Donna Case, RT, MA

For In-Patient Psychiatric

**Coping Skills**

**Group Description: This program will help patients develop coping skills to manage depression, anxiety, stress and frustration. This program offers a person-centered approach in which patients may choose their intervention for emotional self-regulation.**

**Objectives:**

* Patients will identify how they are feeling on a scale of 1 – 10 at onset of group and then again at the end of group
* Patients will improve ability to make decisions regarding their recovery by making one choice from four interventions offered
* Patients will be actively engaged in this intervention for 30 minutes
* Patients will develop a list of six interventions that they will use as coping skills (by the end of the semester)
* Visual imagery will be used where patients will have a picture of a suitcase and the items they choose as beneficial (over the course of the program) will be added to the suitcase. These are interventions they will take with them when discharge and access while in the community to help prevent relapse.

**Interventions**

**(Four choices will be offered each session)**

Puzzles (word searches, jigsaw puzzles, hidden picture searches, mazes)

Art Materials (watercolors, markers, drawing pencils, coloring sheets, clay for sculpture, collage materials)

Games (Connect Four, Checkers, Yahtzee, Rummikub, Playing Cards, Don’t Break the Ice, Kindle Tablets, Chess)

Reading Materials (books, magazines)

Music (radios, CD players, Kindle tablets, mp3 players)

**Lesson Plan:**

**Week 1:** Introduction of group and goals.

Find out what patients enjoy doing and write these on the blackboard. See what each other has in common of likes and dislikes. Discuss how engaging in these ‘interventions’ help them manage their symptoms. Explain that this program will allow patients to make choices and determine what interventions are ones that they can turn to while hospitalized and once discharged (and serve as relapse prevention). Visual images will be placed in the room with the patient’s name on a suitcase and when they determine something works well for them, that image will be put inside it. These are interventions they are preparing to take with them

**Week 2-15:**

*Use this plan weekly:*

**Group Introduction** (5 minutes): Note name of group, date, and staff name on blackboard.

* Discuss goal of engaging in activities *as interventions* to manage symptoms.
* Discuss what ‘discretionary time’ is and the importance of making healthy choices of how they spend their time doing things that help in their recovery.
* Discuss how making healthy choices of how to spend their time should replace the unhealthy choices they made in the past using drugs and alcohol.
* Discuss the person-centered approach to this program and the value of allowing patients to make decisions regarding their recovery and be involved in the process.

**Focus** (5 minutes): Review options of what is available as activities.

**Action** (30 minutes): This group uses the evidence-based method of choice training for becoming more assertive making choices of what to do with discretionary time. Patients will choose one of four options presented and attempt to stay focused for 30 minutes. Patients have the option of trading that item in for a different one as desired.

**Summary** (5 minutes): Discuss objectives and how they were met. Discuss importance of patient involvement in their recovery to make choices about what to do when anxious that may prevent episodes. Review the importance of attending groups and participating.

**Week 16:** Review. Did their ability to make choices improve of how to spend their time relaxing? How did their focus improve over the weeks the groups were run?

**Method of Evaluation**

Patients graded on a scale of 0 – 4

Patients are given a 4 if able to make a decision of what they want to do and are able to continue focus for minimum of 30 minutes.

Patients are given a 3 if able to make a decision of what to do and are able to continue focus for minimum of 15 minutes.

Patients are given a 2 if they had a difficult time deciding what to do, were given extra prompting, and engaged in an activity for less than 15 minutes.

Patients are given a 1 if they attend but don’t engage, only observing others.

**CMS Guidelines: 70 – Therapeutic Activities (Rev. 59, Issued: 11-09-06, Effective: 01-01-05, Implementation: 12-04-06)**   
According to 42 CFR 412.27 and 42 CFR 482.62 IPFs must provide a therapeutic activities program. (1) The program must be ***appropriate to the needs and interests of patients and be directed toward restoring and maintaining optimal levels of physical and psychosocial functioning.***

(2) The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient’s active treatment program

**This program fits the above expectations addressing psychosocial needs.**

**REFERENCES**

Information from the American Therapeutic Recreation Association (ATRA):

Primary Focus of Recreation Therapy: “*To utilize recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being”.*

The ATRA Board of Directors (2015) adopted the following definition of recreational therapy and statement of meaning, to describe recreational therapy practice. The standards of practice do not require all settings where recreational therapy is practiced to meet requirements for active treatment; but when recreational therapy is provided as active treatment there are standards and criteria which apply and those standards and criteria are consistent with standards and requirements of accrediting and regulatory agencies.

**This program uses the evidence-based method of choice training**.

Wuerch and Voeltz’s (1982) choice training.

* Involves providing students with opportunities to choose between two or more leisure activities at the start of a session.
* Patients are either reinforced for making a selection or prompted to do so.
* Group leader intervenes on a scheduled basis, either reinforcing patients for maintaining activity involvement or prompting them to return to the activity.
* Intervention will depend on the functioning ability and cognitive skills of the participants.
* The participation goal is to remain engaged in an activity for increasingly longer time periods under less intense supervision.

**This lesson plan was adapted from The National Secondary Transition Technical Assistance** **Center (CFDA # H326J110001)** Lesson Plan 23, adapted from: Nietupski, J., Hamre-Nietupski, S., Green K., Varnum-Teeter, K., Twedt, B., LePera, D.,Scebold, K., & Hanrahan, M. (1986). Self-initiated and sustained leisure activity participation by students with moderate/severe handicaps.