Implementing Recovery in a Maximum Security Unit

For Presentation to the Southern States Psychiatric Hospital Association

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North Texas State Hospital

North Texas State Hospital

James E. Smith, Superintendent

- Largest psychiatric hospital in Texas
- 640 total beds on two campuses 55 miles apart
- Dual mission
- Vernon-Forensic – statewide
- Wichita Falls-Civil-regional

Forensic Psychiatric Programs Vernon Campus

- 351 beds
- Serves all 254 counties for

  adults:

  Maximum Security Unit (274 beds)

  adolescents:

  Adolescent Forensic Program (77 beds)

Who We Are and How We Got Here

- Became the Maximum Security Unit in 1988
- Opened with a “corrections model”
- Adopted psychiatric rehabilitation as the clinical model and continuous quality improvement as the management model in 1991

Major Program Components

Maximum Security Unit

- Adults committed under Code of Criminal Procedure or “Manifestly Dangerous” from other state hospitals

Adolescent Forensic Program

- Juveniles committed under Family or Manifestly Dangerous, or Voluntary-Condition of Juvenile Probation

What We Do

Maximum Security Unit

- Restoration of Competency to Stand Trial
- Treatment & Rehabilitation of Manifestly Dangerous Behavior

Adolescent Forensic Program

- Restoration of Fitness to Proceed
- Treatment of Not Criminally Responsible
- Treatment & Rehabilitation of Manifestly Dangerous Behavior
- Complete Condition of Probation

Forensic Standards

Promulgated by the

DSHS State Hospital Division Forensic Committee

- DSHS Forensic Plan for State Psychiatric Hospitals and Operational Guidelines
- Forensic Standards and Curriculum
- Forensic Standards Evaluation Protocol

In addition to Texas Civil and Criminal Code statutes

Similar Approaches, Different Missions

Our forensic programming has been grounded in the companion clinical principles of psychiatric rehabilitation and continuous quality improvement, much like other public psychiatric hospitals.

Our mission is somewhat different from that of general psychiatric programs and can be described:

