

WHITING FORENSIC HOSPITAL SOCIAL WORK MANUAL

SECTION 1:	Social Work Values
PROCEDURE 1.2	Standards of Practice
Governing Body Approval:	3/12/18
REVISED:	6/4/18

Policy:

Psychosocial Assessment and Discharge Planning - A thorough Psychosocial Assessment and Social Work Plan is completed for each patient admitted which provides an information base for diagnosis, treatment, management and preliminary planning for discharge. As part of the psychosocial assessment, the Social Work Plan is an individualized analysis of the patient's level of functioning and care needs. Treatment interventions and strategies are identified to meet recommended treatment objectives and goals.

Ongoing Clinical Services - Therapeutic interventions in the forms of individual, group and family therapy, as well as psycho-education are provided, as indicated, through interdisciplinary treatment team evaluation and referral.

Community liaison services are a part of ongoing clinical services. Liaison with family members, community providers, and other support services are offered to provide continuity of care or the development of a support network for each patient, as well as, to provide ongoing and updated psychosocial information to the treatment team. Clinical Social Workers maintain knowledge of community resources, in order to make appropriate referrals and recommendations for discharge.

Professional Education and Training - There is an established provision for assuring staff members are able to maintain appropriate credentials and have opportunities for professional development.

Each social work staff member has a professional commitment to maintain and enhance his/her knowledge base and skill level through participation in continuing education, in the field of social work and area of expertise.

Administrative/Supervisory Responsibility - Social Work staff participate in many administrative processes for the discipline as it functions within the structure of the Hospital. Such participation is based on thorough knowledge and awareness of the mission, policies and procedures of the discipline, the division, the hospital and the Department of Mental Health and Addiction Services.

Ethics - Clinical Social Work staff members adhere to laws, work rules and policies established at Whiting Forensic Hospital and by the Department of Mental Health and Addiction Services. In addition, Clinical Social Workers are expected to conduct themselves in a manner consistent with the Social Work Professional Code of Ethics of the National Association of Social Work, which serves as an ethical guide.

The competencies which are necessary to perform the functions of an individual Clinical Social Work staff member's assigned position are specified within each competency based job description. They vary to meet the standards of care within the unit to which each social worker is assigned.

WHITING FORENSIC HOSPITAL SOCIAL WORK MANUAL

SECTION I:	Social Work Values
PROCEDURE 1.3:	Standards of Care
Governing Body Approval:	3/12/18
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Policy:

The patients of Whiting Forensic Hospital (WFH) have a full range of professional Social Work services available to them. Clinical Social Workers are assigned to treatment units and provide the following services.

- A. Development of a Psychosocial History Assessment on each patient admitted to WFH.
- B. Development of an Assessment Annual Update for each patient who has been hospitalized a year or more.
- C. Ongoing individual supportive therapeutic contacts with patients on assigned units to provide further clinical observation and provision of tangible services as needed.
- D. The provision of Individual, Family and Group Therapy and as reflected in the Individualized Treatment Plan.

- E. Consultation with the interdisciplinary treatment team in areas of Social Work expertise and assessment and treatment of psychosocial stressors to positively affect level of functioning and discharge planning.
- F. Ongoing development/monitoring of the discharge planning process.
- G. Liaison services with community agencies, other hospitals, court personnel, and collateral contacts.
- H. Ongoing communication, support and education with families and significant others throughout a patient's stay at WFH.

WHITING FORENSIC HOSPITAL SOCIAL WORK MANUAL

SECTION 1:	Social Work Values
PROCEDURE 1.4:	Professional Ethics
Governing Body Approval:	3/12/18
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Policy:

The Clinical Social Work staff, who are subject to all laws, work rules, and Human Resources Department policies of the State of Connecticut within the Department of Mental Health and Addiction Services (DMHAS), and Whiting Forensic Hospital (WFH); in addition, are expected to conduct themselves in a manner consistent with the social work profession.

