

“Catch ‘em Doing Something Good”

Creating a Healthy Environment for Change
in a Forensic Hospital

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North Texas State Hospital
Forensic Programs
Vernon, Texas

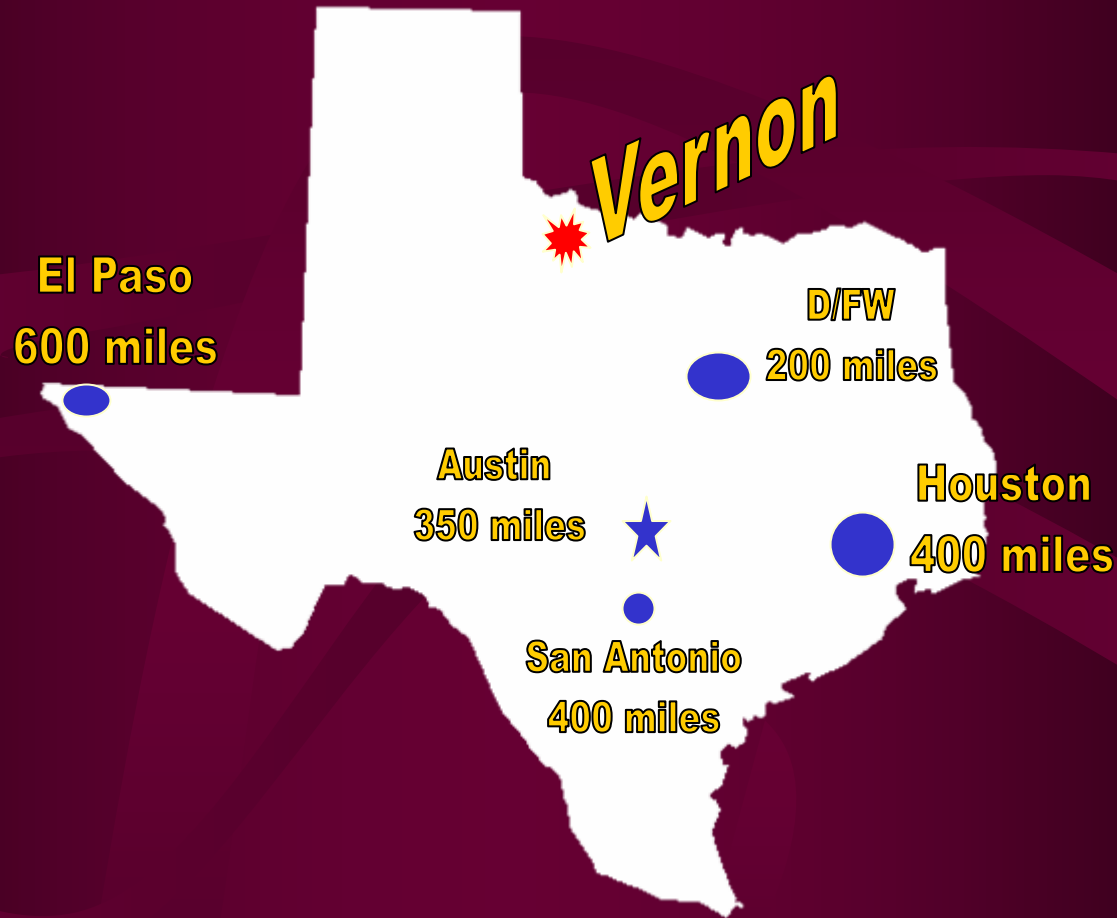
Greetings from North Texas!

North Texas State Hospital

- Largest in Texas
- James E. Smith,
LCSW, CEO
- 566 total beds on two
campuses 55 miles
apart
- Dual mission



Where in the world is Vernon, Texas?



General Psychiatric Programs Wichita Falls Campus



- 223 beds
- 29 counties for adults
- 99 for children-adolescent
- Service area the size of the state of Washington

Forensic Psychiatric Programs Vernon Campus



- 343 beds
- Serves all 254 counties for adults and adolescents
- Most patients come from metro areas of Texas

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
- 266 beds
- Adults committed under Code of Criminal Procedure or Manifestly Dangerous
- Adolescent Forensic Program
- 77 beds
- Juveniles committed under Family or MH code or Voluntary-COP

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 work with the same (or less)
money per patient than the general
psychiatric state hospitals in Texas



What we will (and will not) talk about today

- Good tools need a good toolbox
- Healthy hospitals = healthier staff = healthier patients
- No quick and easy answers

Building the Toolbox

- In 1990, the hospital was in disarray. The first thing we did was re-orient ourselves to an understanding of our mission.
- Then the CEO committed us to psychiatric rehabilitation as the pervasive approach to treatment in our hospital.
- We then reorganized using a decentralized matrix management model grounded in CQI.

Our mission is to provide specialized mental health rehabilitation services, in a uniquely secured environment , that *produce improvement* in the functioning and sense of worth in the persons we serve, thereby enabling them to act more effectively and responsibly in asserting their needs and caring for themselves.

Organizing the Toolbox

A major step was the grouping of our patients and staff around subsets of our forensic population, based on the historic pattern of functioning and/or needs for treatment.

