

Inpatient Psychiatry - Unit Practice Manual  
John Dempsey Hospital - Department of Nursing  
The University of Connecticut Health Center

**GUIDELINES FOR:** Group Descriptions

**GROUP TITLE:** COPING SKILLS GROUP

**MEMBERSHIP:** All patients able to tolerate a 50 minute group.

**CRITERIA:** Patients who would benefit from education and practice of practical, positive coping strategies to better manage stress, anxiety, anger, depression.

**FACILITATOR:** Occupational Therapist

- OBJECTIVES:**
- Provide opportunity to learn about and practice at least 2 coping strategies.
  - Successful completion of task/social interaction.
  - Decreased anxiety and stress.
  - Improved social tolerance/skill.
  - Improved mood and daily function.
  - Development of Relapse Prevention Plan.

**PROCESS AND**

- CONTENT:**
- Activities are structured to provide and introduction to and practice of practical, positive coping strategies and resources and may include:
    - o Identification of sources of stress
    - o Identification of positive and negative copers
    - o Sentence completion
    - o Sensory activity
    - o Educational videos and handouts
    - o Tai Chi
    - o Wellness education instruction
    - o Relaxation education and exercises, including relaxation tapes
    - o Creation of a Relapse Prevention Plan

**EFFECTIVE DATE:** 10/09

**REVISION DATES:**

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**GUIDELINES FOR: Group Descriptions**

**GROUP TITLE:** DIALECTICAL BEHAVIORAL THERAPY (DBT)  
TRAUMA AFFECT REGULATION: GUIDE FOR EDUCATION AND THERAPY (TARGET)

**MEMBERSHIP:** All inpatients who can most benefit from below stated objectives.

**CRITERIA:** Exclusion of patients that are overly psychotic, grossly disorganized, or unable to tolerate group setting.

**FACILITATOR:** Occupational Therapist or therapist trained in DBT and TARGET techniques.

**OBJECTIVES:**

- Provide education and skill training in order for individuals to replace ineffective, maladaptive, or non-skilled behavior with skillful responses.

**PROCESS AND**

**CONTENT:**

- Strength-based, present centered biopsychosocial approach. Primary focus is off of past trauma and traumatic memories and refocusing attention on current trauma symptoms. Current symptoms may include avoidance, hypervigilance, decompensation, dissociation or acute crisis.
- Skill training modules include managing dysregulation and lability of emotions, interpersonal dysregulation, behavioral dysregulation, and the dysregulation of the sense of self.
- DBT model was developed by Marsha Linehan, PhD., University of Washington. Model utilizes handouts, discussion, education, videos, experiential exercises.
- TARGET model used was developed by Julian Ford, PhD., a clinical psychologist and Associate Professor of Psychiatry, University of Connecticut Health Center. Model utilizes handouts, discussion, education, experiential exercises and creative arts.

**EFFECTIVE DATE:** 8/4/08

**REVISION DATES:**

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**GUIDELINES FOR:** Group Descriptions

**GROUP TITLE:** TASK GROUP

**MEMBERSHIP:** General population

**CRITERIA:** All Inpatients unless grossly disorganized or whose presence in group would disrupt the group process.

**FACILITATOR:** Occupational Therapist

- OBJECTIVES:**
- Assist patients to develop cognitive, social and organizational skills required to be successful at home, work or school.
  - Assist patients in increasing recognition of stress indicators and other behaviors that interfere with life satisfaction and promote the development of skills for coping with difficulties.
  - Provide assessment of motor coordination and cognitive abilities (attention span, problem solving, frustration tolerance, ability to follow directions, judgment).
  - Assist patients in exploring the role leisure activities have as a means of coping with difficulties.

**PROCESS AND**

- CONTENT:**
- Provide an environment in which patients can experience mastery and completion over tasks.
  - Assist patients in identifying a skill area will be the focus of the group.
  - Assist patients in the selection of a specific task/craft that addresses the identified skill area.
  - Utilizes a variety of tasks and crafts for goal achievement.

**EFFECTIVE DATE:** 1/98

**REVISION DATES:** 3/06, 7/08

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**GUIDELINES FOR: Group Descriptions**

**GROUP TITLE: EXPRESSIVE MEDIA**

**MEMBERSHIP:** General population

**CRITERIA:** All Inpatients unless grossly disorganized or whose presence in group would disrupt the group process.

**FACILITATOR:** Occupational Therapist

- OBJECTIVES:**
- Encourage teamwork and mutual trust.
  - Explore non-verbal means of communication.
  - Encourage appropriate release of anxiety, frustration and anger.
  - Provide an opportunity to explore self-concept and increase awareness of self.
  - Provide an opportunity to increase awareness through sensory experiences.
  - Explore alternative ways of reducing stress through the use of play, music, drama and art techniques.
  - Develop interpersonal skills through team involvement.
  - Encourage problem solving.