The Code of Ethics promulgated by the National Association of Social Workers (Appended) serves the staff as an ethical guide. It is summarized as follows:

NASW Code of Ethics

A Professional Social Worker:

1. Is expected to maintain high standards of personal conduct in the capacity of or identity as a social worker.
2. Is expected to strive to become and remain proficient in professional practice and the performance of professional functions.
3. Is expected to regard the service obligation of the social work profession as primary.
4. Is expected to act in accordance with the highest standards of professional integrity.

5. Is expected to be guided by the conventions of scholarly inquiry when engaged in study and research.
6. Recognizes that one's primary responsibility is to clients.
7. Is expected to make every effort to foster self-determination on the part of clients.
8. Is expected to respect the privacy of all clients and hold in confidence all information obtained in the course of professional services.
9. Is expected to ensure that fees are fair, reasonable, considerate and commensurate with the services performed and with due regard for the client's ability to pay.
10. Is expected to treat colleagues with respect, courtesy, fairness and good faith.
11. Is expected to relate to clients of colleagues with full professional consideration.
12. Is expected to adhere to commitments made to one's employing organization(s).
13. Is expected to uphold and advance the values, ethics, knowledge and mission of the profession.
14. Is expected to assist the profession in making social work services available to the general public.
15. Is expected to take responsibility for identifying, developing and fully utilizing knowledge for professional practice.
16. Is expected to promote the general welfare of society.

WHITING FORENSIC HOSPITAL SOCIAL WORK MANUAL

SECTION II:	Professional Development
PROCEDURE 2.1	Social Work Supervision
Governing Body Approval:	3/12/18
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Policy:

Professional supervision is provided at Whiting Forensic Hospital (WFH). Supervision assures the quality of Social Work services, works to promote staff development; resulting in improved service to patients.

- A. Supervision is provided by the Supervising Clinician and the Clinical Social Work Associate staff members who are Licensed Clinical Social Workers in the State of Connecticut.
- B. Supervision is provided through individual meetings, group meetings and the monitoring and auditing of specific staff functions.
- C. The frequency of scheduled supervisory meetings is monthly or as needed based on supervisor's judgement.
- D. A record of the supervisory activity is maintained by the supervisor.
- E. Orientation of new Clinical Social Workers to WFH is the responsibility of the new staff member's supervisor. Each new staff member will complete the WFH orientation, which will be supplemented by the Social Work Supervisor and Unit Director.

WHITING FORENSIC HOSPITAL SOCIAL WORK MANUAL

SECTION II:	Professional Development
PROCEDURE 2.2:	Supervision of Social Work Students
Governing Body Approval:	3/12/18
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Policy:

Social Work Students come to Whiting Forensic Hospital (WFH) via contracts established with the Department of Mental Health and Addiction Services (DMHAS) and various Schools of Social Work. Students must be registered with the Staff Development Office, and a log kept by the Department Chair to ensure that supervisors, field instructors, and programs meet hospital, Department of Mental Health and Addiction Services, and professional standards. Whiting Forensic Hospital utilizes the Director of Social Services to coordinate field placement students and identify appropriate Social Work Student Supervisors. Supervisors for Social Work Students must possess a Master's degree and have two years of post-degree experience.

WHITING FORENSIC HOSPITAL SOCIAL WORK MANUAL

SECTION II:	Professional Development
PROCEDURE 2.3	Continuing Education Standards
Governing Body Approval:	3/12/18
REVISED:	6/4/18

Policy:

In order to maintain professional competency and deliver quality service to patients, Clinical Social Workers participate in continuing education. Continuing education provides Clinical Social Work staff members with the opportunity to acquire new and necessary information, and demonstrates a conscious self- directed and continuous effort toward personal and professional growth and development. A commitment to continuing education is grounded in NASW's Code of Ethics. As of October 1, 1999, LCSW's are required to obtain 15 continuing education credit hours per licensing year.

There are two topics that are required: The first is a requirement for 1 hour per license year on cultural competence. The second topic effective as of January 1, 2016, is all licensees must get 2 hours of training every 6 years on the topic mental health conditions common to veterans and family members of veterans, including (1) determining whether a patient is a veteran or family member of a veteran, (2) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (3) suicide prevention training.

