The Resnick Neuropsychiatric Hospital (NPH) Adult Acute Partial Hospital Program comprises two treatment tracks. Track I is for individuals currently suffering from acute psychiatric illness who can be reasonably expected to return to normal daily activities. Track II is designed for those who are suffering an acute exacerbation of a chronic mental illness. The goals of both tracks include:

- Providing an alternative to hospitalization for patients not needing 24-hour supervision but still needing a high degree of therapeutic support.
- Shortening the length of inpatient stay for patients who do not need 24-hour supervision but still need a high degree of therapeutic support.

Program Services
The Adult Acute Partial Hospital Program uses psychoeducational, psychodynamic and activity group therapy approaches to actively engage patients in the process of learning more about their disorders, developing effective coping and interpersonal skills, and reintegrating themselves back into the community. Through discussions, exercises, role-playing and other activities, the groups for Track I and Track II (please see separate group listings for each) aim to develop patient competence in such aspects of daily living as:

- Medication
- Goal Setting
- Coping
- Stress Management and Relaxation
- Interpersonal Relations & Social Interaction
- Time Structuring
- Community Living
- Leisure Planning

Track I program meets Monday, Tuesday, Thursday, Friday from 9:00 a.m. to 3:00 p.m.; Track II program meets Mondays, Wednesdays and Fridays from 9:00 a.m. to 3:00 p.m. (see sample schedules for each).

Transportation is available for patients living with in geographic areas. This can be determined before a patient is registered whether he/she lives within this geographic area pre specified radius from UCLA. Eligibility can be determined before registration.

Clinical Team
Each patient has a case coordinator who coordinates the care provided by an interdisciplinary team of psychiatrist, social workers, occupational therapists, nurses, and marriage and family therapists.

To facilitate a smooth transition to outpatient care, patients are encouraged to see their community-based therapists while participating in the program. Sessions provided by community-based therapists are not included in the program fee.

Dual Diagnosis Partial Hospitalization
The Partial Hospitalization (P.H.) Program offers a substance abuse component combined with a mental health component. It is available for psychiatric patients who abuse substances and require more intense care than is available in outpatient treatment. This dual diagnosis P.H. program is offered five days per week. The structured substance abuse component includes cognitive behavioral materials, psychoeducational information, 12-step orientation, and relapse prevention techniques. The psychiatric program includes coping and social skills, psychiatric symptom management, and medication management.

Group Descriptions:

Assertion Training
- Through participation in the Assertion Training Group, patients learn a repertoire of assertion skills, including the components of assertive behavior, giving and receiving positive and negative feedback, and techniques to improve self-assertion. Integrating these skills into everyday situations is reinforced through role play and discussion.

Career Counseling
- The focus of the Career Counseling group is solving problems that people may have in their occupational roles. For those who are currently employed, short-term career goals and job maintaining skills are addressed. Others are guided towards determining their patterns of interest, abilities, and work strengths and weaknesses as they relate to long-term occupational choice. Patients may also be assisted in learning job seeking skills such as writing a resume and interviewing. On-site volunteer work may be used to practice skills before reentry into competitive employment.
Cognitive Therapy
♦ The purpose of these groups are to assist patients in identifying the distorted thoughts and care beliefs that contribute to their negative self evaluation and feelings. Patients are taught skills to intervene on their own behalf to arrest and reverse the cycle of self defeating thoughts through increased awareness and behavioral skills.

Cooking Skills Group
♦ The Cooking Skills Group encourages patients to develop and expand skills for independent living and social skills while learning practical cooking skills. Patients participate in the planning, shopping, preparation and cleanup of a lunch meal.

Coping Group
♦ This group focuses on self-help techniques to deal with negative emotions such as depression, loss, anxiety and anger. Emphasis is placed on the identification of positive coping mechanisms and behaviors for problem situations and relationships. The group provides modeling and feedback from peers on how to deal with specific stresses.

Goal Setting Group
♦ The Goal Setting Group meets daily. At the beginning of each week, patients identify specific goals for the week and behavioral objectives. During meetings mid- and end-week, patients evaluate their progress towards the goals and plan for implementation of those goals over the weekend.

Healthy Living
♦ Focus is on developing healthy living habits. Topics include diet, living with stress, importance of leisure, exercise and self care.

Independent Living Skills
♦ Independent Living Skills Group exposes patients to a variety of community activities that support independent living and promote socially acceptable behavior in public. Living skills are practiced on outings via public transportation to a variety of community-based resources.

Medication Group
♦ The primary purposes of the medication group are to help patients understand the rationale for taking their medications including a basic understanding of how the medication works; to help them develop skills to manage side effects of medications; and to self-manage taking their medications.

Occupational Therapy Skills Group
♦ This is a skills group where patients have the opportunity to work both individually and as a team on a variety of structured and unstructured projects. They are encouraged to work with familiar as well as unfamiliar materials, thus practicing old skills as well as learning new skills.

Process Group
♦ This daily group provides a supportive forum in which patients are able to gain insight into their own dynamics and interpersonal issues as well as to provide feedback to others. Emphasis is placed on improving patients’ abilities to experience and verbalize strong feelings. Also patients are taught to identify simple processes which occur in any group.