This proved to be more relevant than:

- commitment type
- diagnostic category
- other traditional groupings

Program Organization

- Organized by “treatment tracks”
- Tracks arranged by grouping patients according to their historic pattern of relating to the world around them
- Grouped for deliberate introduction of experiences and stressors

Programs Of The Adolescent Forensic Program



- Therapeutic Community
- Specialized Treatment Track
- Intensive Track

Programs Of The Maximum Security Unit

- Behavior Management and Treatment Program (track I)
- Social Learning Rehabilitation Program (track II)
- Competency Program (track III)
- Multiple Disabilities Program (track IV)
- Gateway Residential Program (all)

Other Services

Central Rehabilitation Program

- Functional skill training and engagement for all patients

General Medical Services

- Medical/dental care: physicals, sick call, infirmary, outside medical referrals

Common Denominator

Dangerousness Risk

Putting Tools in the Toolbox

Forensic Psychiatric Rehabilitation

- Symptom and Functional Assessments with violence risk focus
- Functional skill training
- Internal continuum of care--Gateway as risk management “laboratory”
- Goal of treatment--to replace violence with non-threatening coping/problem-solving skills

Social Learning Diagnostic 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 SLDS?

- 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

Social Learning/Diagnostic System: Exported

- Modified the SLDS technology to fit different populations and missions
- Campus-wide
- Interdependent cross-discipline structure
- Emphasis is on the environment & staff behavior
- Using tools of social learning to supervise the staff
- “Every contact an opportunity for social learning to occur”

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
- we use the same principles in supervision of staff

“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

“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

Culture Shifts

(This can get ugly)

“Sanctuary” vs. SLDS

- 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

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”

Supervision

- Interdisciplinary shift report meeting-not just for nursing staff- training and support
- cross-discipline supervision
- Social learning behavior observations-by supervisors and other treatment team members
- reinforcers for staff members

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

Behavior Observations

Evaluation Form

Social Learning Teaching Techniques

Staff Name _____ Program _____

Date _____ Activity _____ Observer _____

Duration of observation: from _____ to _____

Number of Positive Verbal Reinforcements delivered during observation period: _____

Observed	Technique	Definition	Rating
? Yes ? No	Modeling	Staff models socially acceptable interactions and behaviors as well as modeling what is expected in various activities.	* * * *
? Yes ? No	Reinforcement	Staff uses modes of positive reinforcement during and after activity. Is able to discuss the differences between positive and negative reinforcement as well as the differences between continuous and intermittent reinforcement.	* * * *
? Yes ? No	Shaping	Staff provides feedback and reinforces approximations of behaviors and skills.	* * * *
? Yes ? No	Generalization	Staff demonstrates being able to use behaviors and skills in new situations.	* * * *
? Yes ? No	Overlearning	Staff guides repetition of activity Staff understands that the purpose of "overlearning" is to get the behavior or skill to the point of it becoming a "habit".	* * * *
? Yes ? No	Extinction	Staff does not reinforce undesirable behaviors and shows an understanding of what is reinforcing to the different patients.	* * * *

Rating Scale

1= Needs Basic Remediation

3= No Training Needs are Identified

2= Some Training is Required

4= Performance Exceeds Expectations

Nursing

Revised 8-04

NTSH # 1818



**NORTH TEXAS STATE HOSPITAL
FORENSIC PROGRAMS—VERNON CAMPUS
Interoffice Memorandum**

TO: Jeff Bearden, LMSW-ACP
Director of Programs, Vernon Campus

FROM: Lisa Puckett, M.Ed., LCDC
Program Director - Gateway

SUBJECT: **"Shining Above the Rest" Award to a Champion of
Social Learning**

Date: July 26, 2005

This is to let you know that I gave my "Shining above the Rest" *flashlight* to Laverne Boyce, Gateway Rehab Supervisor on July 26, 2005. I chose this employee because as she works with the Gateway patients in Rehab groups and in Client Worker jobs she uses the principles of social learning routinely. Laverne has a real natural ability to interact with patients using praise, reinforcement and modeling. She also demonstrates shaping when teaching new tasks to patients and explaining the expectations of a skill. The flashlight is a symbol of her attempts to give a positive light to the patients as she is very genuine and gives special attention to the needs of the patients. Laverne is often caught being positive and never caught complaining. She shows a lot of dedication and drive in her job while always trying to do the extra for the program and the patients on our program. Laverne is a fair and honest supervisor and ensures that she never asks her staff to do something that she has not either done herself or is willing to do with them in order to carry out the activity. She works well with others and is quick to adjust her schedule to work with the Central Rehab staff in the facilitation of Rehab activities. Laverne is a good employee and has the attitude of being appreciative of her job and the positive things in life. I see her modeling this daily to patients and staff with the appearance of little effort as it seems to be just an attribute of who she is.

Please join me in thanking *Laverne* for her great effort.