**PROCESS AND**

- CONTENT:**
- Provide a channel through which patients can communicate non-verbally.
  - Incorporate various themes and media into the group which provide patients with a non-threatening outlet and opportunity for the expression of their emotions and feeding.
  - Utilize a variety of materials and methods including art, movement, writing, role play, new games, poetry and adventure based counseling.

**REVISION DATES:** 7/08

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**GUIDELINES FOR: Group Descriptions**

**GROUP TITLE: SOCIAL SKILLS GROUP**

**MEMBERSHIP:** Patients able to tolerate a small group setting for 20-45 minutes.

**CRITERIA:** Patients who would benefit from increased activity, basic social skills education and practice, assistance in organizing their day.

**FACILITATOR:** Occupational Therapist

- OBJECTIVES:**
- Provide opportunities for movement.
  - Improved level of alertness.
  - Successful social interaction.
  - Identify tolerance of social and physical activities.
  - Address common concerns related to being in the hospital.

**PROCESS AND**

- CONTENT:**
- Activities are structured to provide successful experiences/interactions with others by completing worksheets, following demonstrated exercises and participating in discussions.
    - o Orientation exercises
    - o Sentence completion
    - o Poetry and short stories
    - o Relaxation and stress management techniques
    - o Goal setting and problem solving activities
    - o Art and writing
    - o Health handouts/discussion
    - o Leisure exploration

**REVISION DATES:** 10/09

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**GUIDELINES FOR: Group Descriptions**

**GROUP TITLE:** SENSORY MEDIA

**MEMBERSHIP:** All patients

**FACILITATOR:** Occupational Therapist

- OBJECTIVES:**
- Provide a variety of sensory-related activities which focus on integrating various sensory messages, in order to form improved ability to process sensory input.
  - Activities will aim to stimulate vestibular, tactile and proprioceptive senses.

**PROCESS AND**

- CONTENT:**
- Some aspects of behavior may be driven by sensory-related problems; occupational therapist will match appropriate sensory activities for those with varied cognitive levels, symptoms, diagnostic concerns, sensory thresholds, receptivity to sensory stimulation and personal preferences.

**REVISION DATES:** 10/09

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**GUIDELINES FOR: Group Descriptions**

**GROUP TITLE: PSYCHIATRIC OT INDIVIDUAL ACTIVITIES**

**MEMBERSHIP:** Patients in need of OT Services above and beyond or instead of group contact. This may include patients whose psychiatric or medical condition requires bed rest, isolation or limited stimulation.

**MEETS:** Daily, or as tolerated per psychiatric or medical condition.

- CRITERIA:**
- Patients who would benefit from OT services not already provided in group setting to gain the highest possible degree of function in the tasks of daily life.
  - Patients who can safely tolerate interaction with Occupational Therapist and safely use provided materials.

**FACILITATOR:** Occupational Therapist

**LOCATION:** Occupational Therapy Room, Patient Room, Unit

- OBJECTIVES:**
- Provide opportunities to identify tolerance of activities and for successful completion of a structured activity by consulting with team and supplying:
    - o Mental/physical outlets appropriate to patient's ability
    - o Appropriate schedule of activities and materials specific to patient's health and safety
    - o Adaptive equipment to promote safe/independent activity
  - Educate and provide resources for nursing staff involved in patient's direct care.

**PROCESS AND**

**CONTENT:** Activities are structured to assist patient in:

- ADLS: ADL Checklist, assistive devices
- Communication: language and picture boards, voice amplifier, magnification sheet
- Stress Management: instruction in relaxation techniques, worksheets such as DBT
- Time Management: daily schedule, calendar
- Leisure: games, hobbies, reading material, experiential activities
- Incentives: incentive chart, goals chart, progress chart

Utilizes activities which enable the individual to use existing skills or develop new skills to gain highest degree of independence in the tasks of daily life.

**EFFECTIVE DATE:**

**REVISION DATES:** 9/18/08

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**GUIDELINES FOR:** Group Descriptions

**GROUP TITLE:** DISCHARGE PLANNING GROUP

**MEMBERSHIP:** General population

**CRITERIA:** All Inpatients unless grossly disorganized or whose presence in group would disrupt the group process.

**OBJECTIVES:**

- Educate and assist patients in discussing and planning specific discharge goals.
- Encourage patients to actively participate in their discharge plan by sharing their concerns, feelings and questions related to discharge.
- Encourage patients to exchange ideas related to discharge planning.
- Encourage patients to provide support to community members related to the transition from inpatient to outpatient.
- Assess patients' organizational skills and motivation to discharge.
- Educate the group regarding community resources and entitlement/insurance information.

