DIVISION OF MENTAL HEALTH AND HOSPITALS

ADMINISTRATIVE BULLETIN 5:05

DATE: June 24, 1983

SUBJECT: Psychological Service Standards for the Psychiatric Hospitals of the Division of Mental Health and Hospitals
Applicability: H

I. Definitions

A. "Clinical Psychological Service" includes, but is not limited to:

1. A psychological section (department) in a psychiatric hospital.

2. Delivery of clinical psychological services provided as part of, or a subdivision of (sectionalization), a psychiatric hospital.

3. Clinical psychological consultation provided by an individual psychologist who meets the standards as established by the New Jersey Department of Human Services.

B. "Clinical psychological services" may also include, but are not limited to, one or more of the following:

1. Evaluation and assessment of individuals.

2. Psychological treatment and therapy with individuals, groups and family units.

3. Training and education of individuals and groups in areas of psychology.

4. Program development services, including those relating to:

a. client rehabilitation;

b. training of staff;

c. community participation and development;

d. institutional and organizational policies regarding human resources; and

e. clinical issues.

5. Consultation with, or relating to:

   a. clients (individuals, families, agencies, educational institutions);

   b. the administration and operation of facilities or organizations;

   c. the community served by the individual, the facility, or organization; and

   d. training and education of staff and students.

6. Consultation with, or relating to, the conduct of research, research design and dissemination of psychological research findings.

C. "Setting" means:

1. Psychiatric hospitals.

D. "Provider" means:

1. A "qualified psychologist" as defined by Civil Service psychologist title series specifications.

2. A person offering psychological services under the supervision of a qualified psychologist.

3. A person offering services which require the supervision of a qualified psychologist.

E. "Consumer" includes:

1. An individual or group of clients or patients of a "provider" as defined above.

2. An organization, or appropriate other, utilizing psychological services.

II. Providers

A. Each setting offering psychological services shall have available at least one qualified psychologist who has a doctoral degree from an accredited university in a program that is primarily psychological, or has been fully licensed by the State of New Jersey, and who shall have appropriate experience in the area of service offered.

B. A provider of psychological services who does not meet the requirements as a qualified psychologist shall be supervised by a qualified psychologist.

C. Whenever a psychology service exists, a qualified psychologist shall be designated as "Director" or "Discipline Head" for Psychology Services. He/she shall be directly responsible to the Chief Executive Officer, or designee, and that person shall be responsible for planning, coordinating and reviewing the provision of psychological services by the hospital.

D. Responsibilities of the Director or Discipline Head for Psychology Services

1. The responsibilities of the designated Director or Discipline Head for Psychology Services shall include, but not be limited to:

   a. recruiting qualified staff; and

   b. coordinating training and research activities of the service in accordance with departmental and hospital policy.

2. The Director or Discipline Head for Psychology Services will be responsible for maintaining a high level of professional and ethical practice and for coordinating the activities of the psychology service with other professional and staff groups, both within and outside of the hospital.

3. To facilitate the effective delivery of services and increase the clarity of communiction, the psychologist designated as Director or Discipline Head for Psychology Services will be responsible for including among the staff those individuals whose qualifications and skills are directly relevant to the needs and characteristics of the consumers served.

E. Staff Psychologists

1. Staff psychologists will bring their professional background and skills to bear on hospital goals by participating in the development of policy and programs relevant to hospital management and the delivery of services.

2. Whenever psychologists are members of a hospital's professional staff, they shall assume the same order of responsibility as other professional staff in defining and implementing the objectives of the hospital.

F. Psychology Consultants

1. Psychological services will contract for services of qualified outside psychology consultants only in temporary, unusual circumstances including:

   a. psychological testing and assessment on a per-case or as-needed basis, when service demands exceed staff capabilities;

   b. provision of in-service training programs for staff in specialized areas; and

   c. consultation related to psychological research.

   All other uses of psychological consultants must first be approved by the Chief Executive Officer and the Division's psychology consultant.