Relaxation Group
♦ Patients in this group learn how to incorporate relaxation techniques into their daily lives to decrease stress and to increase self-control and productivity. Progressive relaxation techniques and guided imagery are used.

Self - Esteem Group
♦ The focus of the self-esteem group is to assess, improve and maintain self-esteem. The techniques used include devising an accurate self-assessment, identifying strengths and learning how to stop the thoughts which impact the negative perceptions patients have of themselves. This group also addresses the way patients feel about themselves internally, as well as how they relate to others.

Social/Communication Skills Groups
♦ Through participation in this group, patients develop and reinforce practical communication skills. Initiating, maintaining and concluding a conversation are a sampling of the topics. Patients are also introduced to a repertoire of assertion skills for implementation in everyday situations. Techniques are reinforced through role play and discussion.

Stress Management
♦ The goal of this group is to introduce patients to a cognitive - behavioral approach for managing stress. They learn that people assess situations based on their individual beliefs, available information, and available coping strategies. Patients discuss their own beliefs and coping techniques and illustrate the discussion with situations from their own lives. New coping strategies are also introduced and discussed.

Writing Group
♦ Focus on exploration of thoughts and feelings through writing. Encourages resolutions of problems using structured techniques including clustering and recurrence.

Adult Partial Hospital patients are required to have a current physical examination. When the patient is
referred to the program from RNPH inpatient units, medical records are obtained. When a patient is referred to Adult Partial in any other way, a physical examination must be done before partial hospital admission and a copy provided at admission. If the patient has had a physical within the last 30 days, records must be obtained and presented at admission.

**Appointment and Referrals**
For appointment or referrals to the Adult Acute Partial Hospital Program, please call the Admissions at (310) 794-1022
Welcome to the Adult Partial Program. The information provided in this letter will briefly orient you to our program and describe the services that we provide.

CASE COORDINATOR
You will be assigned to a case coordinator who will manage your case. Your case coordinator will be ____________________________ and you should contact him/her when you have any questions regarding the program.

PHYSICIAN
You will be assigned to a physician who will manage your psychiatric treatment. Your physician will be Dr. ____________________________ and if necessary, s/he may order lab work, prescribe your medication, prescribe neuropsychiatric tests, etc.

ATTENDANCE
Starting ____/____/____ you are scheduled to attend program on __________________ for _______ weeks. Note: This schedule may change for a variety of reasons, but please speak to your case coordinator before you make any permanent changes.

Please be on time for groups. It is disturbing to your fellow patients when you come in late and you do not receive the full benefit of the group. Please notify staff case coordinator if you need to leave program early.

If you are sick or have an unexpected change in plans, please contact us at (310) 825-7469. If no one is available to take your call, leave a voice mail message and we will get back to you as soon as possible. Your message should include the reason you cannot attend program as scheduled.

If you are absent for three days without contacting your case coordinator you may be discharged from the program. Your case cannot be kept open if you do not attend regularly.

MEAL TICKETS
You are eligible for a meal ticket if you attend two or more groups per day. This meal ticket is worth $5.25 and can only be used in the Medical Center Cafeteria which is located on the 1st floor.

VAN SERVICE
You are eligible for van service, if you live within a certain distance from UCLA. Eligibility for van service will be determined prior to or on your admission date. If you are scheduled for the van and cannot attend program, you are responsible for contacting Best Shuttle at (310) 901-7054. Prior to 7:30 AM on the day you are unable to attend. Let them know that you are scheduled to ride the Adult Partial van and that you need to cancel your ride for the day.

GROUPS
Enclosed is a program description and schedule.

LABS
The outpatient lab is located at A7-135 CHS. Hours of operation are 8am-5pm Monday-Friday.

PHARMACY
The outpatient pharmacy is located at A7-224 CHS. Hours of operation are 8am-5pm Monday - Friday.

PHYSICALS
As an APHP patient, you are required to have a current physical exam. If you are referred to Adult Partial from our inpatient facilities, we will obtain your medical records directly. If you are referred to Adult Partial from an outside facility, we will need you to sign a release of information form to obtain your physical. If you have not had a physical exam in one month you will be scheduled for one with our physician. This physical exam will be billed to your medical insurance benefits.

UCLA ADULT PARTIAL HOSPITALIZATION PROGRAM GUIDELINES

1. Attend program and groups as scheduled.
2. Arrive for groups on time.
3. Agree to set goals for change and review progress regularly.
4. Complete homework assignments.
5. Take all medications as prescribed by your physician.
6. Recreational use of drugs or alcohol is strongly discouraged. If you exhibit abuse of drugs or alcohol, you may be discharged from program.
7. Suicidal or self-destructive behavior may result in discharge from program for admission to an inpatient facility.
8. Developing romantic relationships with other patients is strongly discouraged.
# Adult Acute Partial Hospitalization Program

## Track 1

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# ADULT ACUTE PARTIAL HOSPITALIZATION PROGRAM

## Dual Diagnosis/Track 1

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## Adult Acute Partial Hospitalization Program

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