Content areas appropriate for continuing education include, but are not limited to: methods of intervention, individual therapy, family treatment, group therapy, group work, supervision, legal issues, advocacy, recovery, trauma, co-occurring disorders, rehabilitation and specialized services and

treatments to populations and groups in order to enhance skills in the Clinical Social Workers assigned unit.

Continuing education requirements may be met through participation in formally organized learning events, academic courses, professional meetings, attendance at off-grounds conferences and workshops, attendance at hospital and/or divisional in-service educational presentations, as well as, personal study.

All Licensed Clinical Social Workers are expected to accumulate 15 CEU's annually. Lack of compliance with continuing education can affect performance appraisals.

WHITING FORENSIC HOSPITAL SOCIAL WORK MANUAL

SECTION II:	Professional Development
PROCEDURE 2.4:	Social Work Leadership Committee
Governing Body Approval:	3/12/18
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This committee is chaired by the Director of Social Services at WFH. Members include the Social Work Associate Chairs for Whiting Forensic Hospital (WFH). Meetings are held monthly (with more frequent meetings as needed related to special projects).

Responsibilities shall include:

1. To review, revise and have final approval over Social Work Policy and Procedures.
2. To review and revise competency based evaluations for Social Work staff members.
3. To develop, implement and review Performance Improvement projects or indicators and monitor for the purpose of improving the quality of patient care.
4. To oversee professional growth and development and continuing education.

**WHITING FORENSIC HOSPITAL
SOCIAL WORK MANUAL**

SECTION III:	Core Functions & Procedures
PROCEDURE 3.1	Core Clinical Social Work Functions
Governing Body Approval:	3/12/18
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Clinical Social Workers come to Whiting Forensic Hospital (WFH) with specific education and training, embodying a set of principles and theoretical knowledge. Its members are bound by a set of commonly held norms and professional Code of Ethics. Maintaining continuing education and ethical practice is inherent in performance of all job functions. Core Social Work Functions are identified as:

1. Psychosocial Assessment
2. Integrated Treatment Planning Process
3. Discharge Planning
4. Clinical Treatment Services (individuals, families, groups)
5. Patient and Family Education
6. Community Integration

7. Documentation

WHITING FORENSIC HOSPITAL SOCIAL WORK MANUAL

SECTION III:	Core Functions & Procedures
PROCEDURE 3.2:	Psychosocial History and Assessment
Governing Body Approval:	3/12/18
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Policy:

A Psychosocial History and Assessment is developed for each patient admitted to Whiting Forensic Hospital (WFH). The components of this evaluation include factual historical information, social evaluation and recommendations. Attention is given to determine past or present neglect, physical or sexual abuse, or trauma history. Special attention is given to the understanding of cultural, ethnic and religious factors and their impact on relationships and treatment. Age appropriate needs are also taken into consideration. Psychosocial risk factors and the patients' strengths and coping skills are identified for treatment and discharge planning.

The Psychosocial Assessment integrates the perspective of the patient, his family/significant others and the community. The goal is to involve family and significant others in the assessment process and throughout treatment. The inability to include the patient or family will be documented and appropriate future intervention planned. Collateral sources are also important for historical information and review of past evaluations.

- A. The Psychosocial History and Assessment is to be completed within six calendar days of admission.
- B. A Re-Admission Psychosocial History and Assessment is completed within ten calendar days, for patients re-admitted within one year. A copy of the complete Psychosocial History is to be found in the current record for reference.

- C. A Social History Addendum is completed at any time for addition of collateral information, family history or dynamics, etc. The Social Work progress note should then reference additional information on the Addendum form.
- D. An Annual Psychosocial History and Assessment is completed for all patients hospitalized for one year or longer. This is completed on the anniversary month of the patients' admission.
- E. The Social Work admission Psychosocial History and Assessment is completed by the Clinical Social Worker. The conclusions and recommendations regarding treatment, and the role of the Social Worker in treatment and discharge planning will be outlined in the assessment.