**PROCESS AND**

**CONTENT:**

- The group follows an educational discussion format guided by the facilitator, whereby each member is encouraged to share their feelings related to discharge, their specific discharge goals and aftercare options.
- Patients are encouraged to ask questions and to assist each other in learning about discharge options, alternatives and insurance/entitlement information.

**EFFECTIVE DATE:** 12/92

**REVISION DATES:** 11/93, 4/06, 7/08

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**GUIDELINES FOR: Group Descriptions**

**GROUP TITLE:** EVENING WRAP-UP GROUP AND COMMUNITY MEETING

**MEMBERSHIP:** All inpatients

**CRITERIA:** Exclusion of patients that are grossly disorganized.

**FACILITATOR:** Registered Nurses and Mental Health Workers

- OBJECTIVES:**
- To increase the sense of community.
  - To put closure on the day.
  - To provide a forum for discussion of issues which effect the community.
  - To assist both integration into and exit from the community.

**PROCESS AND**

**CONTENT:** Chairs in OT room are arranged in semi-circle. Group begins with both patients and staff introductions. New patients are introduced to the group and given the opportunity to tell the group something about themselves. Group participants are given an opportunity to discuss any current community issues. Group members can use the forum to acknowledge other members of the community.

**EFFECTIVE DATE:** 1/93

**REVISION DATES:** 7/08, 10/09

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**GUIDELINES FOR: Group Descriptions**

**GROUP TITLE: GROUP THERAPY**

**MEMBERSHIP:** All inpatients who can most benefit from below stated objectives.

**CRITERIA:** Exclusion of patients that are overly psychotic, grossly disorganized, or unable to tolerate group setting.

**FACILITATOR:** One Registered Nurse, two Registered Nurses, or one Registered Nurse and one Clinical Nurse Specialist (working as co-leaders).

- OBJECTIVES:**
- To allow verbal and nonverbal expression.
  - To encourage expression of common feelings such as anger and fear.
  - To enhance patients' abilities to give and receive feedback.
  - To utilize group process as a means to increase individual self awareness.
  - To provide patients an opportunity to learn new skills in dealing with stressors.
  - To encourage interpersonal interactions.

**PROCESS AND**

- CONTENT:**
- Room is prepared such that chairs are arranged in a circle. Group begins with a brief introduction by leader(s). The group is based upon principles of Yalom's model and develops direction through issues raised by patients. Particular attention is paid to individual and group dynamics, giving, receiving feedback, support with expression of issues and feelings. Co-leaders maintain awareness of group process and assist patients in utilizing process to enhance their communication skills.

**EFFECTIVE DATE:** 1/85

**REVISION DATES:** 1/93, 1/98, 7/08

**REVIEWED DATES:** 12/91

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**GUIDELINES FOR:** Group Descriptions

**GROUP TITLE:** MEDICAL CONSEQUENCES OF SUBSTANCE ABUSE

**MEMBERSHIP:** Dual diagnosis population

**CRITERIA:** All patients that can tolerate didactic/discussion group

**FACILITATOR:** Substance Abuse/HIV Counselor

- OBJECTIVES:**
- Patients will understand the consequences of ETOH, cocaine, benzodiazepines, opiates and cannabis abuse in relationship to all body systems.
  - Patients will understand which signs and symptoms are most dangerous.
  - Patients will understand that some damage can be reversible while other damage cannot if drug use does not stop.
  - Patients will understand that all drugs can cross the placental barrier and the effect that it has on an unborn child.
  - Patients will understand the signs and symptoms of communicable diseases and how they are transmitted.
  - Patients will learn how to prevent themselves from being exposed to communicable diseases.

**PROCESS AND**

**CONTENT:**

- Outline the various medical complications of ETOH, cocaine, benzodiazepines, opiates and cannabis abuse in relationship to all body systems.
- Describe the various signs and symptoms of withdrawal from ETOH, cocaine, benzodiazepines, opiates and cannabis.
- Identify symptoms of potential communicable disease which may result from substance abuse.
- Discuss measures to prevent transmission of disease and treatment options for specific symptoms.
- Review the potential hazards of using ETOH/other drugs when taking psychiatric medications.

**EFFECTIVE DATE:** 4/98

**REVISION DATES:** 6/06, 7/08

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**GUIDELINES FOR:** Group Descriptions

**GROUP TITLE:** MEDICATION GROUP

**MEMBERSHIP:** General population

**CRITERIA:** All Inpatients unless grossly disorganized or whose presence in group would disrupt the group process.

**FACILITATOR:** RN

- OBJECTIVES:**
- Educate patients regarding medications used in their treatment.
  - Enhance communication through patients providing medication information to one another.
  - Provide mutual support regarding medication issues.
  - Identify areas which can be further addressed through individual teaching.
  - Encourage expression of feelings regarding the need for daily medication.