Community-Driven Systems of Care

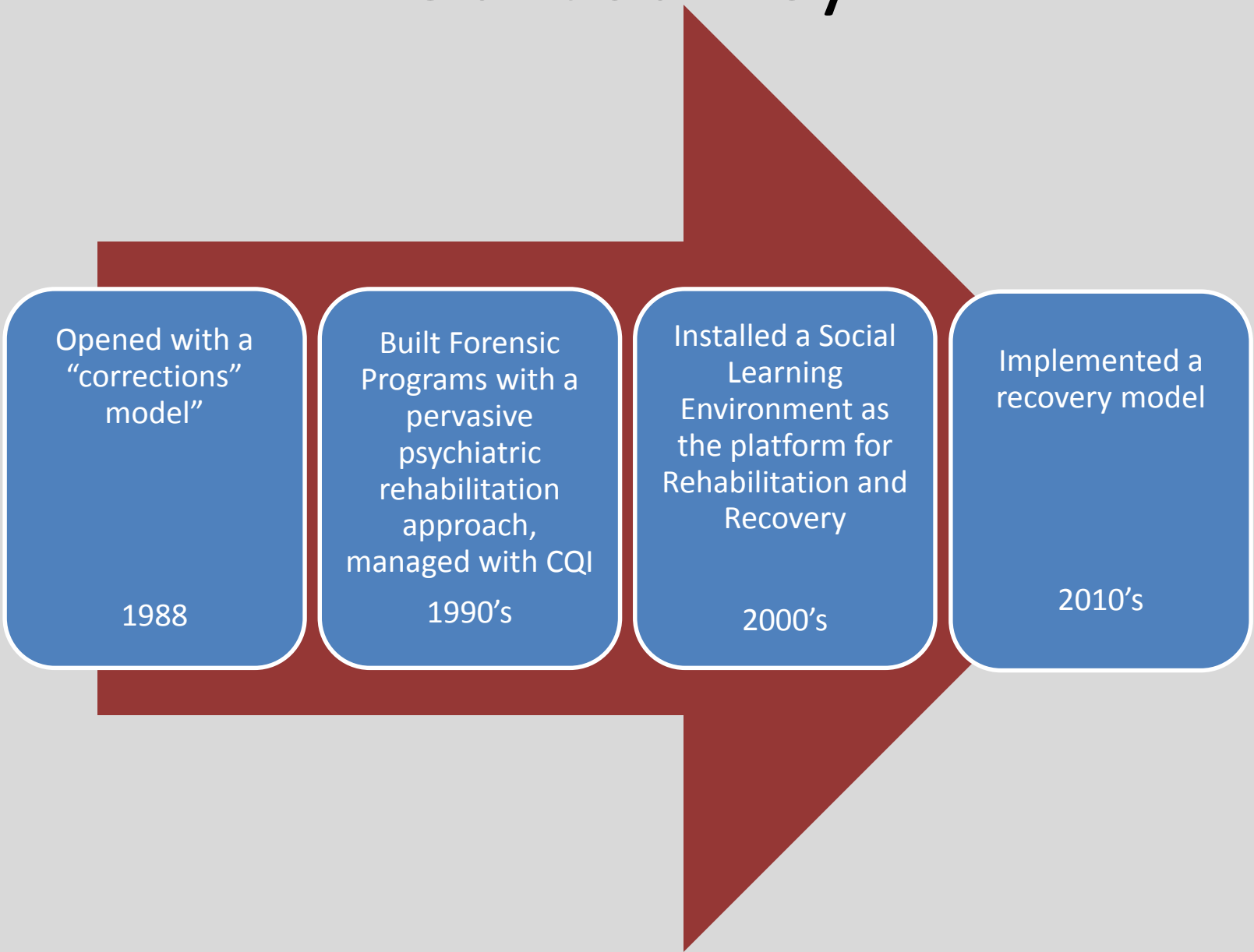
General Psychiatric Services

"Our mission is to prevent hospitalization"

Forensic Psychiatric Services

"Our mission is to prevent re-offense"

Our Journey


Opened with a "corrections" model"
1988
Built Forensic Programs with a pervasive psychiatric rehabilitation approach, managed with CQI
1990's
Installed a Social Learning Environment as the platform for Rehabilitation and Recovery
2000's
Implemented a recovery model
2010's

Forensic Psychiatric Rehabilitation

- Symptom and Functional Assessments with violence risk focus
- Functional skill training
- Internal continuum of care--Gateway as risk management “laboratory” leading to transfer to a less restrictive, forensic transitional hospital
- Goal of treatment--to replace violence with non-threatening coping/problem-solving skills

Social Learning Support System

- Highly structured
- Focus is on the environment & staff behavior
- “Every contact an opportunity for social learning to occur”
- Limit random reinforcement of violence

What is SLSS?

- A pervasive approach to organizing the therapeutic environment to provide more structure
- a means of redefining and managing the relations between patients and staff, based on positive reinforcement
- a method of proactively engaging the patients rather than reacting to their behavior

What's the big deal?

- Successful implementation requires a culture shift--from reactive to proactive

  --from "running a quiet ward" to "running a busy ward"

  --from protecting patients from stress to deliberately introducing stress to help them learn to cope with it
- Focus on successes, don't focus on failures
- we use the same principles in supervision of staff

Staff Organization

- Staff were organized around Program mission- not discipline or “unit”
- Emphasis on interdisciplinary team work- status based on what you know & contribute, not the position you occupy
- Decentralized model with “dual supervision” forcing a lot of communication

Culture Shifts

(This can get ugly)

"Sanctuary" vs. SLSS

- Running a quiet ward
- Nice & quiet-don't bother people
- Make sure nothing bad happens
- "Its not safe to (fill in the blank)"
- Catch 'em doing something bad & punish

- Running a busy ward
- 50 positive contacts per hour
- Make something happen
- "Its not safe to do nothing"
- Catch 'em doing something good and reinforce

“Control through choice”

- Limit the rules-don’t allow homicide, suicide, elopement, contraband, theft, or assault
- Coach with positive reinforcement and structured “if-then” prompts
- Supervise staff the same way-model it
- Remember what we are trying to get across

  --to be successful *away from* the threat of force

Conventional Social Learning is Not Enough

- Introducing Recovery (more later)
- Drama and music therapy-*never* underestimate the power of expressive arts
- DBT-a means to engage the people labeled "borderline"
- "Comfort rooms" & "meditation garden"
- Looking for creative ways to reduce density & provide for segregation

Role of Security Staff

- All staff accept responsibility for security functions
- Perimeter security and ground patrol
- Admission
- Transport
- Family support
- Central Rehabilitation
- Crisis intervention support

Otherwise, we are budgeted at the same formula per patient as other state hospitals in Texas.

We also operate under the same Texas Administrative Code governing client's rights as community and civil state hospital providers

Security-Clinical Interface

- Integrated Security and Program Management Policies:
  - Admission process
  - Visitation
  - Receipt/management of personal effects
  - Definition and management of contraband
  - Dress policies

- S-C Interface is like “world peace”-requires constant attention and stewardship
- The best security is active, well-planned, scheduled and managed programming
- The next best security is coordination with the professional security force
- Good security is occurring when there is constant observation of people and places, rapid response capability *that is almost unseen—not intrusive*

Common Denominator:

Violence Risk

Violence Risk

Individual Risk

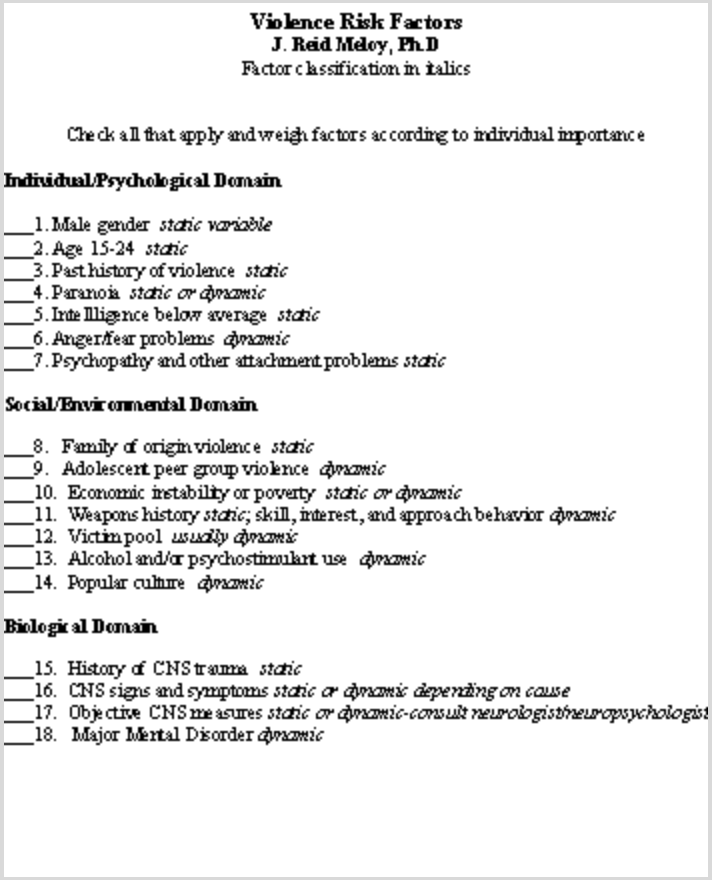
- Nature of violence
- Stressors/risk factors
- Weapons
- Victim pool
- Impact of relapse
- Harm/elopement

Environmental Risk

- Containment features
- Egress/ingress
- “Hardening”
- Access to Weapons
- Activity-specific risks, e.g. sports equipment, tools

What is an assessment of risk?

- Static and dynamic factors
- Long-term pattern of behavior
- Presence of factors in proposed setting
- Degree/capability of containment needed
- Highly individualized to type of violence, - frequency/lethality, etc.
- Look for “violent pathways” for the high lethality, low frequency offender.



Violence Risk Factors
J. Reid Meloy, Ph.D
Factor classification in italics

Check all that apply and weigh factors according to individual importance

Individual/Psychological Domain

___1. Male gender *static variable*
___2. Age 15-24 *static*
___3. Past history of violence *static*
___4. Paranoia *static or dynamic*
___5. Intelligence below average *static*
___6. Anger/fear problems *dynamic*
___7. Psychopathy and other attachment problems *static*

Social/Environmental Domain

___8. Family of origin violence *static*
___9. Adolescent peer group violence *dynamic*
___10. Economic instability or poverty *static or dynamic*
___11. Weapons history *static*; skill, interest, and approach behavior *dynamic*
___12. Victim pool *usually dynamic*
___13. Alcohol and/or psychostimulant use *dynamic*
___14. Popular culture *dynamic*

Biological Domain

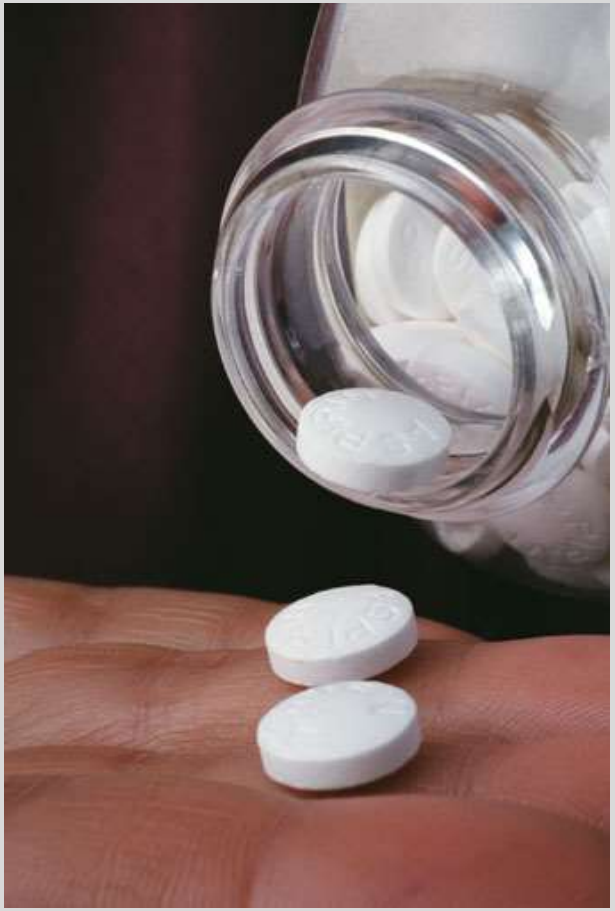
___15. History of CNS trauma *static*
___16. CNS signs and symptoms *static or dynamic depending on cause*
___17. Objective CNS measures *static or dynamic-consult neurologist/neuropsychologist*
___18. Major Mental Disorder *dynamic*