WHITING FORENSIC HOSPITAL
SOCIAL WORK MANUAL

SECTION III:	CORE FUNCTIONS AND PROCEDURES
PROCEDURE 3.6:	Assessment and Treatment of Patients
Governing Body Approval:	3/12/18
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Policy

Under the auspices of an organized Medical Staff and within the clinical and administrative rubric of the wider structures of the Whiting Forensic Hospital (WFH) and the Department of Mental Health and Addiction Services (DMHAS), Clinical Social Work Services are organized to be integrated within an interdisciplinary structure on an individual unit basis, to provide case work services to patients, families, and significant others. These services are individualized to patient needs sensitive to the socio/cultural perspective that the patient and his/her family bring to the treatment process, and respectful of the patients' rights and responsibilities of self-determination.

Ever cognizant of these perspectives, the Clinical Social Worker engages in a therapeutic relationship and alliance with the patient around various factors in their life circumstances. Where indicated and available, every attempt is made to involve the family or significant other in the entire treatment process, including assessment, psycho-education, treatment, community preparation and discharge/aftercare planning. Additionally, the Clinical Social Worker obtains and distills impressions and perspectives of the community treaters. Out of these impressions and perspectives, the Social Worker synthesizes the key findings and develops a Psychosocial Assessment and recommends a plan which is presented and integrated into the Master Treatment Plan and subsequent Treatment Plan Reviews. As an outgrowth of this process, the Social Worker works with the patient on an individual and/or group basis, striving with the patient to increase coping ability and preparing the patient for return to the community. Group treatment content varies according to the patient population and program. Families are provided education and support through groups or on an individual basis. Such work is integrated within the framework of the interdisciplinary team. Social Work Treatment Planning

and clinical services are documented in the Psychosocial History and Assessment, the Master Treatment Plan, subsequent Treatment Plan Reviews and in and Clinical Social Work progress notes.

An important aspect of the Clinical Social Worker's role is to be ever familiar with the community resources that the patient is likely to return to. In this regard, the Social Worker often advocates on behalf of the patient. Linking with, and collaborating with community agencies and providers is an integral responsibility of the Clinical Social Worker. This may include but is not limited to contacts with representatives from Local Mental Health Agencies, Substance Abuse Treatment facilities, and the Judicial System.

The Role of Conservators in Treatment - When a physician determines that a patient is incapable of giving informed consent for medication or medical treatment, or unable to manage his/her affairs (personal or financial); an application can be filed with the Probate Court for a Conservator of Person and/or Estate, or for involuntary medication.

The Clinical Social Worker assists the Treatment Team to identify an appropriate conservator, and coordinates the processing of an application with the Probate Court.

Conservators of Person are assigned to act in the patient's best interest. Conservators should be invited to Treatment Plan meetings. Conservators of Person need to be informed of any significant change in the patient's condition, for example medication changes, medical problems, needed medical treatment, significant clinical change, assault on the patient, etc. The Clinical Social Worker as the community/family liaison will often be the contact person with the conservator; however, this function may be coordinated with other treatment team members related to specific issues, such as medication or specific medical issues.

WHITING FORENSIC HOSPITAL
SOCIAL WORK MANUAL

SECTION III:	Core Functions and Procedures
PROCEDURE 3.8:	Patient and Family Education
Governing Body Approval:	3/12/18
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Policy:

Patient and family education is an ongoing process, starting with a patient's admission and proceeding through discharge and aftercare planning.

This process values the involvement of patients, their families and significant others, in decision-making, and as part of treatment and discharge planning. It focuses on helping establish and understanding of the reason for admission and continued hospitalization, as well as, developing an understanding of treatment needs within the hospital and community, and developing coping and management skills.

This process goes hand in hand with the social work assessment process. It takes into consideration cultural, ethnic and religious factors that may impact on the education process; as well as, assessing learning abilities related to cognitive deficit and motivational issues. Through individual social work contacts with the patient and family members (or significant others), individualized educational needs are identified and education provided throughout hospitalization and as part of discharge planning. Documentation of patient and family education is found in the initial and updated Psychosocial History and Assessment, as well as, in Social Work progress notes.