III. Programs

A. Organization of a Psychological Service

1. Delivery of psychological services shall be organized to facilitate the optimal development of each client or setting served.

2. A description of the organization and lines of responsibility and accountability for the delivery of psychological services shall be available in written form.

3. A psychological service shall include sufficient qualified professional and support personnel to enable it to achieve its goals, objectives and purposes.

B. Psychological Services shall include the following:

1. Application of the body of knowledge in the science and profession of psychology in a socially useful, ethical, and responsible manner in order to facilitate, through the application of psychological principles, techniques and skills, the optimal development of each person or setting served.

Note: The implementation of behavior modification techniques should follow the applicable procedures outlined in the Psychology Advisor Committee's 1983 Subcommittee Report on Behavior Modification Programming. (A copy of this report is available from the Director or Discipline Head of Psychology Services at the hospital.)

2. Communicating this knowledge of the science and profession of psychology to providers and consumers of psychological services.

3. Increasing the body of knowledge in the science and profession of psychology by :

   a. making available opportunities and resources to encourage all psychologists to conduct applied and/or basic research which will improve the delivery of psychological services and contribute to the development of psychological theory and practice;

   b. making available, through written and oral communication, the knowledge obtained through research and practice to the scientific and professional community, and to the general public;

   c. insuring that the information disseminated is presented in a professional manner in the best interest of the consumer, the general public and the science and profession of psychology; and

   d. allowing for psychology staff to attend continuing education and staff development activities relevant to the services provided by the hospital.

C. Policies

1. In settings in which a psychological service is provided there shall be developed and maintained a written statement of philosophy, objectives and goals for that service.

   a. This policy statement shall focus on the objectives and goals of the particular psychological service. While such a written policy statement may be combined with a written statement of procedures, the latter shall describe the methods used to achieve the objectives and goals of the psychological service.

   b. This statement of philosophy, objectives and goals shall be available to staff within the facility.

   c. The psychological service shall provide that its policy statements are regularly reviewed, revised, and redistributed in order to insure that psychological services are consistent with current psychological knowledge and practice.

2. The psychological service shall be concerned with the protection of the legal and civil rights of each person receiving psychological services, and guarantee that such rights are not diminished or violated by virtue of the client being a recipient of these psychological services.

3. All providers of psychological services shall adhere strictly to the Code of Ethics of the American Psychological Association and the American Psychological Association guidelines for the ethical use of human subjects in research.

4. All providers of psychological services shall conform to relevant standards and policies, e.g., Administrative Order 1:31, established by the New Jersey Department of Human Services.

5. In the delivery of psychological services, providers shall maintain a continuing cooperative relationship with colleagues and co-workers in the setting.

6. Psychologists are expected to maintain current knowledge of scientific and professional information which is directly related to the services they render.

D. Procedures

1. Each psychological service shall develop written procedures for delivery of all psychological services within the facility served to be approved by the Clinical Director and/or Chief Executive Officer.

2. This document shall describe the current methods, forms, procedures, and techniques being used to achieve the objectives and goals for psychological services. In some settings it may be necessary to develop a separate document of procedures, written in language that could be understood by consumers as well as by providers. This written document shall describe:

   a. procedures for making appointments and referrals for psychological services, including a method for establishing priorities of appointments;

   b. procedures for making recommendations and/or referrals to other persons or agencies and the conditions under which such recommendations and/or referrals can be made;

   c. the sequence of events in the delivery of services, presented in writing or in the form of a flow chart, and in such a form so that both consumer and staff will understand this sequence;

d. the designation of the person(s) responsible for developing the psychological treatment programs in coordination with the Unit Chief;

e. a method for reporting results of psychological services; and

f. a method for establishing accountability for obtained results.

3. This document shall be available to staff and, where appropriate, to consumer representatives. The psychological service shall provide for the regular review, revision and redistribution of this document in order to facilitate the delivery of psychological services.

4. There shall be a written individualized service delivery plan for every consumer for whom psychological services are provided. This plan shall describe the psychological services needed and the manner in which these services are to be provided.