The “Tornado Awareness” Approach

- Degree of “predictability” of relapse/re-offense
- Risk Factors =Tornado Watch
- Warning Signs= Tornado Warning
- Take Cover= Contain

Risk Factors

- Prophylactic strategies
- Long-term strategies
- Application of skills development and management of stressors



This is the “Tornado Watch”

Warning Signs

Crisis intervention strategies…and more

Includes:

- Warning signs of impending violence
- Strategies to prevent or contain the manifestation of seemingly imminent violent behavior

This is the “Tornado Warning”

Crucial Piece: Strategy Testing

- Verify the utility of all strategies
- Construct experiences
- Scientific method
- Revise strategies as a result

Follow-up

- Did the Plan work?
- What modifications have been made to the Plan?
- Were all risk factors covered adequately?
- Any new information or issues identified?

Introducing Recovery

- Single goal recovery plan
- Consumer choices, where allowed by court status
- Opportunities for work
- Peer support specialist
- Focus on success—the key—

  “We’re in the success business”

“Non-confrontational control”

- Know when to back off
- --not all inconvenient behavior is dangerous
- Remember to individualize treatment
- -- not everyone will respond to the “rules”
- Eliminate “all or none” thinking--let people function as individuals --they don’t have to go around in groups

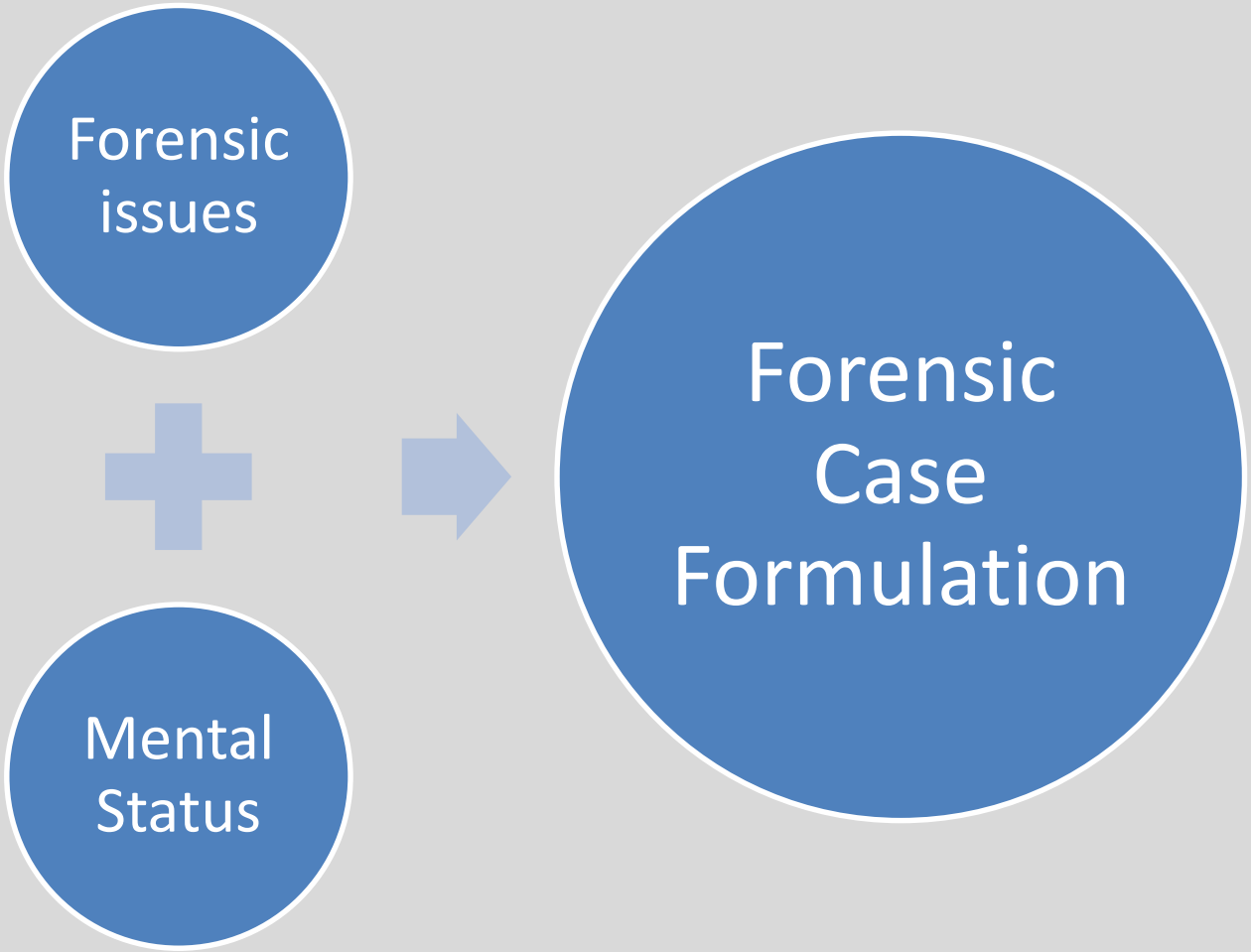
“Not all inconvenient behavior is dangerous”

