

Inpatient Psychology Standards

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- The Psychology Standards promote quality psychological services that identify and make available specific behavioral, psychological, and cognitive interventions with patients, families and significant others in order to maximize physical, psychological, and cognitive functions and adaptations, independence, and quality of life.

2.39 Staffing A.

- **There is at minimum one designated clinical doctoral level licensed psychologist** with expertise in brain injury whose primary responsibility is the Brain Injury Service.
- There is at minimum one designated clinical doctoral level licensed psychologist with expertise in spinal cord injury whose responsibility is the Spinal Cord Injury Service.
- These qualifications include three years experience with brain and spinal cord injury populations and memberships in appropriate professional organizations

- **B. Qualified masters level counselors** with appropriate credentials to provide clinical services to patients with brain and spinal cord injuries may also be employed in addition to the doctoral level psychologist(s).
- The ratio of masters level counselors to psychologists does not exceed two to one. The number of psychologists and counselors on staff must be sufficient to provide the necessary clinical psychological services as outlined in the Psychology Standards. When caring for a pediatric population, the psychologist should have training and experience with children.

2.40 Training: A

- **Each psychologist** in the Brain and Spinal Cord Injury Service is provided with an orientation in the following disciplines:
 - 1. Administration
 - 2. Psychology
 - 3. Physical therapy
 - 4. Occupational therapy
- (cont'd)

- 5. Nursing
- 6. Social work
- 7. Therapeutic recreation
- 8. Speech language/pathology
- 9. Vocational rehabilitation
- 10. Medicine
- 11. Any other discipline involved in the Brain or Spinal Cord Injury Service

2.40 Training: B. The staff orientation includes the following:

- 1. Brain behavior relationships
- 2. Sequelae of brain injury or spinal cord injury
- 3. Functional assessment
- 4. Physiology and neuroanatomy, including physical impairments, functional correlations and cognitive deficits
- 5. Emotional impact and stages

(cont'd)

2.40 Training: B. The staff orientation includes the following:

- 6. Cognitive assessments
- 7. Sexual functioning
- 8. Activities of daily living and care
- 9. Management of acute problems (e.g., agitation, depression, confusional states)
- 10. Family issues
(cont'd)

2.40 Training: B. The staff orientation includes the following:

- 11. Neurodiagnostic test (e.g., MRI, EEG and CAT scans)
- 12. Goals and philosophies of the centers
- 13. Community resources
- 14. Clinical policies and procedures of each discipline

(cont'd)

2.40 Training: B. The staff orientation includes the following:

- 15. Treatment interventions and strategies of each discipline
- 16. Rehabilitation process
- 17. Other disciplines involved in the Brain or Spinal Cord Injury Service

2.40 Training: C

- **Each psychologist** on the Brain or Spinal Cord Injury Service will attend and document at least four training or continuing education credits per year on rehabilitation related issues.

2.40 Training: D

- **The psychologist** on the pediatric unit should be knowledgeable and experienced in developmental processes.

2.41 Clinical Procedures: Assessment

- Every patient with a brain or spinal cord injury admitted to the center for rehabilitation (and their family) will have a comprehensive assessment provided by the psychologist within the first two weeks of admission.
- This assessment, culminating in a written treatment plan, must address the following:

2.41 Clinical Procedures: Assessment

- 1. Psychological status of patient and family
- 2. Behavioral status of patient and family
- 3. Cognitive status of patient
- 4. Premorbid psychological behavioral and education/ work status

(cont'd)

2.41 Clinical Procedures: Assessment

- 5. Suggestions for maximizing rehabilitation outcome
- 6. Identification of any anticipated psychological, behavioral, or cognitive problems
- 7. Treatment plan

2.41 Clinical Procedures: B. Psychological Testing

- Psychological testing is provided as deemed clinically necessary by the psychologist.
- Such testing includes, but is not limited to:

2.41 Clinical Procedures: B. Psychological Testing

- 1. Neuropsychological testing
- 2. Personality testing
- 3. Intelligence testing
- 4. Pre-vocational testing
- 5. Education testing

2.41 Clinical Procedures: C. Treatment Plan

- A psychology treatment plan that includes current psychological, behavioral, and cognitive status, goals of treatment, interventions being provided, and response to interventions is developed after the initial assessment and updated at least twice monthly.

2.41 Clinical Procedures: D. Treatment Interventions

- Treatment interventions are available to patients with brain or spinal cord injury as deemed clinically appropriate by the psychologist.
- These treatment interventions include, but are not limited to:

2.41 Clinical Procedures: D. Treatment Interventions

- 1. Individual psychotherapy
 - 2. Group psychotherapy
 - 3. Family management
 - 4. Behavioral management
- (cont'd)

2.41 Clinical Procedures: D. Treatment Interventions

- 5. Cognitive remediation
- 6. Sexual counseling
- 7. Marital counseling
- 8. Pre-vocational counseling
(cont'd)

2.41 Clinical Procedures: D. Treatment Interventions

- 9. Pain management
- 10. Assertiveness training
- 11. Stress management
- 12. Play therapy
- 13. Parent training

2.41 Clinical Procedures: E. Discharge Summary

There is a psychology discharge summary for each patient which includes:

- 1. Premorbid psychological, behavioral and educational/work status
- 2. Initial behavioral, cognitive, and psychological status
- 3. Treatment intervention provided

(cont'd)

2.41 Clinical Procedures: E. Discharge Summary

- 4. Response to treatment
- 5. Current behavioral, cognitive, and psychological status
- 6. Functional capabilities
- 7. Estimated functional potential
- 8. Recommendations

2.41 Clinical Procedures: F. Outpatient Follow-up

- The brain or spinal cord injury psychologist will be responsible for patient and family follow-up after discharge by either providing periodic assessment and outpatient treatment as needed or referring the patient and family to appropriate and qualified outpatient psychological services.

2.42 Documentation

The following must be documented in the patient's chart:

- 1. Initial psychology assessment
- 2. Results of psychological testing
- 3. Psychology treatment plan updated bi-monthly

(cont'd)

2.42 Documentation

- 4. Progress notes for patients undergoing psychology
- treatment at least weekly
- 5. Psychology discharge summary
- 6. Outpatient follow-up contacts

2.43 Interdisciplinary Collaboration

- The psychology services are provided as part of a well integrated interdisciplinary team approach. As such, each psychologist in the Brain and Spinal Cord Injury Service participates in the following:

2.43 Interdisciplinary Collaboration

- 1. Attends and participates in interdisciplinary clinical team meetings.
- 2. Attends and participates in patient/family conferences.
- 3. Consults with each discipline involved with the patient and family as needed for the purpose of maximizing functional outcome from a behavioral, cognitive and psychological perspective. (cont;d)

2.43 Interdisciplinary Collaboration

- 4. Coordinates with any psychiatric consultation or treatment being provided to the patient and family.
- 5. Makes every effort to provide services to patients and family where there are communication barriers, i.e., foreign languages, deafness, tracheostomies.
- 6. Conducts family education and support groups. (cont'd)

2.43 Interdisciplinary Collaboration

- 7. Coordinates with the physician and other consultations as necessary.
- 8. Provides continuing education concerning the neuro-behavioral consequences of a brain injury to all departments.

2.44 Prevention

- Psychologists participate in ongoing brain and spinal cord injury prevention as applicable

2.45 Program/Policy Development

Psychologists in the Brain and Spinal Cord Injury Service should be involved in program and policy development, especially where it involves patients with brain or spinal cord injury.

2.46 Quality Assurance

- Psychologists in the brain and spinal cord injury service should participate in quality assurance activities.

■ Questions?