

GROUP METAGOALS * DRAFT

Basic Skills Group:

- * Self-dressing
- * Self-grooming and cleanliness habits
- * Contenance
- * Self-feeding and table manners

Social Skills Group:

- * Competency in executing basic conversational amenities
- * Listening skills
- * Interaction and initiation skills
- * Involvement in activities program

Reality Orientation Group:

- * Ability to identify time and place
- * Ability to identify common objects
- * Ability to recognize and name familiar individuals
- * Involvement in here-and-now, as evidenced by participation in and initiation of daily projects
- * Interaction with staff and patients

Reminiscing Group:

- * Recognition of value of past life
- * Improvement in conversational style
- * Interaction with others

Therapy Group:

- * Individual self-change projects
- * Development of interaction skills
- * Getting in touch with negative and positive feelings
- * Improvement of self-image
- * Greater self-understanding
- * Trust and openness

Current Events Group:

- * A specific form of reality orientation
- * Establish (vicarious) contact with outside world
- * Familiarity with events in outside world
- * Awareness of their feelings toward outside world
- * Willingness to comment on and interact with outside world

Craft Group:

- * Improvement of physical dexterity
- * Through hobby, provide an external interest
- * Sense of competency through achievement
- * Cooperation with others
- * Development of initiative
- * Ability to complete task

Exercise Group: Body Movement Group:

- * Improvement of physical condition
- * Cooperation in a group
- * Sense of competency: control over one's body
- * Creative self-expression
- * Experience in nonverbal communication

GENERAL GROUP GOALS

1. To be able to respond appropriately to statement "Good morning"
 - a. nonverbal; eye contact, smile
 - b. verbal; hello, good morning, hi etc.
2. To be able to respond appropriately to question "What is your name?"
 - a. nonverbal; eye contact
 - b. verbal; My name is-----
3. To be able to respond appropriately to question, "What is my name?"
 - a. nonverbal; eye contact
 - b. verbal; Jo
4. To be able to verbally formulate a need; e.g., "I want a cracker"
"I want juice"
5. To be able to give a socially approved response; e.g., "Thank-you"
6. To be able to sit in the group for at least 15 minutes
7. To be able to verbally identify a common object
 - a. by name
 - b. by function
8. To be able to identify other members in the group
9. To be able to carry on a social conversation with other members of the group;
 - a. nonverbal; eye contact
 - b. verbal; initiate questions, comment on responses; listen empathically
10. To appear on time at start of group without having to be reminded
11. To be able to identify the day of the week
12. To be able to tell time

DELINEATION OF DUTIES * DRAFT

Program director:

- * Coordinates program
- * Staff training
- * Group activity - direct patient contact
- * Liason between staff and administration

Aides, orderlies:

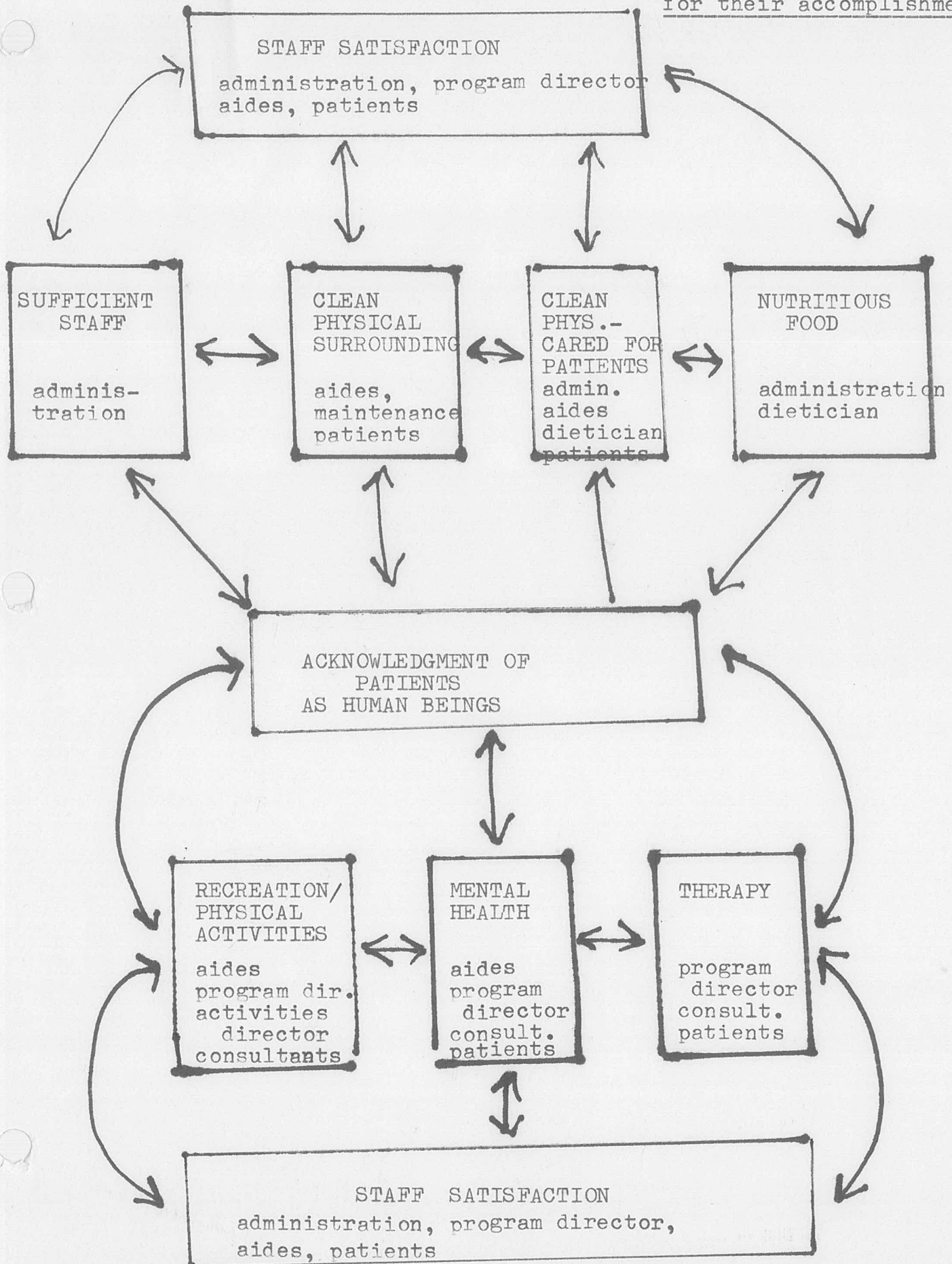
- * Lead or assist in physical activities
- * Lead or assist in recreational activities
- * Supervise basic skills programs
- * Work with individual patients toward specific goals
- * Provide input to formation of program

Consultants:

- * Direct patient contact - individual and group
- * Provide input to program director
- * Staff training

FLOW CHART

Interrelationship between goals of Los Altos and groups responsible for their accomplishment:



Flow Chart - Rough Draft

goals of Los Altos:

- 1 clean, physical surroundings
- 2 provide nutritious food
- 3 clean, physically cared-for patients
- 4 sufficient staff on a regular basis
- 5 staff satisfaction with working conditions
- 6 activities for patients
- 7 efforts to improve mental health of patients
- 8 acknowledgment of patients as human beings

~~using the existing physical structure to best advantage:
when can dining room be opened up?~~

Who Executes Which Goals

1. aides, maintenance, patients
2. dietician
3. aides, patients, dietician
4. administration
5. aides, administration, program director
6. aides, program director, activities director, consultants
7. aides, program director, consultants
8. aides, patients, administration, program director, consultants

PROGRAM IDEAS

I. REINFORCERS

1. food (candy, special treats)
2. drink (juice, wine, beer)
3. outside trips (zoo, park)
4. home visits
5. time alone
6. time with staff person
7. telephone use
8. tokens - instead of actual tokens, could punch card, post a bulletin board w/ stars etc.

