

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Resident Programming</u> STATEMENT NUMBER <u>7.44</u>
SUBJECT: <b>SPU/RTU THERAPEUTIC RECREATION PROGRAM</b>  PROPONENT: <u>Robert MacLeod, Administrative Dir.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>04/01/08</u> REVIEW DATE <u>04/01/09</u> SUPERSEDES PPD# <u>New</u> DATED <u>N/A</u>
ISSUING OFFICER:  <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To set forth a comprehensive Secure Psychiatric Unit/Residential Treatment Unit (SPU/RTU) therapeutic recreation program to improve and/or maintain SPU/RTU patient/inmates' cognitive and perceptual functioning, psychosocial functioning, social skills, leisure skills, self-management abilities and wellness.

II. APPLICABILITY:

To all staff and patient/inmates, especially staff directly appointed or indirectly involved in the operation of SPU/RTU recreation activities.

III. POLICY:

It is the policy of SPU/RTU to provide a comprehensive therapeutic recreation program. The therapeutic recreation program will include, but is not limited to:

- A. Assessment
- B. Development of goals and objectives
- C. Program planning, scheduling and implementation
- D. Evaluation of patient/inmate's progress in treatment
- E. Discharge planning

IV. PROCEDURES:

A. Assessment

1. All RTU patient/inmates are evaluated within 10 working days of admission utilizing standardized, evidence based assessment procedures that are consistent with the professional therapeutic recreation standards. This would include a 24-hour multidisciplinary treatment team interview, direct observation and a structured evaluation by a recreation therapist.
2. Based upon the analysis of the therapeutic recreation data, the recreation therapist will formulate clinical impressions and recommendations for treatment.
3. The standardized assessment and recommendations for treatment will be documented

and filed in the medical record of the RTU patient/inmate within 2 working days of the date of the meeting with the patient/inmate.

4. Recreational staff that are not currently licensed due to recent changes in legislation must have their documentation reviewed by a licensed recreational therapist and receive a co-signature for documentation of review and supervision before being placed in the chart.

B. Goals and Objectives

1. The recreation therapist reports assessment findings at the 10-day multidisciplinary treatment team review.
2. Recreation will assist in meeting the patient/inmate's needs for cognitive and perceptual functioning, psychosocial functioning, social skills, leisure skills, self-management abilities and wellness.
3. Problems and concerns that need to be addressed along with measurable goals and objectives are documented on the patient/inmate's master treatment plan.

C. Program Planning, Scheduling and Implementation

1. The recreation therapist and recreation officers will provide structured and unstructured recreational programming to promote and improve the patient/inmate's general health and well-being while maintaining standards of custody and control.
2. Recreation will assist in meeting the patient/inmate's needs for cognitive and perceptual functioning, psychosocial functioning, social skills, leisure skills, self-management abilities and wellness. Recreation should provide patient/inmates with positive outcomes such as:
  - a. Fitness
  - b. Relaxation
  - c. Adjustment to changes in lifestyle
  - d. Release from stress
  - e. Satisfying social interaction
3. Therapeutic recreation groups will be provided to assist patient/inmates in attaining their treatment goals.
4. Therapeutic recreation groups should consist of a wide variety of leisure activities, including but not limited to:
  - a. Physical activities
  - b. Cognitive games
  - c. Sensory stimulation
  - d. Art
  - e. Music
  - f. Pet facilitated therapy
  - g. Leisure education
  - h. Social skills

D. Evaluation Process

1. Attendance in all recreation programs will be recorded daily.
2. Progress notes will be written for each patient/inmate and filed in their medical record in accordance with their regularly scheduled multidisciplinary treatment team reviews.
3. The recreation therapist will attend each patient/inmate's regularly scheduled multidisciplinary treatment team review to report on their group participation and progress towards their goals.

E. Discharge Planning

The recreation therapist will:

1. Provide leisure education and counseling on what recreational opportunities will be available to the patient/inmate after discharge.
2. Make all the necessary referrals to the receiving facility for follow up on programming, when appropriate.

3. Provide information for the patient/inmate's discharge summary.

REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards

Standards for Adult Community Residential Services  
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

Other

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