Know the difference between dangerous behavior and “junk” behavior

- Is the behavior a threat to others or to self?
- Is someone likely to be harmed by the behavior(include homicide, suicide, assault, escape)
- Is the behavior mainly a problem of inconvenience?
- Would he/she be arrested for it in the community?

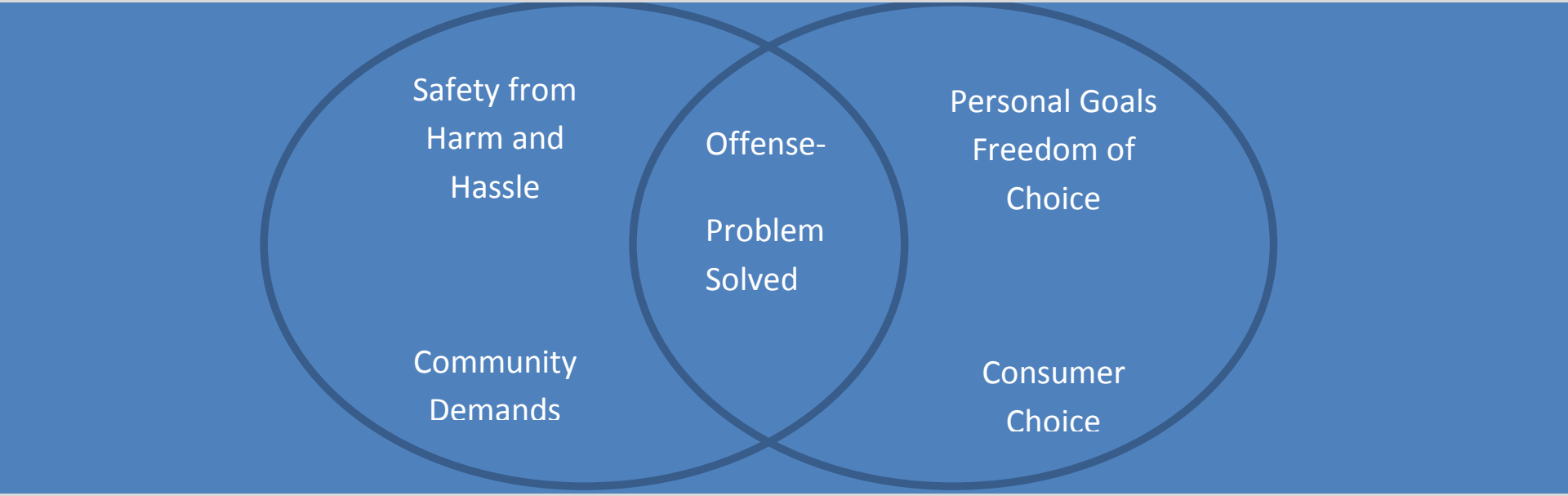
Forensic Case Formulation

(From Warburton, et.al.)



Recovery Plans in Forensic Services

What the Community Wants-What the Patient Wants



Reconciliation –with the Community, the Court, and between Community Demands and Patient needs

Treatment Outcomes

Restoration of Competency to Stand Trial (CST)

-return to court as competent

Capacity to function safely in a less restrictive setting (CST & NGRI)

-transfer to a less restrictive state hospital setting

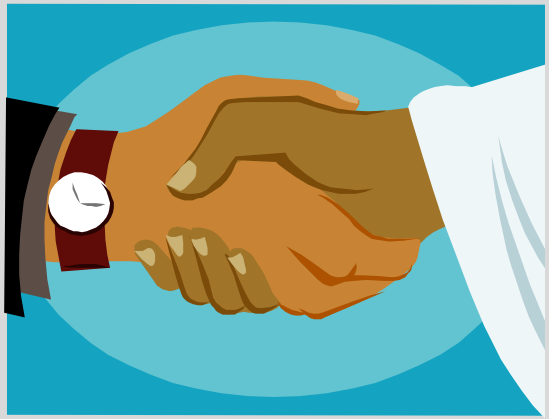
Participation in a Statewide Recovery Project