II. Groups

1. basic skills group - a) feeding
b) dressing
2. social interaction (conversational style) group
3. exercise group
4. art/hobbies group
5. self-change (psychotherapy) group
6. patient self-government - meetings
7. cooking classes

III. Parties, Dances

8. body movement, dance
9. reminiscing group
10. current events group
11. reality-orientation group
12. work group

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59 Lane Pl.
off Middlefield

IDEAS FOR PROGRAM

table of contents

introduction describing Los Altos, its capacity, its licensing;
rationale behind program, statement of purpose
independence, normalized living

patient needs established on basis of assessments made by regional center
as well as subsequent evaluation by facility staff

profile of patient population, broken down by age and sex, both raw
numbers and percent
also show breakdown by self-help skills, behavior (see manual for
specific criteria)

definition of needs;
physical care needs (skilled nursing)
dietary and nutritional
self-help
rehabilitation; orientation
socialization
recreation
behavior modification and shaping

criteria for grouping; age; functional ability; shared needs

have 3-4 groups, define specific norms for each group, as well as its
special goals which distinguish it from other groupings

Some overall program objectives
increase patient awareness of self and environment
increase patient self-sufficiency
improve patient communication and language skills
improve patient behavior, social actions and interactions
maximal normalization
total program which reinforces learning and achievement

Some overall patient objectives
improved self and other awareness
improved self-help skills
improved communication
development of socially acceptable behavior and social interaction

description of program staff as multidisciplinary

individual patient objectives - expressed in behavioral terms
determined by multidisciplinary team
who is responsible for implementing behavior change?; recording of
relevant data

Evaluation to occur at 4 mo. intervals

Possible Programs

Sensory/Motor (including body movement, physical exercise)
emphasis on reknowing body, body awareness
fine and gross motor coordination

for each program, list, a) purpose b) organization (who developed, how services are given c) delivery - how often services are given; what personnel are involved; what resources are available; general methodology employed d) description of services e) job description, including functions and qualifications

Sensory/Motor cont.

description of services - improvement of visual, auditory perception, tactile abilities, body movement; reality orientation, body image

Self-help

description of services; a) grooming wash hands, brush teeth, shampoo, comb hair, shave, use deodorant; dress - buttons, zippers, shoes, pants off/on

both individual and classroom training

feeding program; progression from finger-foods to family style eating (different stages should be defined); set and clear tables

bowel and bladder (habit training - toilet paper, flush, wash hands)

bathing

Speech/language/communication

increase speech development and articulation proficiency
imprv e concrete thinking and begin to formulate abstract concepts
abstract concepts of more/less, few/many, same, different; rhyming words, opposites, analogies, cause and effect; semantics and syntax; shapes and sizes

write up job descriptions for consultant positions as well

Music therapy (for deve opment of communication skills and gross and fine motor skills)

patients taught to use simple musical instruments
auditory discrimination; loud/soft, start/stop (obeying commands)

Recreation; cooking, arts and crafts, music instruments, stories, puzzles, games parties, outings

Self-Change groups (employment of behavior modification to work on specific patient goals)

outline of sample patient program day including routine as well as special program activities

example of weekly activities included in each program (i.e., recreation di xx on M, yy on T, zz on W, etc.)

include examples of charts for monitoring patient progress

make daily schedule for each patient

list total number of program hours per week, by program (i.e., number of hours in recreation, number in self-help, number in socialization etc.)

list hours of staff and consultants per week

develop forms for evaluating patient behaviorally, in every area covered by a program (i.e., self-help checklist; communication checklist); these could also be used to monitor patient progress

IDEAS * EXISTING PROGRAM

Jim: outline metagoals of his groups
individual goals for specific patients
group plans -- session-by-session breakdown

staff activity groups:

rotating format; each day, new staff person in charge
who will be in group?

informal; who's available

formal; list

each staff person responsible for what he/she will do with
his time;

body movement, painting, dancing, current events, reminiscing,
craft project

group must be 4-8 persons (responsibility of group leader to record
who attended group)

use staff meeting to plan out what each group leader will do with
his time; importance of input from rest of staff

best way might be to have each staff member have a particular group
that meets once every 5-7 days

staff meetings will also be used to provide training in group leadership

ACTIVITY IDEAS

- I. Monthly Dance
 1. Have patients ask each other to attend, and go in couples
 2. music, wine, hors d'oeuvres
- II. Carnival Day
 1. relay races
 2. blowing balloons
 3. popcorn
- III. Talent Show
 1. singing, dancing, instrument, picture, poem, cooking
 2. serve beer, crackers
- IV. Cooking
 1. simple cooking, supervised by Claire

