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Tip 2: Creating a Therapeutic Environment

Description

In today's environment, healthcare facilities are designed to give quality care through medicine and safety and fully accept the resident, family, and caregivers in a supportive therapeutic environment. The LTCF environment affects resident outcomes, satisfaction, safety, and staff efficiency, staff satisfaction, and organizational outcomes. In addition to the physical environment, facilities should consider the social climate, linguistic needs, and cultural aspects. It is important to develop a culture that accepts all residents and for LTCF staff to implement individualized, person-centered approaches to resident care. ⁷⁹ See this short video on the Holistic Approach to Transformation Change (5 minutes). ⁸⁰

Goals

This section aims to identify several interventions LTCF staff can implement to foster a therapeutic environment that meets both the linguistic and cultural needs of the residents.

Objectives

At the end of this section, participants will be able to:

- Define and interpret a therapeutic environment.
- Develop action steps to work towards implementing a therapeutic environment that is culturally and linguistically appropriate for all residents including those with OUD or StUD.
- Identify non-pharmacological approaches that support residents experiencing OUD and StUD.

Policies

- Incorporate the development of a therapeutic environment into your existing orientation policies, including your residents' linguistic and cultural needs.
- Develop a policy on creating and involving a patient and family advisory council.

Process

Developing a Therapeutic Environment

Many LTCFs have already implemented a therapeutic environment in caring for residents with dementia. Therapeutic settings recognize and support all residents as individuals, regardless of their diagnosis. They also acknowledge that residents with dementia are particularly vulnerable to chaotic environmental influences, so they strive to minimize environmental stressors such as unnecessary noise, clutter, and chaos.

Any individual in your facility, including individuals with SUD, can apply this same principle. By focusing on individualized, flexible designs to support differing functional levels and approaches to care, you can provide a philosophy of care that puts the resident's needs and interests at the center. Organizational framework, care goals, and values shape an environment. Philosophies of care occupy a spectrum, from less help and intervention to more technical intervention.⁸¹ Developing boundaries between staff and with residents is part of the therapeutic environment.







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Examples of boundary setting include ensuring that staff limit the personal information shared with residents, avoid emotional reactions toward residents, avoid terms of endearment or nicknames with residents, manage their tone of voice, and refrain from favoritism towards residents.⁸² See <u>Tip 3</u> for details on how to develop your framework to support residents with OUD and StUD, such as developing mission and vision statements, staff training, and understanding the impact of trauma on residents.

Developing an environment that promotes well-being for residents with OUD and StUD include involvement of family (chosen, adopted, and biological), friends, and other caregivers, reduction of environmental stressors, development of a wellness orientation, reduction of stigma, and dispelling myths associated with OUD, StUD, and addiction treatment.

Involve Family and Caregivers:

- Providers should be cautious about disclosing information to the family or other caregiver. Title 42 Code
 of Federal Regulations (CFR), Part 2 limits what SUD information providers can tell families or caregivers.
 Without expressed signed consent, it is illegal to provide information about the relationship of a resident
 with an OTP or OBOT/OBAT to a family member or caregiver regardless of their relationship with the
 patient. Although you may have a signed release to speak with a family member, it is not lawful to share
 this information if the release doesn't include instructions explicitly related to SUD care.
- Families and caregivers play a vital role in recovery and support of individuals with OUD and StUD.
 Organize family focus groups and a Patient and Family Advisory Council (PFAC) to be an active part of the process. Utilizing a PFAC will enable you to understand the specific needs of residents and the overall population and community.
- Draft plans to ensure that families and caregivers are used to enhance overall improvement efforts, educational material development, and processes.
- The following resources include helpful information for developing a PFAC.
 - American Medical Association Forming a Patient and Family Advisory Council⁸³
 - o Institute for Patient and Family-Centered Care Creating Patient/Family Councils 84
 - Agency for Healthcare Research and Quality PFAC Implementation Guide⁸⁵

Keep Caregivers Informed and Families Involved

- Share contact information of community OTP and OBOT/OBAT organizations and community-based recovery support groups with families provided you have received a signed release from the resident specific to OUD care (see <u>Tip 5</u> for community resources). Families and caregivers may benefit from a warm handoff to or participation in a local support group.
- Share a list of prohibited items (e.g., drugs, drug contraband) with residents, families, caregivers, and staff to ensure their safety. Notify them of steps your facility takes if prohibited items are found, such as confiscation, referral for drug testing, and, if necessary, contacting law enforcement.
- It is a federal and state regulation to translate information shared with residents into their preferred language. For more detail, visit the <u>Health and Human Services Office of Civil Rights</u>⁸⁶ and <u>the</u> <u>Massachusetts DPH Office of Health Equity</u>.