   Note: A psychologist who provides services as part of an interdisciplinary treatment program is responsible for assisting in the development and implementation of overall individualized treatment plans.

5. Accurate, current and complete documentation shall be made of all psychological services provided. Records kept of psychological services shall include, but not be limited to:

   a. identifying data;

   b. dates of service;

   c. types of services;

   d. significant actions taken.

   Note: Providers of psychological services shall insure that essential information concerning psychological services rendered is appropriately recorded within a reasonable time after the services are rendered.

6. In accordance with established Departmental and institutional policy, providers of psychological services shall establish a system which shall assure confidentiality of their records.

a. All staff members who have access to confidential records of psychological services, including non-professional personnel and students, shall be instructed concerning the confidential nature of records and shall be required to maintain confidentiality.

b. Efforts shall be made to insure that no unauthorized persons have access to confidential files concerning psychological services.

c. Files containing psychological reports or data shall be locked when not in use or when there is no responsible person present to supervise their use.

d. Students preparing for the professional field of psychology, or closely related discipline, may have access to confidential psychological records provided that such students are directly supervised by a qualified psychologist when using the records.

e. Raw psychological data such as test protocols, therapy notes, and interview data may be released only with the written consent of the psychologist and the client, or his/her legal representative, and only to another qualified psychologist who is professionally trained in procedures which make him/her competent to utilize the data.

f. Confidential records, reports and other information obtained in the delivery of psychological services may be used for approved research under the supervision of a qualified psychologist only if such use is consistent with the standards of the American Psychological Association concerning the use of human subjects in research and the confidentiality principles of the Ethics Code of the American Psychological Association.

IV. Accountability

A. Psychologists are recognized as members of an independent, autonomous profession. It is further noted that psycholgists, as with other institutional employees, are ultimately responsible to the Chief Executive Officer of the particular institution. Psychologists are accountable for all aspects of the service that they provide and shall be responsive to other professional and staff members concerned with these services.

B. Psychologists will seek to work with other professionals in a cooperative manner for the good of the consumer and the benefit of the profession. When participating in interdisciplinary settings, psychologists are expected to enjoy all rights, responsibilities and privileges of full membership.

C. There shall be periodic, systematic, objective evaluations of psychological services. Findings shall be utilized in improving service delivery. Such evaluation of services shall include consideration of the effectiveness of psychological services relative to cost in terms of time, money, and the availability of professional and support personnel.

D. There shall be qualified psychologists designated responsible for evaluation and review of psychological services. The designated psychologists responsible for evaluation and review of the programs shall have the authority to modify the evaluated program, or shall report the findings to a person or agent who has the responsibility to effect such modification or to terminate the program.

V. Environment

A. Providers of psychological services shall have available the physical and social environment that will facilitate the delivery of humane and effective services. It is the psychologist's responsibility to structure the process of the delivery of psychological services in such a manner as to promote an orderly and comfortable social environment for the consumer.

B. The provider shall strive to convey an atmosphere of professionalism and competence in which the consumer can feel a sense of personal safety and acceptance. Every effort shall be made to develop and maintain the positive self-image of consumers and to preserve their human dignity.

Richard H. Wilson, Director
Division of Mental Health and Hospitals

RHW:PK:er

Psychological Assessment
An Overview of Forms and Procedures

1. In conjunction with implementation of the Discharge Oriented Service Plan (DOSP) across the Division of Mental Health and Hospitals, standardized forms and procedures for Psychological Assessments have been developed.

2. Psychological Assessments are routinely conducted on all patients age 21 and under within nine days of admission. Patients aged 22 and over are assessed via referral from the patient's treatment team. Two (2) Psychological Assessment Forms have been developed to meet these two essentially different assessment needs. It is anticipated that the four (4) page assessment form with spaced subheadings would be utilized for routine, 21 and under assessments. The single page assessment form is to be used to address specific referral questions.

