

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
JUVENILE INSTITUTIONS**

Subject: Counseling, Programs & Progress Notes	Policy Number: 11
Number of Pages: 5	Section: XIII
<p style="text-align: center; margin: 0;"><small>Attachments</small></p> <p>A. Counselor Weekly Progress Note B. QMHP Progress Note C. QMHP Group Progress Note D. Request for QMHP Consultation</p>	<p style="text-align: center; margin: 0;"><small>Related Standards & References</small></p>
Effective Date: May 20, 2007 Revised: October 06, 2008 Revised: March 30, 2015	Approved:  James Maccarone, Director

I. POLICY:

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS), that clinical treatment services for youth with identified mental health, substance abuse, anger control and sex offender problems will be provided by Qualified Mental Health Professionals (QMHPs). Other psycho-educational programming and psycho-social services shall be provided by staff trained in the application of these services. Not all interventions dictate the advanced education and licensure required by a QMHP. All interventions shall be evidence-based and, to the extent possible, shall utilize developed materials, including handouts and facilitator guides. Staff shall be trained in the use of these counseling and psycho-educational techniques and programs.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

- A. Qualified Mental Health Professional** – Mental health care provider licensed and sufficiently trained to provide the necessary mental health program services.
- B. Youth Services Counselor** – The staff member who has been assigned to manage and monitor daily operations of a program and the youth assigned to the program.
- C. Program Manager** – The Branch Director assigned to serve as a manager over programs in their areas, special or regular housing, who will ensure that needs of a youth are met. This includes supervising the staff assigned and ensuring that policies and procedures are being followed.
- D. Risk Factor** – An area of risk and/or need that has been proven to have a high correlation to further criminal activity.

Subject	Policy #	Page
Counseling, Programs, and Progress Notes	XIII.11	2 of 5

- E. Protective Factor** – A positive characteristic of the individual or an environmental factor used as the foundation for increasing pro-social behavior.
- F. Service Plan** – A detailed written plan addressing the goals, objectives, timelines, and staff assignments, which are measured to establish a rehabilitative program, which addresses areas of high risk/need, and promotes pro-social behavior. *(See DYS Policy XIII.5 Service Plan).*
- G. Treatment Plan** – A detailed written plan addressing identified clinical needs, prepared by a QMHP, which details specific measurable objectives, evidence based treatment interventions, behavior management plans, persons responsible for delivering services and reasonable time frames for accomplishing these tasks. *(See DYS Policy XIII.5 Service Plan).*
- H. Serious Mental Illness** – Any mental illness which severely impacts a youth’s ability to establish and maintain normal interpersonal relationships or function in an age appropriate manner, to include diagnoses such as psychotic disorders, schizophrenia, bipolar disorder, major depressive disorder, severe post-traumatic stress disorder, or schizoaffective disorder.
- I. Psycho-Educational Programming** - A series of individual or group sessions that utilize structured materials to help youth resolve an area of high risk/need related to family issues, use of free time, social skill deficits or attitude/value problems.
- J. Psycho-Social Services** – Instruction in psycho-social skill development individually or in groups to remediate specific social skill deficits.
- K. Individual Counseling** – An approach to psycho-educational programming and psycho-social services in which Youth Services Counselors meet with youth to provide individual assistance in achieving specific goals or outcomes.
- L. Individual Therapy** – An approach to treatment provided in an individual setting, that is designed to achieve specific goals or outcomes.
- M. Group Therapy** – An approach to treatment provided in a group setting, which uses member interactions to facilitate change.
- N. Progress Notes** – A structured format for documenting what has taken place in a counseling/treatment session(s) or group(s).

III. PROCEDURE

Youth committed to a DYS facility shall be formally screened to determine areas of high risk/need, and subsequently assessed based on such risk/need. Based on the results of objective assessments, a Service Plan shall be developed, which is intended to reduce or resolve those areas of high risk/need and enhance the likelihood a youth will be able to function in the community. Treatment Plans will be developed for all youth being treated for a serious mental illness or clinical impairments related to substance abuse, anger

Subject	Policy #	Page
Counseling, Programs, and Progress Notes	XIII.11	3 of 5

control, or sexual offending. The following therapeutic and programming approaches shall be used to resolve or reduce those identified areas of risk/need. (*See DYS Policy XIII.5 Service Plan*).

A. Treatment Philosophy –Identifying youth’s programming and treatment needs shall be done using structured and approved assessment and treatment methods and materials. Programming staff are not authorized to use instruments, materials and/or treatment approaches that have not been approved by the Oakley Youth Development Center Facility Administrator. The Division’s approach to treatment consists of the following:

1. **Objective Assessments** - Clinical evaluations of individual youth using standardized risk/needs assessment instruments and other formal assessment procedures that yield valid scores and results. (*See DYS Policy XIII.3 Youth Screening and Assessment.*)
2. **Interventions** - All interventions and approaches shall be based on what will help the youth be successful in returning to the community as a law abiding citizen.
3. **Evidence-Based Programming** – Programs utilized by the Division shall be validated as effective or shall be based on techniques or interventions that have been proven to be effective with delinquent youth.
4. **Accountability** - The youth needs to be consistently held accountable for his/her behavior while learning the skills necessary for developing a pro-social lifestyle.
5. **Evaluation** - Ongoing objective evaluation of approaches and practices shall be used to determine what is working effectively.

