Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Tools for Self-Regulation

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Successful Strategies for Promoting Self-Regulation

- Hiring and Supervising Staff to Core Qualities
- Safety/Soothing Plans for Persons Served and Staff
- Range of Sensory Modulation Approaches – including large motor activities/understanding biorhythms
- Adaptations to the physical environment

STAFF CORE QUALITIES: 99 to 100% of the time

- Supportive/Caring
- Respectful
- Strength-based
- Collaborative (LOSE FOCUS ON CONTROL)
- Empowering
- Giving Choice
- Self-esteem Building
What is a Crisis Prevention or Safety or Soothing Plan?

- An individualized plan developed proactively by youth, family members and staff **before** a crisis/dys-regulation occurs
  - A therapeutic process
  - A task that is trauma sensitive
  - A partnership of safety planning
  - A youth-owned plan written in easy to understand language
  - Personal Medicine

Why Are They Used?

- To help youth when frustrated - **during the earliest stages** of escalation **before** a crisis erupts (staff must be meticulous observers – ala Trauma Systems Therapy)
- To help youth identify coping strategies before they are needed (i.e. promote self-regulation in the program, at home, in community)
- To help staff plan ahead and know what to do with each person if a problem arises
- To help staff use strategies/interventions that reduce risk and trauma to individuals
Essential Prevention/Soothing Plan Components

- Triggers
- Early Warning Signs
- Strategies

First, Identify *Triggers*
No, not that Trigger …

These Triggers

- A trigger is something that sets off an action, process, or series of events (such as fear, panic, upset, agitation)
- Also referred to as a “threat cue” such as:
  - bedtime
  - room checks
  - large men
  - yelling
  - people too close
More Triggers: What makes you feel scared or upset or angry and could cause you to go into crisis?

- Not being listened to
- Lack of privacy
- Feeling lonely
- Darkness
- Being teased or picked on
- Feeling pressured
- People yelling
- Arguments
- Being isolated
- Being touched
- Loud noises
- Not having control
- Being stared at
- Room checks
- Contact w/family

More Triggers

- Particular time of day/night
- Particular time of year
- Contact with family
- Other*

* Youth have unique histories with uniquely specific triggers - essential to ask & incorporate
What are my triggers?

You may not know unless you ask me.

Noble Hospital, MA

The Universal Trigger

“Every restraint and seclusion I have reviewed started with a staff member enforcing a rule ...”

Ross Greene, Ph.D., 2004

Do all our rules make sense?

Or are they just the way things have always been done?
Second, Identify *Early Warning Signs*

**Early Warning Signs**

- A signal of distress that is a physical precursor and/or manifestation of upset. Some signals are not observable, but some are, such as:
  - restlessness
  - agitation
  - pacing
  - shortness of breath
  - sensation of a tightness in the chest
  - sweating
Early Warning Signs
What might you or others notice or what you might feel just before losing control?

- Clenching teeth
- Wringing hands
- Bouncing legs
- Shaking
- Crying
- Giggling
- Heart Pounding
- Singing inappropriately
- Pacing
- Eating more
- Breathing hard
- Shortness of breath
- Clenching fists
- Loud voice
- Rocking
- Can’t sit still
- Swearing
- Restlessness
- Other ____________

Third, Identify Strategies
Calming Strategies

- Strategies are individually-specific calming mechanisms to manage and minimize stress, such as:
  - time away from a stressful situation
  - going for a walk
  - talking to someone who will listen
  - working out
  - lying down
  - listening to peaceful music

If a person is getting agitated, don’t forget to use **HALT**

Are they...

- **H**ungry?
- **A**ngry?
- **L**onely?
- **T**ired?

If it prevents just one restraint, it was worth it!

Noble Hospital, Westfield, Ma
Screensaver – staff reminder
What Does Not Help When you are Upset?

- Being alone
- Not being listened to
- Being told to stay in my room
- Loud tone of voice
- Peers teasing
- Humor
- Being ignored
- Having many people around me
- Having space invaded
- Staff not taking me seriously

“If I’m told in a mean way that I can’t do something ... I lose it”

-- Natasha, 18 years old

The Universal Trigger: Program-Based Rules

“Every restraint/seclusion I’ve reviewed started with a staff member enforcing a rule” (Ross Greene, Ph.D., 2004)

We need to evaluate whether our rules make sense or if it is just how we have always done things
Common Attributes of Each CarePlan

- Linked to the person’s history of trauma
- Tied to specific environmental resources
- Encourage staff & client creativity
- Incorporate sensory interventions
- Age and developmentally responsive:
  - Children or those with cognitive impairment may use pictorial descriptions of difficult states and non-language based strategies
- Needs of the individual supersede the rules of the institution

What makes you feel upset?
(Circle all that make you feel sad, mad, scared or other feelings)

- Being touched
- Too many people
- Darkness
- Certain time of year
- Certain time of day/night
- Having my bedroom door open
- Loud noises
- Yelling
- Thunderstorms

(MA DMH, Manual, Promoting Strength-Based Care, 2006)
How do I know I am angry, scared or upset?
(Circle all that apply)

- Cry
- Clench teeth
- Loud voice
- Red/hot face
- Laughing/giggling

- Being mean or rude
- Swearing
- Racing heart
- Breathing hard
- Wringing hands
- Clenched fists
- Tantrums
- Rocking
- Hyper
- Pacing

(MA DMH, Manual, Promoting Strength-Based Care, 2006)

Crisis Plan:
Essential Elements for Success

- How the discussion is initiated
  - Authentic interest, development of relationship, time spent—and staff need to understand the purpose

- Where discussion occurs
  - Calm, quiet space

- Continuously addressing tool throughout stay with client, and in treatment team
  - Practice, revise, use
Crisis Plan
Additional Guidelines for Use

- Crisis Plan information positioned for easy staff access and modification
  - Cover of chart
  - Blackboard
  - Checks sheets
- Help consumers “practice” strategies before they become upset
- Revise and re-tool at team meetings (with the consumer) and after escalation using all debriefing information

What do Consumers Want?
Just Ask...