- The Superintendent nominated the MSU Program that serves the most actively aggressive patients for participation in a statewide recovery implementation project, sponsored by the Hogg Foundation, University of Texas with SAMHSA support

- The chosen Program is one that serves as the “behavioral ICU” for the state of Texas

Recovery =more focus on “the basics”

People Helping People



- We strive to work with patients and their needs and desires
- Its not an “all or nothing” attitude
- Activities/groups are designed to fit the people not for people who fit the activity

Personalizing the place

- We have helped consumers to personalize the unit through art individual and shared spaces

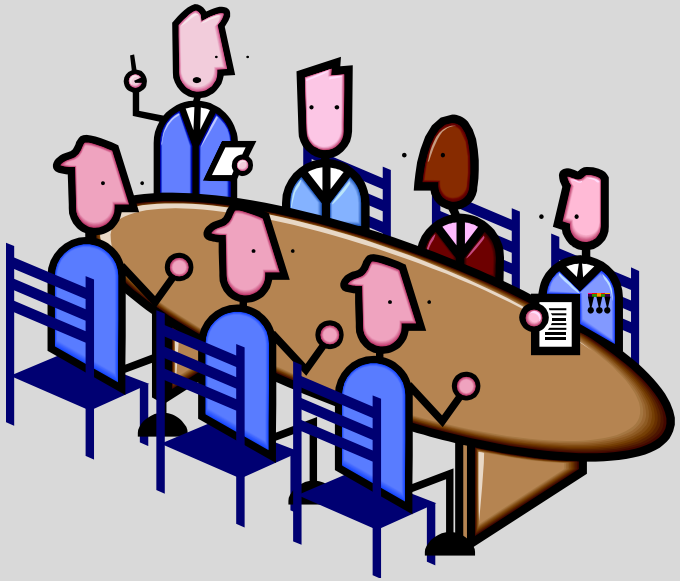
- Murals, chalkboards, frames, new jobs, etc.…

More opportunities for work

- New jobs have been created
  - Print Shop
  - Beautification Team
  - other client worker jobs

Focus Group

- We conducted two focus groups with the intention of better understanding the communities view of recovery
  - One consumer group
  - One staff group



Focus Group Results

"Recovery principles can be applied to help patients take back their own power and make their own choices".

What is Recovery?

- Staff
  - patients making decisions for themselves
  - increased focus plans for life outside the hospital
  - offering patients more responsibility
  - asking patients what they want to accomplish
  - offering alternative activities
  - We are using individualized strategies to support patients in achieving goals
- Consumers
  - Being self sufficient.
  - Having humor.
  - Changing from how you were into how you want to be.
  - Being sober and staying busy.
  - Going to therapy and getting a job or getting to another hospital, or even becoming a truck driver.

Staff Training

- We have provided staff training on the recovery movement as well as the job of a peer specialist.
- We have administered and used surveys

Staff Concerns and Challenges

- One concern that was identified was that patients on involuntary forensic commitments may not be allowed to exercise much choice, given the contained setting.

  -For example, a patient on a forensic commitment may not opt out of competency restoration programs

- The group discussed application of recovery principles in a forensic setting where the primary consumer is often considered the court.

What was identified as most important to share with others

- Staff identified respectful communication and personalization of space

- Consumers noted
  - more choice in developing treatment/recovery plans.
  - Relaxation classes
  - More choice on when you leave the hospital, where they will go next

What improvements have you seen on the unit?

- Consumers
  - Painting on wall in the music and comfort room.
  - Having a class in the comfort room.
  - Chalkboards and picture frames in patient rooms.

Consumer Concern

- **Do you feel that you have been given choice in your treatment? How? How can we offer even more choice?**
- Consumer responses
  - I don't want to go back to another hospital but I wouldn't have a choice if I pass DRB. I would rather go to a place where I have freedom.
  - Well, you could describe the classes in laymen's terms. Have a writing class, more class options.
  - I don't feel like I have any choice in my treatment plan. I think you do give us choice in classes. I think I have some choice on my discharge plans.

Supervision

- Interdisciplinary shift report meeting-not just for nursing staff- training and support
- cross-discipline supervision
- reinforcers for staff members

