.
- Initial cognitive, behavioral and psychological status
- Treatment intervention provided
- Current cognitive, behavioral and psychological status
- Recommendations
- Status of family adjustment.

1.18 CLINICAL PROCEDURES: F Post Acute Care

The acute brain and spinal cord injury psychology service should take responsibility for patient follow-up after discharge by either providing periodic assessment and outpatient services as needed or appropriate consultation with agency to which patient is being referred.

A = noted in the chart

1.19 DOCUMENTATION: The following must be documented in the patient chart:

- Initial neuropsychological and psychological assessment
- Results of any neuropsychological and psychological testing
- Psychological and cognitive treatment plan updated appropriately
- Progress notes for patients undergoing psychological and neuropsychological treatment per intervention
- Discharge summary including status of family adjustment.

1.20 INTERDISCIPLINARY COLLABORATION:

The psychology services must be provided as part of an integrated interdisciplinary team approach. Each psychologist on the brain and spinal cord injury service team should be involved with the following:

1.20 INTERDISCIPLINARY COLLABORATION:

- Team meeting or rounds
- Attend and participate in patient / family conferences where possible
- Consult with each discipline involved with the patient and family as needed for the purpose of maximizing functional outcome from a cognitive and behavioral perspective

1.20 INTERDISCIPLINARY COLLABORATION:

- Coordinate with any psychiatric consultation or treatment being provided to the patient and family
- Makes every effort to provide services to patient and family where there are communication barriers, i.e., foreign languages, deafness and tracheostomies.

A = noted in the chart notes on Team Rounds, corroborating interviews

- Overall Comments
- Overall Recommendations