- MA DMH conducted a point in time survey:
  - 185 adolescents participated (average age = 16)
  - 19 hospitals (acute & continuing care)
- Response to the question: “What could staff do differently to avoid using restraint and seclusion?”
  - Talk to me: 80
  - Leave me alone: 75
  - Distract me: 54

(MA DMH, 2003)
Recognizing Sensory Needs & Preferences

Sensory-based Approaches

**Grounding physical activities:**
- Using weighted blankets – vests, blankets
- Doing push-ups
- Doing isometric exercise

**Calming physical activities:**
- Drinking herbal tea
- Using a rocking chair
- Listening to peaceful music

**Alerting physical activities:**
- Eating sourball/fireball candies
- Taking a cool shower
How are sensory approaches being integrated into treatment?

- Incorporated into:
  - daily activities
  - individual treatment plans
  - crisis plans
  - groups

- Resource available upon consumer or staff request

- In place of PRN’s

- Help with detoxification

Innovative Sensory Strategies

- Relaxation
- Visualization
- Deep Breathing
- Self-Massage
- Drumming
- Art Therapy
  - fabrics
  - painting
  - clay

- Frozen Oranges
- Mural of restful country scenes
- Quiet Dark Environment
- Vibration
- Clinical Aromatherapy
- Stuffed animals
### Sensory Interventions Considered More Helpful with Certain Problems

<table>
<thead>
<tr>
<th>Dissociation, Difficulty Focusing / Managing Traumatic Stress</th>
<th>Tense, Anxious, Nervous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ice to wrists</td>
<td>Rocking</td>
</tr>
<tr>
<td>Grounding</td>
<td>Aromatherapy</td>
</tr>
<tr>
<td>Breathing</td>
<td>Weighted blankets</td>
</tr>
<tr>
<td>Relaxation exercises</td>
<td>Calming methods</td>
</tr>
<tr>
<td>Weighted blankets</td>
<td>Music</td>
</tr>
<tr>
<td>Weighted vests</td>
<td>Massage: arms/hands/back</td>
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</tbody>
</table>

**How can we create positive therapeutic environments?**
Sensory Room: Definition

- Appealing physical spaces painted with soft colors & filled with furnishings and objects that promote relaxation and/or stimulation
- A room that provides opportunities and choices for consumers to experiment with different sensory activities to determine:
  - What stimulates
  - What promotes calming
  - Practice using sensory interventions to develop skill at self-calming

Sensory Room Equipment

- Sensory Room Equipment:
  - Lava & fiber-optic lamps / motion objects
  - Gliding / rocking chairs
  - Padded mats
  - Weighted blankets
  - Quiet music
  - Large balls - bouncing
  - Small balls - pressure
  - Aromatherapy: scent machine / oils
  - Fish tanks
  - Large Tupperware container with raw rice
Franciscan Children’s Hospital,
Replaced nurses station with a “relaxation station”

Sensory Room:
Guidelines for Use

- Select fire resistant items, latex free, generally safe and washable
- Place selected items in locked cabinet
- Create policies and procedures for use and maintenance of room and equipment
- Train staff and supervise for appropriate use
- Schedule access 7-days/week & across shifts
- Use sensory room items in the Individual Crisis Plan (Safety Tool) (Champagne, 2003)
Cohannet Academy IRTP
Taunton, MA - “The Getaway”

“Sensory Modulation Room”
Cooley-Dickinson Hospital, Northampton, MA
Foyer
State Hospital in Orofino, ID

Hallway
State Hospital in Orofino, ID
Pine Tree Growth Rings
State Hospital in Orofino, ID

Lowell Youth Treatment Ctr.
Lowell, MA

Staff need a little comfort, too
No Room for a Sensory Room?

Sensory interventions don’t have to be in a dedicated room

Develop your own mobile sensory cart (“Self Soothing Cart”)

Interventions may be brought to different locations where people need them

Franklin Medical Center
Greenfield, MA

(Robyn Miller, 2005)

Simple Sensory Enhancements

- Add calming, attractive features:
  - art work; wall mural
  - plants
  - curtains
  - music
  - comfortable seating options
  - bedrooms with new bedspreads
  - place to exercise
  - low lighting (dimmer switches)

Cooley-Dickinson Hospital
unit renovations, 2005
Comfort Room  (Gayle Bluebird, RN)

Definition

- A room that provides sanctuary from stress, and/or can be a place for persons to experience feelings within acceptable boundaries

- It is a preventative tool that may help to reduce the need for seclusion and restraint

Comfort Room

The Comfort Room is set up to be physically comfortable and pleasing to the eye, including a recliner chair, walls with soft colors, murals (images to be the choice of persons served on each unit), and colorful curtains

Citrus Health Care
“The Rainforest”
Pembroke Pines, FL
Names of unit-specific Sensory or Comfort Rooms

- Snoezelen Rooms
- Sensory Integration Rooms
- Multi-sensory Rooms
- Sensory Gardens
- Comfort Rooms
- The Soothing Room
- Peace Rooms
- Chill Rooms
- “Chillville”
- “Zen Falls”
- The Sanctuary
- The Retreat

“Practice yourself what you preach”

Titus Maccius Plautus, Asinaria
Roman comic dramatist
(254 BC – 184 BC)