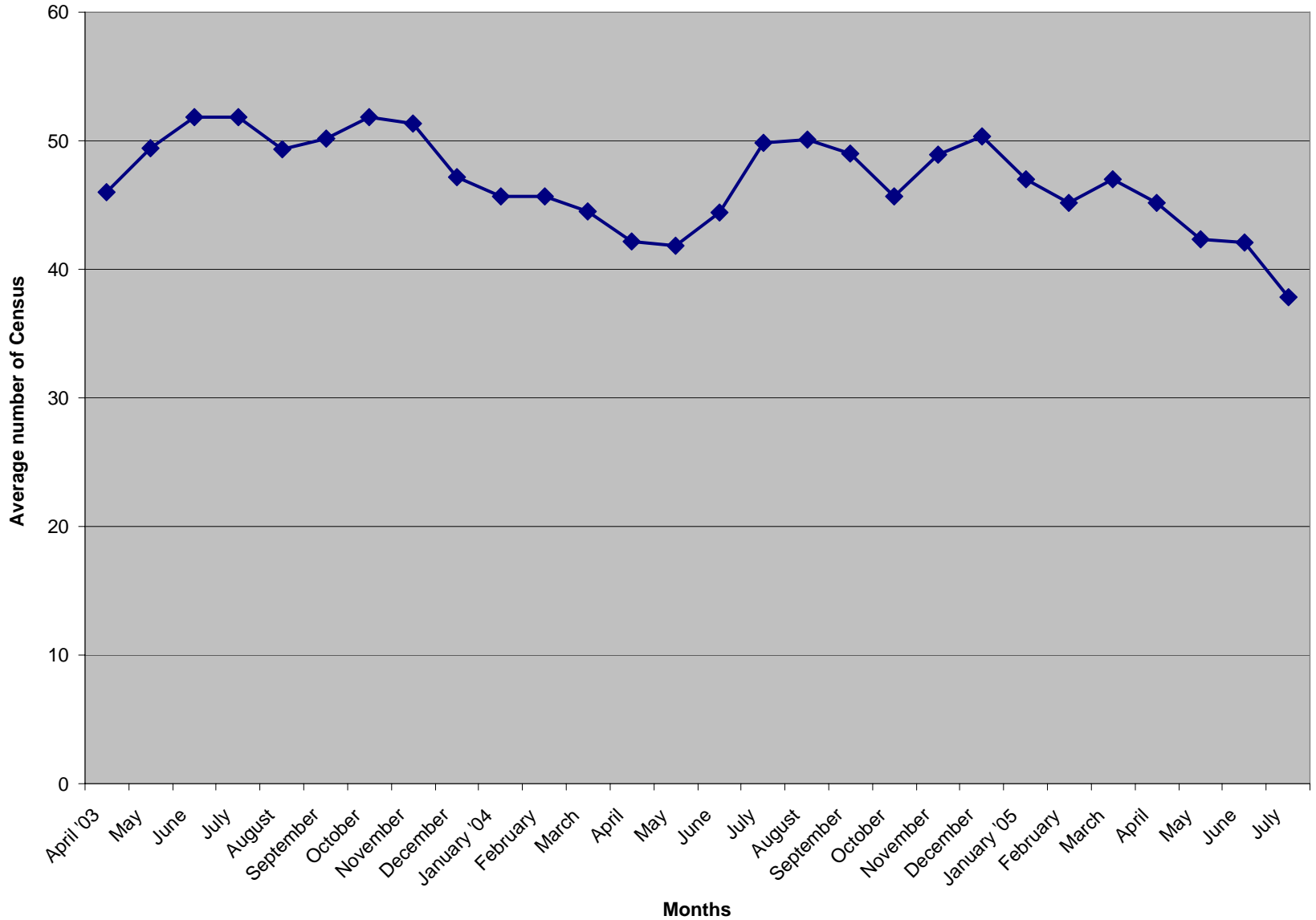
Copy: Employee
Employee's Supervisor
Employee's personnel file
Superintendent