B. Service Providers – To assure high quality treatment programs and interventions, all clinical services shall be provided by Qualified Mental Health Professionals. Individual and/or group therapy shall be provided regularly to youth with mental health, substance abuse, anger control, and sex offender problems, which shall be properly supervised through the clinical chain of command. All psycho-educational programming and psycho-social services shall be conducted regularly by the Youth Services Counselor as tools for lowering the risk/need level of involved youth, which shall be supervised through their Program Managers.

C. Therapeutic and Programming Services– While every interaction with a youth can have a therapeutic effect, only interactions that are focused on the development, completion, or review of treatment goals are considered therapeutic or programming services.

1. **Therapeutic Services** – These services include regularly scheduled group and individual therapy sessions that are delineated in the Service Plan and/or related Treatment Plans (*see DYS Policy XIII.5 Service Plan*) as interventions

Subject	Policy #	Page
Counseling, Programs, and Progress Notes	XIII.11	4 of 5

focused on addressing an area of mental health, substance abuse, anger control or sex offender treatment.

2. **Programming Services** – Psycho-educational programming sessions or psycho-social services are focused on enhanced skill development and the elimination of high risk/needs associated with criminogenic factors as delineated in the Service Plan. *(See DYS Policy XIII.5 Service Plan).*
3. **Individual Counseling** – Youth Services Counselors shall meet weekly with youth to provide individual psycho-educational programming and psycho-social services.
4. **Crisis Counseling** – Youth who are in emotional crisis shall be provided individual counseling by the Youth Services Counselor. To assist the youth in coping with an event that has occurred, the Youth Services Counselor may make a request for QMHP consultation *(Attachment D).*

D. Therapeutic Service Selection – The Treatment Team in consultation with a Qualified Mental Health Professional shall assess and determine the most appropriate therapeutic and programming services for a youth.

1. **Individual Therapy** – Qualified Mental Health Professionals shall use specific treatment interventions and/or structured approaches to individual therapy to assist youth in the completion of treatment goals related to mental health, substance abuse, anger control, and sex offender problems.
2. **Group Therapy** - Qualified Mental Health Professionals shall use specific treatment interventions and/or structured approaches to group therapy to assist youth in the completion of treatment goals related to mental health, substance abuse, anger control, and sex offender problems.

E. Programming Service Selection - The Treatment Team shall assess and determine the most appropriate psycho-educational programming or psycho-social services for a youth. *(See DYS Policy XIII.4 Treatment Teams).*

1. **Psycho-Educational Programming** – Staff use evidence based psycho-educational curricula in an individual or group setting to address high risk/needs related to criminogenic factors.
2. **Psycho-Social Services** – Staff provide instruction in psycho-social skill development individually or in groups to remediate specific social skill deficits.
3. **Program Manuals** – The facility Director of Mental Health and Rehabilitative Services shall maintain program manuals for the structured programs that are utilized. A manual for a specific program shall contain a complete set of participant handouts and a facilitator’s guide for conducting the program.

Subject	Policy #	Page
Counseling, Programs, and Progress Notes	XIII.11	5 of 5

F. Request for QMHP Consult/QMHP Consultation Report – Youth presenting mental health disorders or behavioral/emotional problems may be referred to a Qualified Mental Health Professional (QMHP) for consultation (*Attachment D*). An appointment will be scheduled within seven (7) business days of referral.

G. Progress Notes – Following a therapeutic or programming service session, the professional who conducted the session shall make documentation of the results using the appropriate Progress Note Form for the service provided (*Attachment A, B, or C*). Progress notes shall provide the dates of therapeutic or programming service sessions and the duration, if applicable. All progress notes shall be maintained in a youth’s master file (*see DYS Policy V.1 Youth Master File*). Individual progress notes related to clinical services shall be filed in both the master and medical files. The Progress Note format used by the QMHP should conform to the SOAP model:

1. **Subjective** – The treatment professional shall make documentation of key activities and important statements made by the youth during the session.
2. **Objective** – The treatment professional shall provide his or her professional observations, non-verbal indications of mood, emotional state, and/or issues with which the youth is struggling.
3. **Assessment** – The treatment professional shall make a professional judgment as to the emotional state of the youth, the issues that are critical, and the progress being made.
4. **Plan** – The treatment professional shall provide a brief statement of what changes, if any, need to be made in future sessions and/or the Service or Treatment plan.

H. Documentation - Staff shall fully document services related to therapeutic and programming sessions. The following documentation shall take place:

1. **Program Statistics** – Each treatment and programming provider shall provide a roster or list to track attendance and manage the programs being offered at the facility.
2. **Master File Documentation** - All appropriate documentation shall be placed in the Youth Master File. (*See DYS Policy V.1 Youth Master File*).