**PROCESS AND**

**CONTENT:** Group follows a discussion format in which each member reviews medication regime including:

- Trade and generic name
- Purpose of medication
- Dosage
- Administration schedule
- Side effects
- Dietary considerations
- Blood levels
- Drug interactions
- Compliance issues
- Any other related issues

Patients are encouraged to ask questions and to assist each other in learning about medications.

**EFFECTIVE DATE:** 1/85

**REVISION DATES:** 1/93, 1/98, 2/98, 3/06, 10/09

**REVIEWED DATES:** 1/86, 1/87, 1/89, 1/90, 1/91, 1/92, 3/06, 7/08

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**GUIDELINES FOR:** Group Descriptions

**GROUP TITLE:** NUTRITION EDUCATION GROUP

**MEMBERSHIP:** All Inpatients

**CRITERIA:** All Inpatients who can tolerate didactic/discussion group.

**FACILITATOR:** Registered Dietician or designee supervised by R.D.

- OBJECTIVES:**
- Provide education on nutritional requirements, making healthy food choices and meal planning.
  - Encourage active patient participation to ensure individual concerns are expressed and addressed.
  - Encourage active patient participation to ensure individual concerns are expressed and addressed.

**PROCESS AND**

- CONTENT:**
- This group is designated to provide basic education on good nutrition as well as information pertinent to substance abuse and the importance of nutrition in the recovery process.
  - At each class, participants will review a selected nutrition-related video. The dietician will conduct educational activities related to the video, which may include questions/answers, food records and self-analysis of diet adequacy, nutrition quizzes, and/or food demonstrations.

**EFFECTIVE DATE:** 3/06

**REVISION DATES:** 7/08

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**GUIDELINES FOR: Group Descriptions**

**GROUP TITLE: SPIRITUAL ISSUES**

**MEMBERSHIP:** General population

**CRITERIA:** All patients with the ability to tolerate 50 minute group.

**FACILITATOR:** Chaplain and RN, Substance Abuse Counselor or MHW

- OBJECTIVES:**
- To discern possibilities for valuable living within given limits.
  - To inspire a feeling of gratitude for blessings.
  - To foster awareness of possibility that some good can come out of a difficult situation.
  - To foster hope.
  - To modulate anxiety.
  - To develop reverence for life including patient's own.
  - To discern marks of healthy spirituality and encourage practices that achieves it.
  - To acknowledge spirituality as an important dimension in wellness.

**PROCESS AND**

- CONTENT:**
- Group members share their responses about the topic presented.

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**REVISION DATES:** 6/06, 7/08

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**GUIDELINES FOR: Group Descriptions**

**GROUP TITLE: PSYCHOEDUCATION GROUP**

**MEMBERSHIP:**

**CRITERIA:**

**FACILITATOR:**

**FORMAT:** The purpose of the Psychoeducation Group is to educate clients on specific diagnostic-related topics through the use of videos, handouts and role playing. This will ultimately enhance the clients' knowledge of psychiatric and dual diagnosis issues to help promote physical and mental well being.

- OBJECTIVES:**
- To develop problem solving skills.
  - To provide a structured forum to meet treatment goals.
  - To improve reality testing.
  - To teach planning skills in a task-oriented way.
  - To clarify strengths and weaknesses.
  - To encourage future-orientation.
  - To learn ways to concretize more.
  - To encourage conceptualization and integration of new, more adaptive behaviors.
  - To develop relapse prevention skills.
  - To improve functional performance.

**PROCESS AND  
CONTENT:**

**DOCUMENTATION:** Group Note

**EFFECTIVE DATE:** 1/05

**REVISION DATES:** 6/06, 11/09

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**GUIDELINES FOR: Group Descriptions**

**GROUP TITLE: WELLNESS AND RECOVERY SKILLS GROUP**

**MEMBERSHIP:**

**CRITERIA:**

**FACILITATOR:**

**FORMAT:** Group members are provided with a safe and encouraging forum in which they are given the opportunity to explore and practice healthy assertive communication, socialization and coping skills. Members are invited to create a variety of life scenarios in which they are invited to role-play and then partake in group discussion.

- OBJECTIVES:**
- Develop direct and honest communication skills.
  - Decrease feelings of helplessness and anxiety.
  - Identify triggers for relapse.
  - Increase self-efficacy.
  - Claim responsibility for one's personal choices and the impact those choices have had on their ability to maintain wellness and/or sobriety.
  - Identify and utilize personal strengths.
  - Increase knowledge of early symptoms of mental illness, addictions, maladaptive behaviors and the recovery process.
  - Increase awareness of self-sabotaging behaviors and work towards decreasing these behaviors.

**PROCESS AND  
CONTENT:**

**DOCUMENTATION:** Group Note

**EFFECTIVE DATE:**

**REVISION DATES:** 11/09