**Reinforcers
for Staff**

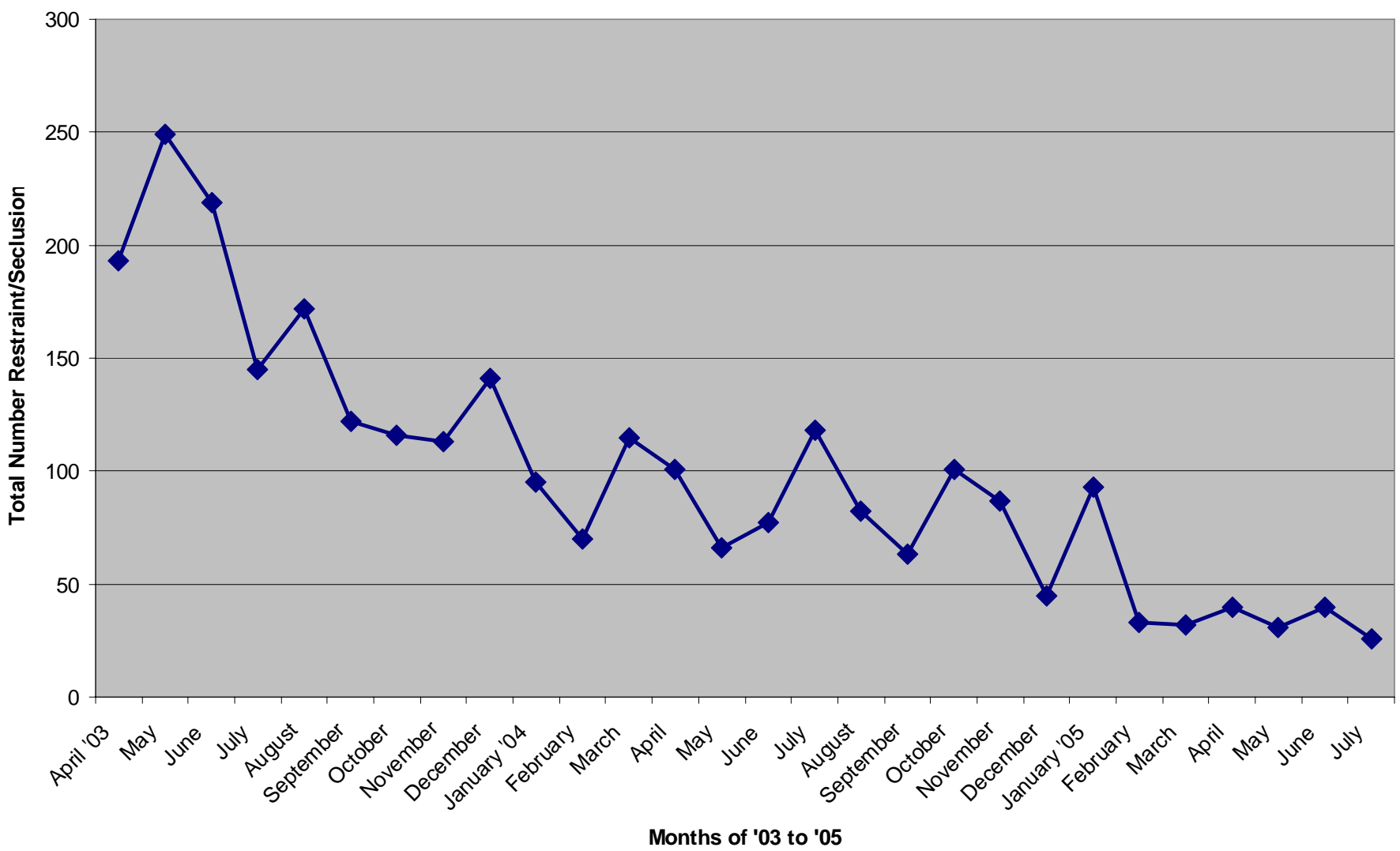
Preliminary results:

- Better numbers
- Better behavior
- Better morale

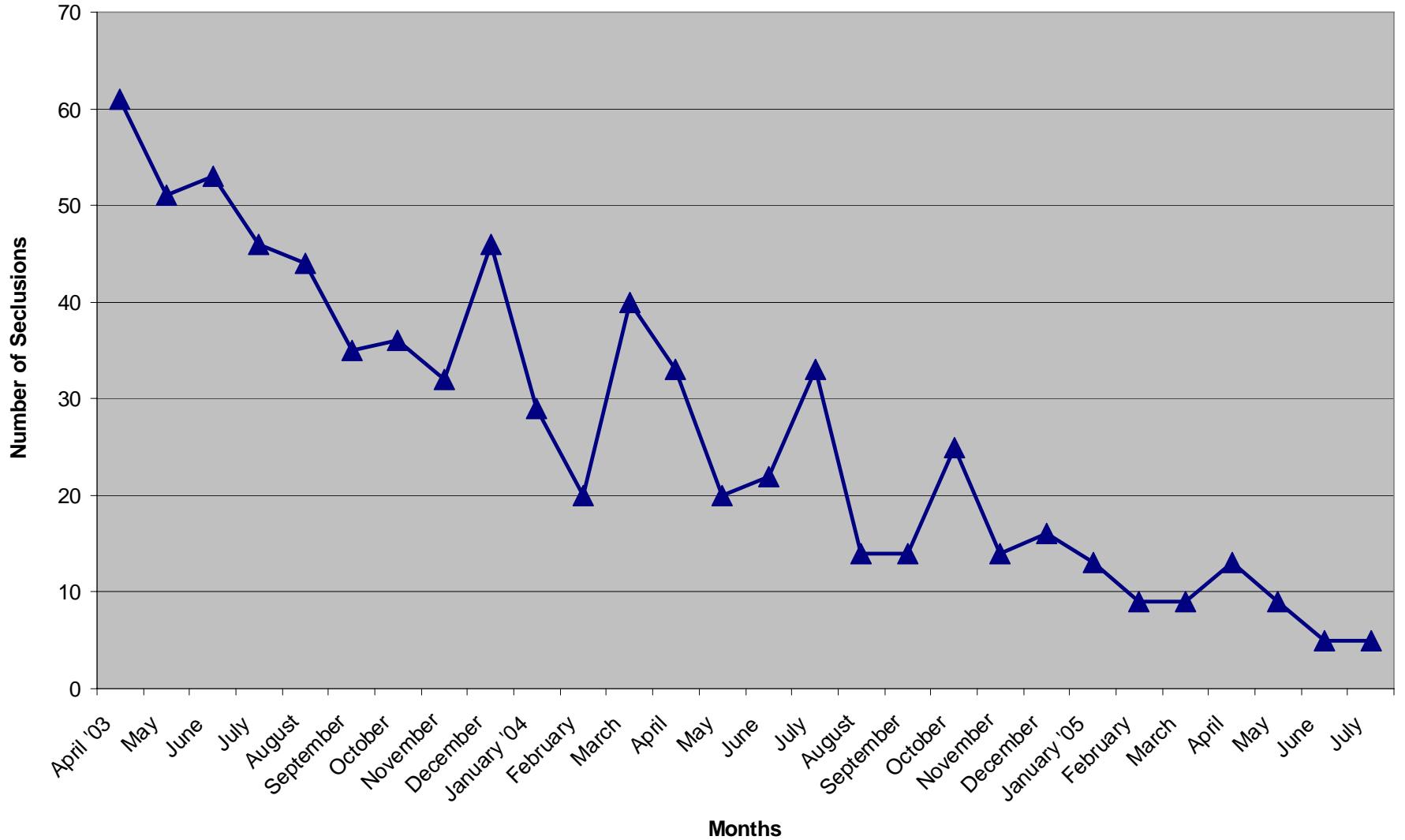
BMTP Average Monthly Census for April '03 to July '05