3. Please note that each of the two forms has boxes marked "Routine" and "Referral", one of which is to be checked. This is because occasions may arise on which either form could be used in response to referral or routine assessments. Examples of these occasions might include:

   A. A patient age 37 who is referred in order to assess "Intellectual level, ego strengths and weaknesses, and differential diagnosis." In such a case, the psychologist might prefer to utilize the more structured, four page form. The only stipulation placed on utilizing the four page form for referral assessments is that, if it is used, ALL headings must be completed.

   B. An 18 year old patient is referred by the admitting team for psychological assessment in order to "rule out organic impairment." The psychologist might choose to utilize the single page form in order to cover the required "routine" data as well as a detailed presentation concerning organic impairment. Note that the information covered in the four page form must be included in the single page report.

Guidelines for Psychological Assessment - Long Form

Assessment Procedures: List all procedures which were utilized in completing the assessment. Examples would include: clinical interview; record review; unit observations; family interview; psychological testing (list each test administered).

Pertinent Background Data: Briefly state background factors relevant to the assessment, with emphasis on factors directly linked to the present admission.

Behavioral Observations: Focus on observations made during the assessment process, with accurate description of the actual behaviors observed. Content might include the following:

1. General appearance: height, weight, race, mode of dress, grooming and hygiene, outstanding physical characteristics, appearance consistent with chronological age, etc.

2. Attitude toward the examiner and assessment process: degree of receptivity/resistiveness, cooperativeness, friendly vs. hostile, eye contact, etc.

3. Activity: pacing, restlessness, productivity and spontaneity, rocking, foot shaking, ability to sit and concentrate, tremors, etc.

4. Approach to Tasks and Problem Solving: extent of effort, planned vs. trial and error, checking of work, etc.

Cognitive Assessment:

1. Intellectual Level: Estimate (or report if testing was done) the patient's level of intellectual functioning (Retarded, Borderline, Low Average, Average, High Average, Superior). When formal intelligence testing is not done, factors on which the assessment is based should be detailed (i.e. vocabulary, concept formation, background data, etc.). Extent and nature of organic/neurological limitations.

2. Thought Processes and Content: Coherence and continuity of thought; associations; reaction time/blocking; echolalia; neologisms; flight of ideas; verbigeration; perseveration; overly concrete; overly symbolic/abstract. As regards content: areas of preoccupation; obsessions; phobias; delusions; hallucinations.

3. Judgment: Ability to anticipate consequences of intended behavior; extent to which manifest behavior reflects an awareness of its likely consequences; extent to which maladaptive behavior is repeated; appropriateness of behavior (extent to which person is able to attune himself to relevant aspects of external reality); reality testing.

4. Insight: Does person feel he has a problem?; ability to specify/define problem areas; ability to accept responsibility for his current life status; is blame and responsibility externalized?; willingness to accept assistance in dealing with problems (including medication); denial as primary defense mechanism?

Personality Assessment:

1. Self - image: The person's perception of his/her assets, limitations, characteristics, and potentialities; how critically is the self regarded; accuracy of self-perceptions; sex role identifications; body image; self-esteem; fluidity of ego boundries.

2. Interpersonal Relationships: The degree and kind of relatedness with others (taking into account narcissism; symbiosis; separation -individuation; withdrawl trends; egocentricity; extent of mutuality, receprocity, empathy, ease of communication); the extent to which present relationships are adaptively or maladaptively influenced by older ones (primitivity - maturity); the extent to which others are perceived and responded to as independent entities rather than as self-extensions; needs for closeness/intimacy; attitudes toward men; attitudes toward women; family relationships; marital relationships; friendships.

3. Affect: Range; lability; flatness; appropriateness; emotional reactivity to stress; mood; affective tone (depressed, angry, hostile, euphoric, etc.).