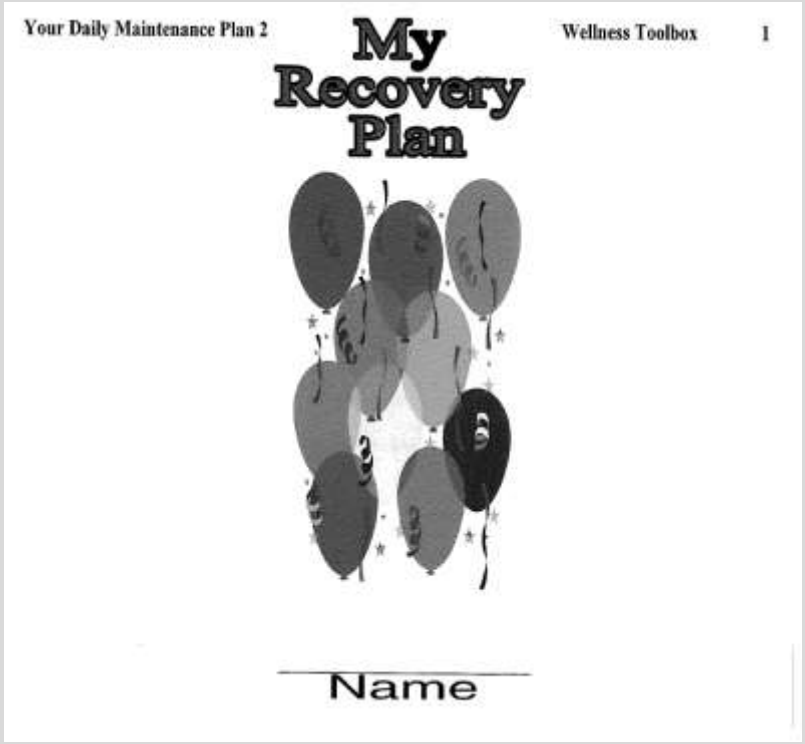
Training and Support for Staff

- Introductory training-in a standard New Employee Orientation
- Hiring Pool -30 days of training before permanent assignment
- New staff orientation
- Program-specific training
- On-going training - “15 minute modules”

Interdisciplinary Shift Report

- staff get to “air out” (“the best 30 minutes of the day”)
- general training and support
- specific problems and intervention issues
- treatment team gets information about what is really important to patients
- teach staff not to get pulled into power struggles

Additional Recovery Projects



- We turned our adult education computer class into an opportunity to produce recovery journals and WRAP plans while teaching Word and PowerPoint

The Depot

- Using a grant, in house labor, and consumer we turned the canteen into a more appealing coffee shop to create a gathering place for people to practice safe interpersonal skills

- A consumer group helped to design the project, and contribute the new booths from construction in the Sheltered Workshop

The goal was a less institutional look and feel, while maintaining the security of the setting

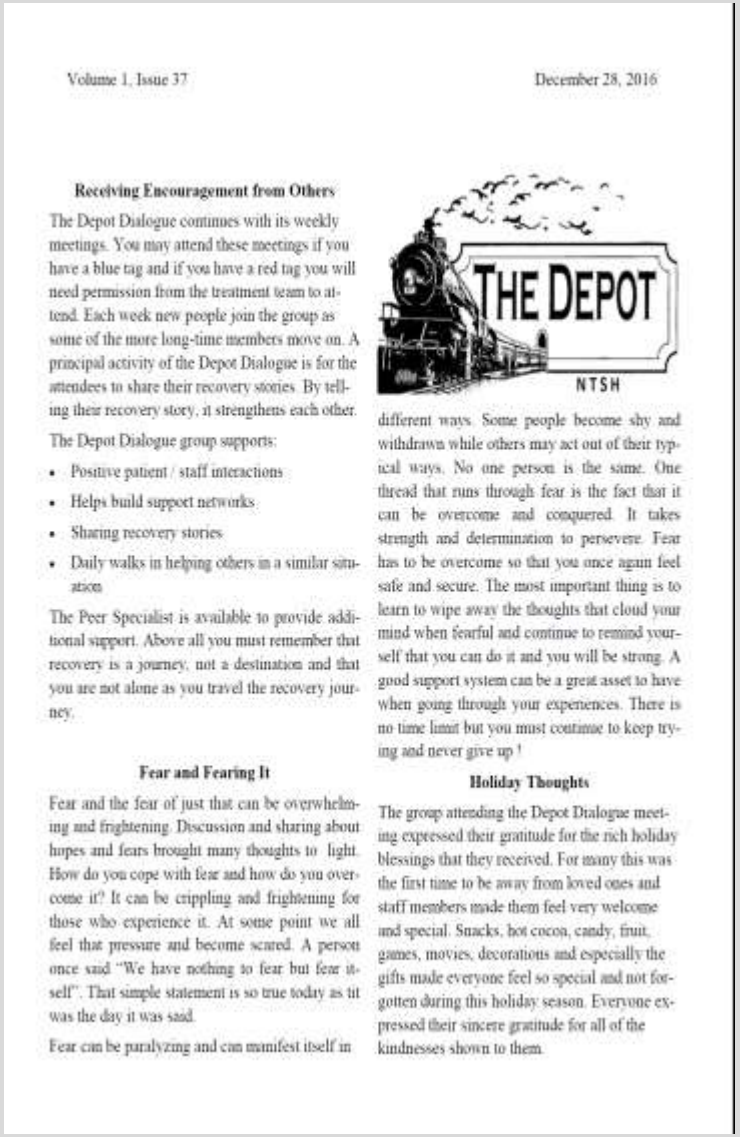
Staff and patients contributed artwork, using Texas and railroad themes

Depot Dialogue

- Since last spring, the Peer Specialist has been leading a consumer group in the Depot on a weekly basis.
- The purpose is to take a break from “therapy” for a self help discussion, and tell the hospital staff what is and is not working.
- The group helped sponsor the Open House and Dedication for the Depot, and hosted a Recovery Day celebration where consumers told their recovery stories in story, song, and drama.