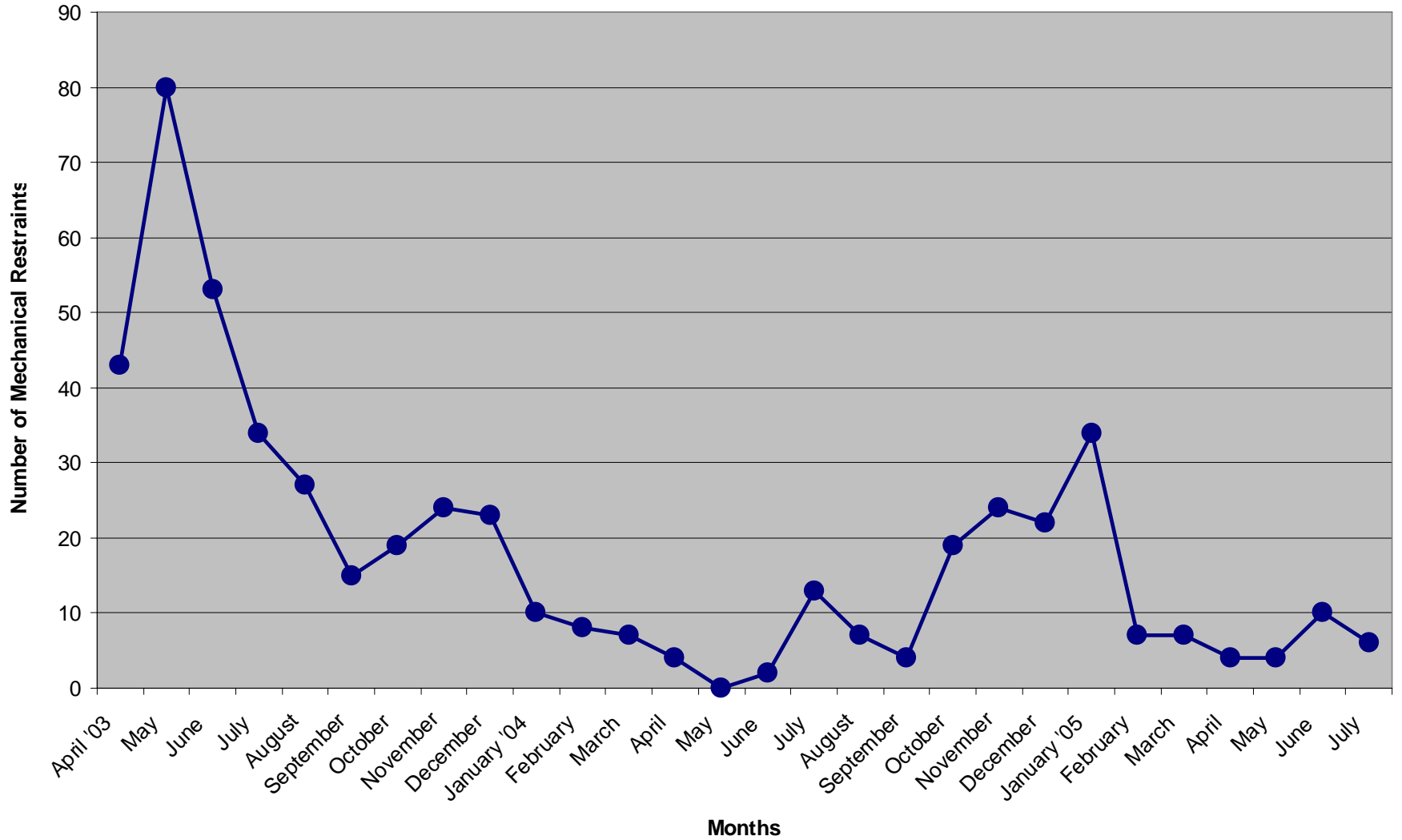
BMTP Restraint & Seclusion Totals from April '03 to July '05



