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Massachusetts Department of Mental Health
Trauma Integration Planning for State Facilities

General Comments/Suggestions from the Transformation Center
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1. Develop a Strategic Plan:

A strategic plan requires an outline that includes: people responsible for each goal, timelines for each goal, and development of action steps for each goal.

2. Define Term "Consumers":

Usually, "consumers" are people who have used *the kinds of services being provided*. In the case of hospital services, they are "ex-patients", or "people with experiences of psychiatric hospitalization". These experiences are different from family members, staff or people in recovery who have not experienced psychiatric hospitalization.

3) Roles for ex-patients and people living in the hospital:

In order to ensure the best possible outcomes and minimize conflicts of interest, it's important to hire ex-patients rather than relying on those currently using services to fill roles that review institutional policies and practices. It is valuable and commendable to involve people currently living in the hospital; it is also of the utmost importance to

- Hire four additional part or full time people with experience of psychiatric hospitalization in paid peer roles who have as part of their job responsibility to participate and when possible take the lead in committees related to restraint/seclusion elimination, trauma informed care, peer-driven and recovery-oriented treatment.
- Address or continue to address issues around disclosure. For more information see the two documents attached: Transcom's Position Statement on Employee Self-Disclosure in Mental Health Service Workplaces and Service Net Inc.'s Disclosure Guidelines.
- Attempt to maintain a balance of people with and without psychiatric hospitalization experience on committees.
- Continue to bring people with experience of psychiatric hospitalization from outside the hospital since people living in a locked facility are not always free to provide an honest review of restrictive behavioral practices. Employees can also at times have conflicts of interest that impede their ability to share

honestly. When bringing in ex-patients note that fair and equitable partnerships are ones where people are respectfully paid for their time, and in a way that reflects the importance of their contribution.

4. Pay people with experience of psychiatric hospitalization:

People with experience of psychiatric hospitalization who are involved in policy, committee work and training must be paid for their time, the same as any other staff. Planning is needed for recruitment, training, and providing support. This is an important issue to account for when developing hospital budgets and state wide protocol for developing meaningful partnerships with the peer community.

5. Revisit the Safety Tool and related regulations: rewrite safety tool based on today's trauma informed care standard's. Recruit ex-patients to be involved and play leadership roles in the process.

6. Debriefing Process:

Treatment teams must be required to participate in debriefing of all restraint/seclusion incidents as well as "near-misses". If not already on staff, a Patient Liaison/Debriefing must be hired who has experience of psychiatric hospitalization and who reports to administration (such as the Chief Operating Officer and not to a department). The Debriefing needs to be able to focus solely on debriefing, near misses, at risk clients, and prevention of R/S. In the event that a hospital has little to no R/S incidents the Debriefing can focus on near misses, at risk clients, prevention of R/S, restrictive behavioral policies and practices (i.e. one-to-ones, Rogers' Orders, privileges, guardianships), creating a trauma informed environment, other types of violence (i.e. assaults, micro-aggression) and coercive practices.

7. Trauma and Healing:

51-98% of public mental health clients have been exposed to trauma and most have multiple experiences of trauma.ⁱ Healing must be the central focus in strategic planning for trauma informed care. Safety, connection/relationships, sharing with others/story telling, developing trust, finding purpose and meaning, work, helping others, using holistic healing modalities (i.e. yoga, meditation), prayer: these are examples of the many ways people find healing.

- The Model of Growth and Development speaks of the following components as necessary for recovery and healing: basic needs, safety, empowering relationships, valued roles, skill development, recontextualization (making meaning of our experiences), activism/altruism, and wellness. See attached for more detailed discussion of these components.
- Harvard psychiatrist and researcher Richard F. Mollica has demonstrated through extensive scientific work that the three major social instruments of healing are altruism, work, and spirituality.
- The goal of trauma healing is to give survivors a feeling that they have control over their lives again.ⁱⁱ
- The era of the "broken brain" is quickly ending. New scientific research has discovered "neuroplasticity", the brain's natural ability across the lifespan to form new connections and change its structure in response to experience. For instance, trauma and chronic stress change the brain but the areas that are affected can be changed back or compensated for. More specifically, the amygdala involved in processing emotion and anxiety and shown to be

affected by trauma can form new connections including to the prefrontal lobes which helps in controlling impulses and exercising restraint. These findings will in time transform the way we help people with mental health conditions and trauma.ⁱⁱⁱ

- For information about self injury see The Cutting Edge at <http://healingselfinjury.org/>. This site offers people who self injure an opportunity to connect with others who self injure, learn about self inflicted violence, and share their story through prose, poems, and art.

8. Review policies and change to “person-first” language and empowering language:

Person-first language focuses on strengths rather than deficits by describing what the person *has* rather than what the person *is*. Use person-first language, such as “person using services”. See USpra Language Guidelines <http://www.bu.edu/cpr/prj/langguidelines.pdf> for further discussion on this issue. Language influences all aspects of culture. In order to transform any culture an understanding of how language supports the current culture is needed along with a commitment to change it.

9. Create community partnerships with the Recovery Learning Community

Continue to build community partnerships with the Recovery Learning Community in your area.

10. Empowerment and healing is for everyone including staff:

- Offer education and supports for staff on vicarious traumatization;
- Should a staff member experience an incidence of violence ensure there is a plan and people in place to help them debrief and heal.

11. Discharge planning

Discharge planning must be started upon admission or very soon after. The loss of control of being in a locked facility is experienced as traumatic or distressing by many. A trauma informed facility recognizes the need to help people regain a sense of control. A discharge plan clearly delineates what the person can do to be released, involves them in the process of developing the plan, and provides transparency around discharge issues.

ⁱMueser Goodman *et al.*, Trauma and post-traumatic stress disorder in severe mental illness (1998), 66 *Journal of Consulting and Clinical Psychology*, at 493.

ⁱⁱ Excerpted from http://www.beyondintractability.org/essay/trauma_healing/

ⁱⁱⁱ Excerpted from <http://bipolarblast.wordpress.com/2008/02/10/neuroplasticity-of-the-brain/>