Creating a Healing Community
Moving Towards Cultural Transformation
Transformation Continued

- **Reduction of** restraint and seclusion.
- **Creating** trauma informed care and treatment.
- **Responding** to multicultural and linguistic needs.
- **Incorporating the voice** of clients.
- **Implementing** person centered treatment.
- **Employing** skills based psychosocial rehab.
- **Combining** integrative and wellness for self-care.
- **Offering** positive staff care opportunities.
Connecticut Valley Hospital

Addiction Services Division (ASD):
- 2 Campuses:
  - 2 Detoxification Units and
  - 4 Rehabilitation Units;
- Total Bed Capacity = 152

General Psychiatry Division (GPD)
- 11 Units including Young Adult, TBI, Geriatric, Psychiatric, and Transitional Cottage
- Total Bed Capacity = 220

Whiting Forensic Division (WFD)
- 11 Units: Maximum, Enhanced, and Moderate Security
- Total Bed Capacity = 232
Introducing the Violence Prevention Initiative
Community Culture Change

A. Leadership involvement
Leadership adopt-a-unit: assigning hospital leadership to sponsor individual units.

B. Client involvement
Engaging individuals in recovery in the change process to assist in offering creative ideas and address community issues promoting peace and implementing trauma informed care.
Six Core Strategies

- Leadership
- Use of Data
- Workforce Development
- Seclusion and Restraint Prevention tools
- Consumer Roles
- Debriefing
Leadership

• Strategic and Operational Plans Developed

• Established structure for executing and operationalizing plan

• Developed communication strategy which underscores prevention of aggressive acts as the primary goal to be achieved

• Determined the role of operational leaders (unit mentors) in plan implementation and evaluation activities

• Engaged persons served as partners in plan and processes
Using Data

- Restraint events/hours; seclusion events/hours; aggression to others; aggression to self; for units and hospital

- Staff questionnaire distributed as to what elevates levels of aggression, what steps taken to lessen violence, and what else can be done to mediate these threats

- Pre Project: Psychology administered the Ward Atmosphere Scale
Workforce Development

- Trauma & Gender Practice Improvement Collaborative
- Staff Care Training
- Beyond Anger and Violence
- Collegiality and Beyond Collegiality Trainings
- Building Team Work Through Dialogue
Violence Prevention Tools

- Sensory Modulation Tools and Techniques
- Unit based Violence Prevention Projects
- Engaging persons served and staff to partner in promoting the use of alternate strategies to prevent and reduce violence
- Use of Integrative Medicine Interventions: Mindfulness, Yoga, Tai Chi
- Wellness Recovery Action Planning
Consumer Roles

- Formation of VPI Patient/Staff Advisory Committee
- Educating all patients and staff regarding the Peace Pledge
- Facilitating Patient Steering Committee Forums for each Division
- Providing Formal Instruction and Education
- Community and Citizenship Roles
Debriefing

• Enhanced debriefing for violence prevention and trauma awareness

• Greater Involvement in unit milieu’s to review aggressive acts, triggering events, prevention strategies and the impact of trauma
CONNECTICUT VALLEY HOSPITAL
Restraint Hours per 100 Patient Days (Jan 2000-Jun 2014)*
* = without 2 outliers Jan 2013-Jun 2014
Facts in Numbers

Staff injuries down by 67%:

Client Injuries down by 17%

Comfort Room B3N
Aggressive Acts to Others

- Defined as the hitting, pushing, kicking or similar acts directed against a peer, staff person or visitor.

- These either have the potential to cause injury or have actually caused injury.

- Due to hospital-wide increases in acuity, CVH has seen a small but significant rise in ‘Aggressive Acts to Others’
Trauma and Gender Survey: Mean Scores for Patients and Staff

* = Significant difference at p<0.05
Higher numbers are better
Data Summary

• CVH has achieved significant and meaningful reductions in restraint and seclusion since 2000.

• Staff Injuries have been reduced by 67% from 2007 to 2013.

• Despite these reductions, “Aggressive Acts to Others” have slowly increased from 2010-13.

• Surveys of staff and patients support the need to reduce other forms of violence and aggression in the hospital.
To prepare the community for change, the hospital administration:

• **Listened to the clients** and staff in steering committee meetings.

• **Shared the statistics of aggressive acts** with the unit staff and clients.

• **Formed a vision** of what recovery and non-violence look like.
To prepare the community for change...

- **Expanded Integrative Therapies**
  such as mindfulness, tai-chi and yoga.

- **Created posters of best nursing practices** (8 pillars)
  and posted a list of client recovery values (Values and Ethics), incorporating these into the morning meetings.

- **Ongoing staff training** –
  Beyond Collegiality, Building Teamwork through Dialogue
Ongoing Recovery Projects:

• Division Client Steering Committees
• Clients as faculty teaching new employees and interdisciplinary students
• Teaching Hearing Voices Trainings for community agencies
• Designing Comfort Rooms
Ongoing…

• Replacing “AWOL” on unit doors with Welcome and Murals

• Art Therapy client participation events:
  - MH awareness month, OOC art shows,
  - Gay Pride events, NAMI walk art, Gratitude Awareness,
  - Volunteer Recognition Days

• “Look for the Good” Door Event

• Advocacy for Peer Support Specialist position in process
EIGHT PILLARS FOR A RECOVERY COMMUNITY

- Caring and Helpfulness
- Greeting and Respect
- Optimism and Hopefulness
- Acceptance and Interest
- Helpful Distractions
- Options and Problem Solving
- Information
- Privacy

“I’ve learned that people will forget what you said, people will forget what you did, But people will never forget how you made them feel”. Maya Angelou
Living on a Unit

• As an advocate do you work closely with administration?
• Does leadership attend your building wide steering committee?

• Is your voice included in hospital planning?
• Have you seen projects inspired by client requests?

• Are you treated by staff with dignity and respect?
• Are you given information about how to manage your medication side effects?
Peace Pledge

• Patient-Staff Advisory Committee had the inspiration to create a CVH Peace Pledge

• Posters were made for all the units

• Banners were installed in front halls and chapel

• Postcards are handed out individually

• Integration of pledge was planned into community meetings on units.
Connecticut Valley Hospital
Creating a Caring Community

Hand of Hamsa – Symbol of Peace
A hand that does not hold a weapon
Peace:

There is no way to Peace
Peace is the way.

Peace starts within ourselves
then spreads to our loved ones
And then to our Community!
- CVH Invites you to embrace the idea of Peace - beginning with respect for yourself, In your language, in your actions and appreciation of others.
Communicate Honestly

Share your feelings honestly, look to solve problems peacefully and encourage the folks around you to express their anger respectfully.
- Listen Carefully -

Look for the difference between listening and hearing.
Show mercy and compassion
.... let go of grudges

“You can clutch the past so tightly to your chest that it leaves your arms too full to embrace the present.”
—Jan Glidewell
Be a good steward of our planet!

Treat your environment with respect and future generations will thank you!
Have zero tolerance for hate in your home, in your heart and in your place of work.
It takes Courage

It takes a great deal of courage to challenge intolerance!

May we each be granted the courage to do our small part!
“In the end – only kindness matters”

Jewel

Please join us in helping CVH

Become a community that embraces peace!

Thank you
Future Citizenship Projects

For any questions please contact:
Helene Vartelas, CEO
Jerilynn Lamb-Pagone, CNO
Connecticut Valley Hospital
P.O. Box 351, Silver St.
Middletown, CT 06457
Tel: (860) 262-6110
262-5151

Thank you!

Thank You!!