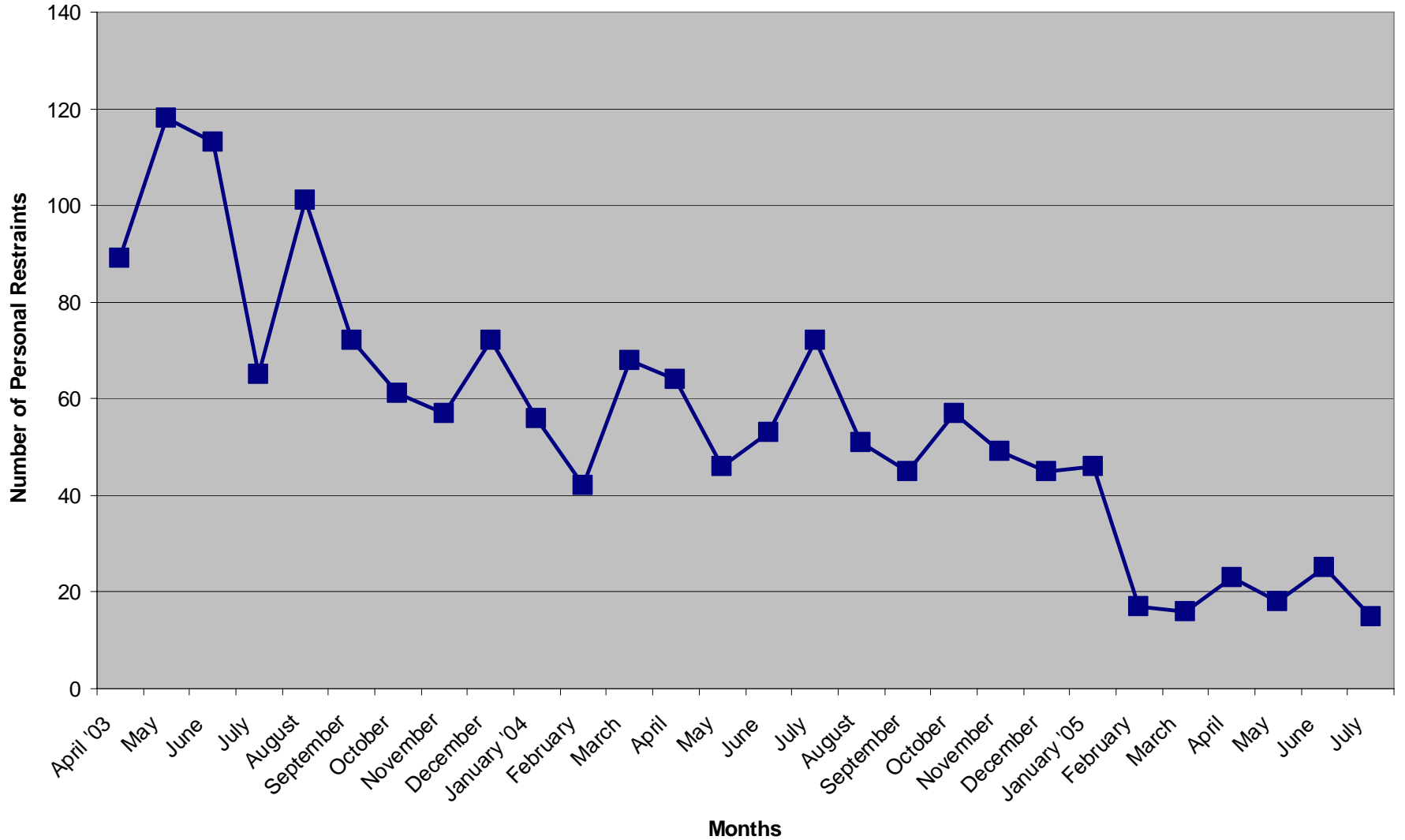
BMTP Seclusion from April '03 to July '05