4. Impulse Control: The directness of impulse expression (ranging from primitive, physical acting out through verbal hostility to sublimated forms of expression; the effectiveness of delay and control mechanisms (including both under and over control); the degree of frustration tolerance; primary control mechanisms used; strength of libidinal and aggressive drives as assessed via overt behavior, substitute behavior (verbal, hobbies, interest, occupation), fantasy and daydreaming, dreams; suicidal/homicidal potential; infantile beliefs that one has to have wants met at all costs; egocentrically believing that life circumstances must not be difficult and life should be easy; defense mechanisms.

5. Values - Standards - Goals: The person's goals in life and their appropriateness; aspiration level and achievement; moral code, conscience, superego; implicit rules of conduct for self; "double standards" for self and others; religious/cultural influences.

Diagnostic Impression:

Render a multi-axial diagnosis via DSM-III codes and procedures.

Summary and Recommendations:

1. Problems/Needs: Phrased/defined so as to facilitate development of a treatment plan. Problems/Needs should be listed in a PRIORITIZED manner.

2. Strengths: As per treatment planning process.

3. Treatment Recommendations: Recommend services/treatment to address identified problems/needs and strengths. Such recommendations should be discharged oriented, have utility for the treatment planning process, and should take into account the patient's response to prior intervention strategies.

Guidelines for Psychological Assessment - Short Form

Referral Statement: Clearly state the referral source and the referral questions posed.

Assessment Procedures: List all procedures which were utilized in completing the assessment. Examples would include: clinical interview; record review; unit observations; family interview; psychological testing (list each test administered).

Behavioral Observations: Focus on observations made during the assessment process, with accurate description of the actual behaviors observed. Content might include the following:

1. General appearance: height, weight, race, mode of dress, grooming and hygiene, outstanding physical characteristics, appearance consistent with chronological age, etc.

2. Attitude toward the examiner and assessment process: degree of receptivity/resistiveness, cooperativeness, friendly vs. hostile, eye contact, etc.

3. Activity: pacing, restlessness, productivity and spontaneity, rocking, foot shaking, ability to sit and concentrate, tremors, etc.

4. Approach to Tasks and Problem Solving: extent of effort, planned vs. trial and error, checking of work, etc.

Results: This section should specifically focus on providing data/conclusions pertinent to the referral questions. Test results, interview information, relevant background data, etc. may all be incorporated into a comprehensive response. The organization of this section is dependent on the referral questions per se, the assessment procedures utilized, and the psychologist's own report writing style. Subheadings may be utilized to further organize results. Additional data/results beyond that needed to address referral questions may be detailed as warranted. If a diagnosis is requested, use the DSM-III multi-axial approach.

Recommendations: Provide recommendations for treatment/intervention which are specific to the problem/need which generated the referral for assessment. How can the additional information which the assessment provides be utilized in the treatment planning process?

lmh,xer/24

PSYCHIATRIC HOSPITAL
PSYCHOLOGICAL ASSESSMENT

Routine ☐
Referral ☐

ADDRESSOGRAPH

Patient's Name: _____ Hospital No.: _____

Date of Birth: _____ Date of Assessment: _____

Psychologist: _____ Date of Admission: _____

Referral Question (if applicable): _____

Assessment Procedures: _____

Pertinent Background Data: _____

Behavioral Observations: _____

Cognitive Assessment:

1. Intellectual Level: _____

2. Thought Processes and Content:

3. Judgement:

4. Insight:

Personality Assessment:

1. Self-Image:

2. Interpersonal Relationships:

3. Affect: _____

4. Impulse Control: _____

5. Values–Standards–Goals: _____

Diagnostic Impression:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Summary and Recommendations:

1. Problems:

2. Strengths:

3. Treatment Recommendations:

Signature and Title

Date

Routine ☐

Referral ☐

ADDRESSOGRAPH

PSYCHIATRIC HOSPITAL
PSYCHOLOGICAL ASSESSMENT

Patient's Name: _____ Hospital No.: _____

Date of Birth: _____ Date of Assessment: _____

Psychologist: _____ Date of Admission: _____

Signature: _____

(Recommended Content: referral statement, assessment procedures, behavioral observations, results, and recommendations)