BIRTHDAY BEHAVIORS

1. Post birthdays on bulletin boards (2)
2. Have table group make birthday cards
3. Serve special cupcake with candle
4. Have staff and table sing HB
5. Blow out candle, make a wish
6. Announcement before meal

VISITOR PROGRAM

1. high school students - work exploration
2. be willing to give para-psychological training
3. lunch guests
 - social interaction
 - staff - behavioral rehearsal
 - advertise with bulletin board
 - interaction - pre- and post-test
4. individual therapy
 - behavior modification

IDEAS FOR STRUCTURAL CHANGES

1. room decoration
put up pictures, personal belongings
paint
2. quiet room
3. game and hobby area
4. flexible modules, rather than rigid functional designations
areas will have to be multi-purpose
5. space for group therapy
6. space for parties, dances, meetings

Notes * Mental Health Meeting * 1/29

When write up program, must have hired additional staff, consultants etc. so that their background, duties can be delineated in the program outline
they don't actually have to begin work until after program approval

program should run in short time blocks (2-2-2 hr). rather than entire amount of time at once
additional staff should be hired for specific times

possibility that students could be hired for part-time program positions

program director needs to write up a budget
of pts. x 2.94 x 30 dy/mo
plan on budget for 30 pt.
include program director, consultant, staff salaries
supplies - \$50/mo.
bonuses for existing staff

Notify mental health every time a pt. in program (or who was assessed) is discharged
must supply who, when, where went, follow-up plans
call Emma 295-5517
same procedure when admit pt. candidate for program, so assessment can be made

Send copy of final program to Aftercare

Program in an additional hour of program time above legal minimum

Staff training - make it competency-based and sign off competencies as they are completed
can include guest speakers - physicians, o.t.s etc.

Program is to enrich, not replace, ongoing program; so Jim can't be part of the program; those r.o. hours must be additional

Must obtain physician's approval for pt. participation in the program
prepare checklist of recommended pt. activities (i.e., out-of-facility trips, participation in physical exercise group etc.) and have physician sign

Program director should have some say in hiring of consultants

In planning activities, pt. rooms can be utilized for small grps.

ROUGH DRAFT * PROGRAM SCHEDULE

36 people in program; 14 convalescent

6 staff

1-2 staff

	7-7:30 HOUR 1	9-10 HOUR 2	10-11 HOUR 3	11:30-12:30 HOUR 4	2-3 HOUR 5	3:30-4:30 HOUR 6	6-7 HOUR 7
GROUP 1	basic skill	work	r.o.	social skill	craft 3	*body move 3	c.e. 5
GROUP 2	basic skill	r.o. 6	exer. 2,4	social skill	work	body move 3	craft 1
GROUP 3		therapy 5	exer. 2,4	social skill	c.e 2	craft 1	body 3
GROUP 4	basic skill	craft 3	body 3	social skill	rem 1	exer. 2, 4	r.o. 2
GROUP 5	basic skill	craft 3	body 3	social skill	ther 5	exer. 2, 4	r.o. 2
GROUP 6	basic skill	work	c.e. 5		craft 3	rem. 5	body 3

room assignments

- 1 = activities room; small grps only
- 2 = t.v. room - 2 grps max.
- 3 = dining room; 2 grps max.
- 4 = outdoor patio; 2 grps max.; good weather only
- 5 = director's office; small grps only
- 6 = patient rms; small grps only

SUMMARY

	PHYS. GRP.	TALK GRP.	WORK GRP.	CRAFT GRP.	REMIN. GRP.	BASIC	SOCIAL
GROUP 1	1	2	1	1	0	1	1
GROUP 2	2	1	1...	1	0	1	1
GROUP 3	2	2	0	1	0	0	1
GROUP 4	2	1	0	1	1	1	1
GROUP 5	2	2	0	1	0	1	1
GROUP 6	1	1	1	1	1	1	0

NOTES:

1. Once a week, substitute patient government for Hour 6
2. 3 times a week, substitute cooking for Hour 4 (rotating through 4 grps)

Sensory motor / phys. rehabs. / body move

Conversation / speech

Socialization

Music / Body Move.

Basic skills