Depot Dialogue

- After each meeting, a newsletter is published and distributed, based on the discussion.
- Participants are encouraged to write their recovery stories for publication
- Letters and stories have been received from former patients



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Receiving Encouragement from Others

The Depot Dialogue continues with its weekly meetings. You may attend these meetings if you have a blue tag and if you have a red tag you will need permission from the treatment team to attend. Each week new people join the group as some of the more long-time members move on. A principal activity of the Depot Dialogue is for the attendees to share their recovery stories. By telling their recovery story, it strengthens each other.

The Depot Dialogue group supports:

- Positive patient / staff interactions
- Helps build support networks
- Sharing recovery stories
- Daily walks in helping others in a similar situation

The Peer Specialist is available to provide additional support. Above all you must remember that recovery is a journey, not a destination and that you are not alone as you travel the recovery journey.

Fear and Fearing It

Fear and the fear of just that can be overwhelming and frightening. Discussion and sharing about hopes and fears brought many thoughts to light. How do you cope with fear and how do you overcome it? It can be crippling and frightening for those who experience it. At some point we all feel that pressure and become scared. A person once said "We have nothing to fear but fear itself". That simple statement is so true today as tit was the day it was said.

Fear can be paralyzing and can manifest itself in

THE DEPOT

NTSH

different ways. Some people become shy and withdrawn while others may act out of their typical ways. No one person is the same. One thread that runs through fear is the fact that it can be overcome and conquered. It takes strength and determination to persevere. Fear has to be overcome so that you once again feel safe and secure. The most important thing is to learn to wipe away the thoughts that cloud your mind when fearful and continue to remind yourself that you can do it and you will be strong. A good support system can be a great asset to have when going through your experiences. There is no time limit but you must continue to keep trying and never give up !

Holiday Thoughts

The group attending the Depot Dialogue meeting expressed their gratitude for the rich holiday blessings that they received. For many this was the first time to be away from loved ones and staff members made them feel very welcome and special. Snacks, hot cocoa, candy, fruit, games, movies, decorations and especially the gifts made everyone feel so special and not forgotten during this holiday season. Everyone expressed their sincere gratitude for all of the kindnesses shown to them.

Letters from a Texas Jail

Hello my friends,

By now it's been several weeks since I left NTSH. Let me first start off by saying "I miss everyone of y'all so much." I decided to write and let you guys know how things were going as of 7-30-16.

Right now, I'm going through a hard time adjusting to this place again. Stripped down bare naked and treated like an animal. Some of y'all know what I'm talking about and those of you that don't well, you don't ever want to feel this way. Humiliating!! This was a part of my journey I was trying to get ready for, however your really not till the time comes. My opinion the roughest part are the other inmates. Some of your triggers will be in your face as I've run into already but turned a negative into a positive by trying to put together a peer support system in here with what I know, methods that were taught at the hospital, classes we attended and probably the most important one of all, communication. My routine is off. I guess I never realized it but that can be so important along with meds, diets, etc.

My emotions are so crazy right now but you know what, when it's gotten that way, I've just closed my eyes and see ALL the beautiful faces I met in there. As I'm doing right now . LOL……and yes I'm in tears. By now friends y'all know me. I'm a very emotional man. A man although has seen the movie "Rocky" or "Titanic" a billion times, I still cry.

P.S. My pen ran out of ink. Please send me a copy of the Depot Dialogue letter.

Another Letter from Jail

Hello my friends, *1-11-17*

By the time you all get this letter, I may be on my way to the next chapter in my life. Freedom is about a year away from behind these wall, Praise God. But not free from the mental issues that haunt me from time to time. That will be a forever battle, however being able to understand more is very helpful. I thank everyone at NTSH for their help and king hearts. I'm forever grateful to you all.

My apologies for not writing sooner but its been a bit crazy however I'm happy to share with you all that the legal side of this journey is over. As I said freedom is about a year away from behind these walls.

Sorry this is such a short letter but as soon as I touch down to my next destination I will be write you all. Please tell everyone hello for me.

Next Steps

Increase involvement in self help activities in addition to the Depot Dialogue

Make sure suggestions are cascaded to Program staff to improve care

Look for opportunities for services to combat veterans

Thanks for the opportunity
Come and visit us

For further information:

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