Patient and family education should be a flexible approach, and individualized. Social Work services are related to the coordination of services provided by other disciplines under the model of the

interdisciplinary team. This may include referral to specifically designed groups for patient and family education, unit based or building wide programs. Additional referrals may include community family groups, consumer groups and or NAMI groups

WHITING FORENSIC HOSPITAL SOCIAL WORK MANUAL

SECTION III:	Core Functions and Procedures
PROCEDURE 3.9:	Interstate Compact
Governing Body Approval:	3/12/18
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The Interstate Compact Procedure facilitates transfer of a patient from one State to another. This typically involves transfer from one State Hospital facility to another State Hospital, although a procedure for securing community-based care is also part of the Interstate Compact.

The Interstate request is based on identified clinical reasons for transfer, the patient's request and familiarity with another State, lack of pending criminal charges in the referring state, and existing family support.

Information and referrals are forwarded to the Director of Statewide Admissions, who can be reached at (860) 418-6936.

WHITING FORENSIC HOSPITAL SOCIAL WORK MANUAL

SECTION III:	Core Functions and Procedures
PROCEDURE 3.10:	Patient Discharge Grant
Governing Body Approval:	3/12/18
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Procedure:

In the event that a client requires additional funds in order to be discharged from the hospital, the Clinical Social Work may apply for funds via the Patient Discharge Grant process:

1. The Social Worker determines how much funds will need to be secured. Typically these funds are required for security deposits, rent, residential fees, furniture, household items and food. Prior to such a request, a careful analysis of potential funding sources, including balances in the client's patient account is reviewed by the assigned social worker and a determination is made if additional funds from the Patient Discharge Fund is required.
2. Once a determination is made that Discharge Grant funds are required, the assigned social worker completes the discharge grant form which is inclusive of the funds requested and the express purpose of such funds outlined. As necessary, the social worker will provide a justification for the request in consideration of a balance in the client's account.
3. The assigned Social Work Supervisor, once satisfied that the request is a necessary one, approves the requests and "signs off".
4. The Social Worker then transmits the Patient Discharge Request in a timely manner to the assigned Fiscal Administrative Officer.
5. In the event that the Fiscal Administrative Officer has questions regarding the Patient Discharge request that cannot be adequately addressed with the assigned social worker or in the event that the social worker is unavailable, the Fiscal Administrative Officer will bring the issue to the Director of Social Work or his/her designee for final clarification and determination.

**WHTING FORENSIC HOSPITAL
SOCIAL WORK MANUAL**

SECTION III:	Core Functions and Procedures
PROCEDURE 3.11:	Documentation – Progress Notes
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Clinical Social Work staff members will document clinical contacts, social work interventions and education, patient's response and progress, the involvement of others in the treatment process, and discharge planning. The progression of documentation flows from the Social Work Assessment and Social Work Discharge Plan to the Master Treatment Plan and Treatment Plan Reviews, with linkage to Progress Notes. A chronological clinical course should be evident, with follow-up on issues documented in the prior progress note, as well as, interfacing with the Treatment Plan. New information would require additions or changes to the Master or Treatment Plan Review.

- A. Weekly Social Work Progress notes are required for the first sixty days of hospitalization. Monthly Social Work Progress notes summarize progress throughout the remainder of hospitalization.
1. Family contact, or lack of family contact, or a patient's lack of desire for family contact must be documented on a regular basis, as well as, intervention efforts and patient and family education.
 2. Each Social Work Progress note must document discharge planning, specifically progress towards a specific plan, addressing needs related to housing, support services, vocational, day treatment, finances, etc.; or recommendations and current obstacles to discharge. This documentation also includes any relevant treatment team discussions about discharge planning including changes or interim steps

towards discharge. As with all treatment team discussions, where an advocate is involved, documentation that they were notified/invited should be included.

- B. Individual Family or Group Treatment Notes, etc. are written separately, and in addition to monthly social work progress notes. This documentation should occur after each session and summarized monthly.
- C. A Social Work Transfer note summarizing the patient's progress, significant historical or treatment issues, family and community involvement, and discharge plan; is written on transfer to a new program.
- D. A Social Work Note related to significant events should be added anytime they occur; this may require possible changes to the treatment plan. Additional patient or family history should be documented on the Psychosocial History Addendum Form.
- E. A Discharge Progress Note summarizes the specifics of the discharge/aftercare plan, including all referrals for services, and status of entitlements is written at the time of discharge. This note also includes how the plan is reviewed with the patient and his/her family.