BMP Mechanical Restraints from April '03 to July '05

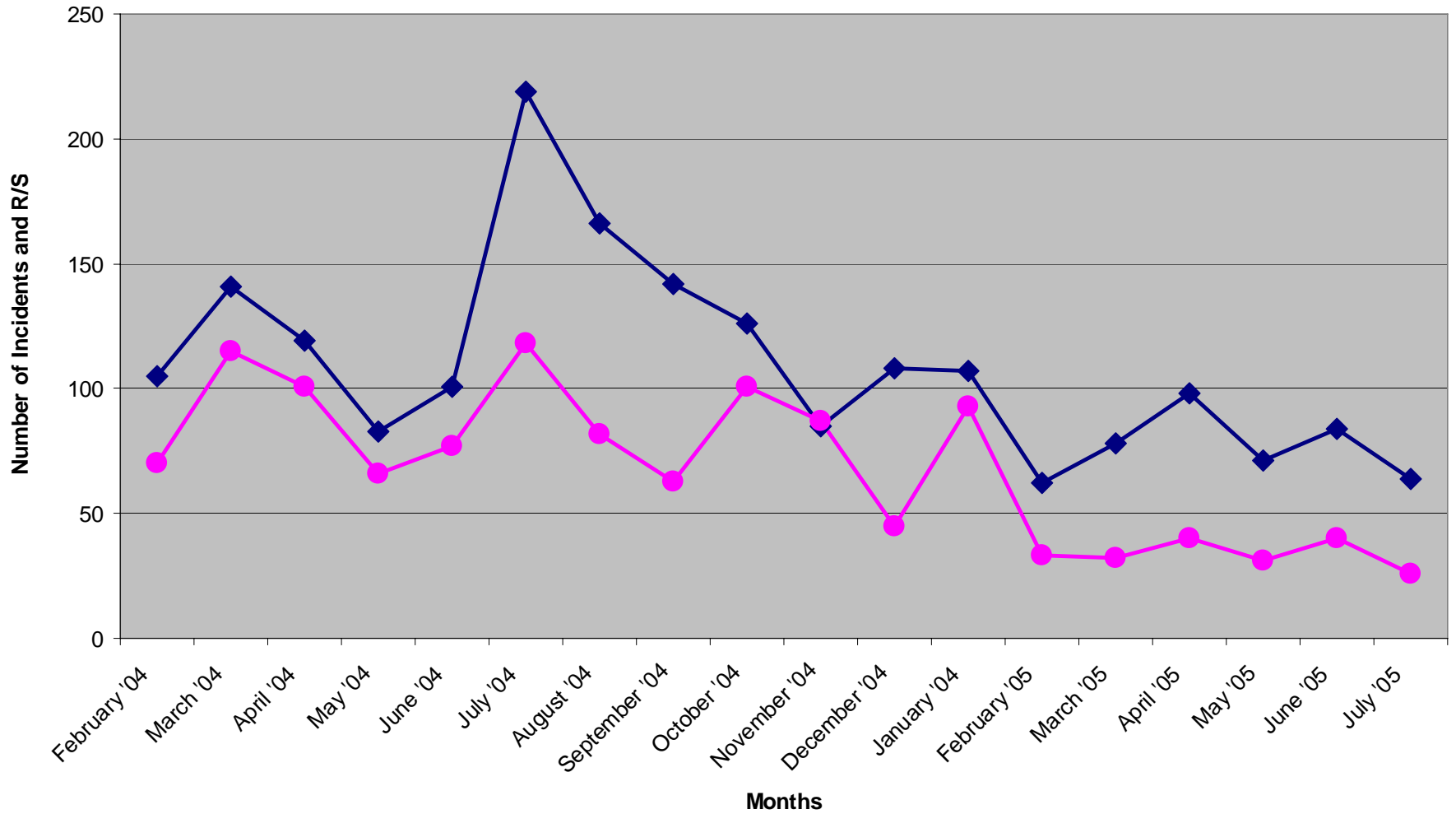


BMTP Personal Restraint From April '03 to July '05

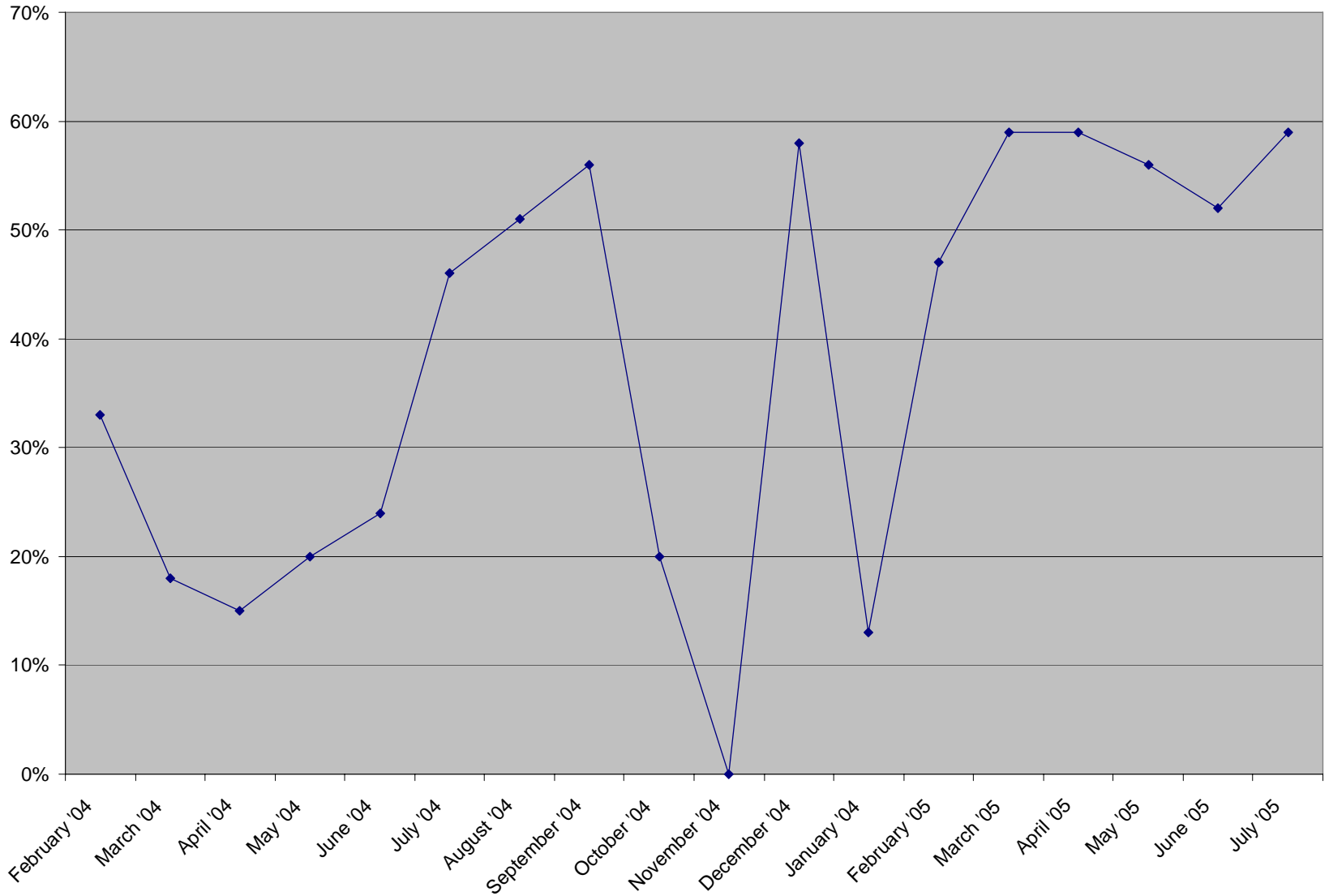


Total R/S and Total Aggressive Incidents for February '04 to July '05

◆ Total Aggressive Incidents ● Total Restraint/Seclusion

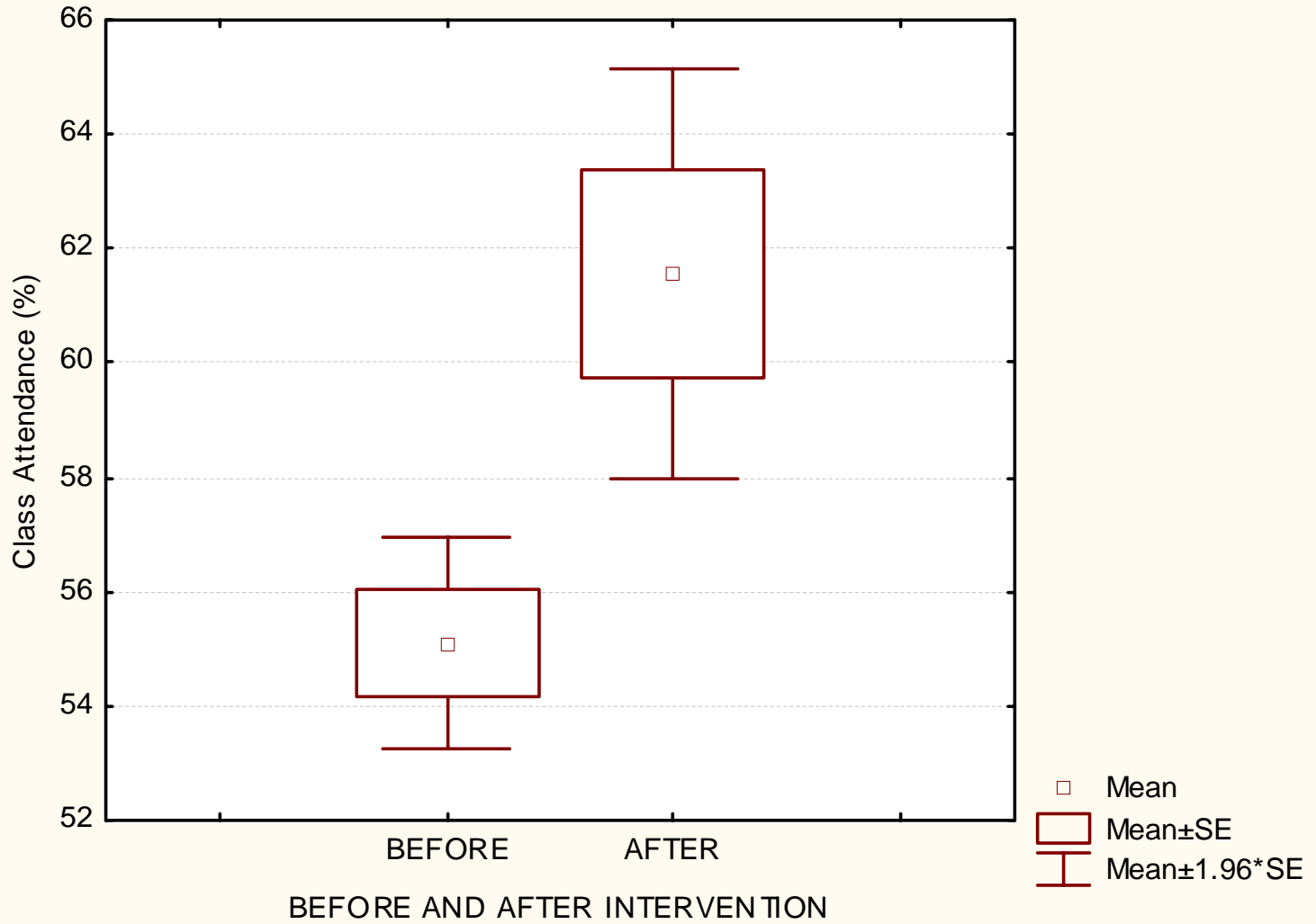


BMP Percentage of Aggressive Incidents Not Requiring Restraint and Seclusion



Physical Aggression patient to patient or patient to staff

100 PERCENT CLUB RESULTS



- Staff observations: Ave. 7 positive verbals/hour to 30/hour
- Staff reports: “It makes the day go faster and better”
- Patient reports: “We feel like real people here”
“It’s nice to be appreciated”

- Important by-products that we didn't expect-

the introduction of hope

the communication of respect

When Conventional Social Learning is Not Enough

- ROPES-individual and group challenges that provide opportunities to experience intimacy & trust
- 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

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