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Reduce or Eliminate Environmental Stressors

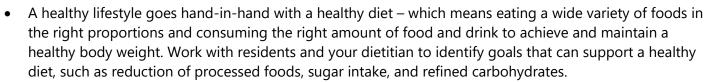
- Foster inclusion by arranging spaces so that each resident can see and interact with others (e.g., non-fixed seating, round tables, etc.). Such areas facilitate positive social behaviors and the development of interactive social groups.
- Work with residents to identify environmental stressors specific to them. Once identified, work to change the situation by assisting the resident with avoiding the stressor, alter the stressor, adapt to the stressor, or accept the stressor (unnecessary noise, alarms, clutter, etc.).
- Incorporate positive distractions such as colorful pictures of nature or music.
- Ensure that you are working to minimize odors. Odors that are objectionable or perceived as medical can create stress.
- Cluttered rooms can cause stress. Work with residents to reduce belongings that take up space and may contribute to clutter.
 Figure 4: Eight Dimensions of Wellness
- Soften noise and reduce the appearance of chaos.

Wellness Orientation

By nature, a therapeutic environment is one that fosters well-being. The WHO defines wellness as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." For residents with OUD and StUD focusing on wellness can improve their quality of life. Culture and spiritual beliefs impact one's perception of wellness and are not the same for everyone. However, ensuring adequate sleep, opportunities to personalize daily schedules, access to nutritious food, and opportunities to engage in purposeful activities are ways LTCFs can heighten a sense of wellness. SAMHSA's Wellness Initiative supports focus on the Eight Dimensions of Wellness to achieve an improved quality of life.⁸⁸

The Eight Dimensions of Wellness⁸⁹ (Figure 4) include emotional, financial, social, spiritual, occupational, physical, intellectual, and environmental.

Providers can work with residents to ensure that their well-being continues to be a priority and their cultural and linguistic needs are met. This means not only physical status, but mental and spiritual condition as well.



- Investigate whether your facility fosters a positive sleep environment. Do you have soft lighting? Are lights off, hallway included? Is your facility an alarm-free? Providing a positive sleeping environment is linked to improved health outcomes such as reduced falls, improved immune system, and better wound healing. The body heals during stage 3 sleep, so individuals who get proper sleep are more refreshed.⁹⁰
- Offer evidence-based programming and meaningful daily activities. The transition to LTCF can be traumatic, especially for those who will remain in long-term care. Work with your residents and PFAC on identifying person-centered activities and engage the resident in personal interests.









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Positive Engagement Strategies (Ensure that these are culturally and age appropriate)

- Person-centered care is especially relevant to residents with OUD and StUD, as the concepts embedded in that care are also key drivers of recovery.⁹¹
- Create a schedule of daily tasks, individual, and group activities to help residents have a sense of purpose and form good habits.
 - o "When I first came, I didn't want to go to any groups. I found real fast that boredom is a trigger for me; and so, I try to stay active all day. It's important for me now."⁹² This quote was captured from an individual attending a recovery group session.
- Offer light jobs and responsibilities such as mail delivery, teaching a class, attend a peer support
 meeting, working in the garden, helping prepare the dining room, raking leaves, or preparing the
 outdoor fire pit.
- Utilize residents' talents and skills. Invite them to contribute their gifts and talents to the community.
- Provide all residents, particularly those with OUD and StUD, information to empower them to be
 partners in their care. Communication techniques include asking open-ended questions, not interrupting
 the resident and engage in active listening.
- Examples of ways facilities can create a positive environment:
 - Views of nature or nature pictures in resident rooms, lobby, waiting, and other high stress areas, access to nature, healing gardens, trails, etc.
 - o Chapel, meditation room, and meditation gardens
 - o Artwork depicting nature, including back-lit photographs of nature
 - Music (live music in a public area, recorded music in resident room when programmed specifically to create a healing environment, personal playlists with headphones)
 - o Physical exercise (corridors, public spaces, and gardens that invite walking when appropriate)
 - Pets and other activities or elements that allow for a sense of stimulation that help nurture a resident's sense of positive well-being
 - o Privacy and control (e.g., control over radio, TV, reading light, night light)

Education and Resources

- Institute for Health and Recovery: <u>Publications</u>⁹³
- Institute for Patient- and Family-Centered Care: Partnering with to Address the Opioid Epidemic⁹⁴
- Tribal Law and Policy Institute: <u>Tribal Healing to Wellness Court Series</u>⁹⁵
- SAMHSA: Resources for Families Coping with Mental and Substance Use Disorders 96
- SAMHSA: Creating a Healthier Life: A Step-by-Step Guide to Wellness⁹⁷
- SAMHSA: Recovery and Recovery Support Resources⁹⁸
- New England Region of Narcotics Anonymous: Narcotics Anonymous Website 99
- Nar-Anon Family Groups: Nar-Anon 12-Step Program¹⁰⁰
- SMART Recovery®: Free Mutual Support Meetings¹⁰¹
- The Phoenix: Massachusetts Locations 102
- Appendix 13: Additional Resources







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Implementation: Key Points

Tip 2:	Creating a Therapeutic Environment
Policies	1. Incorporate development of a therapeutic environment into your existing orientation policies,
	including linguistic and cultural needs of your residents.
	2. Develop a policy on creating and/or involving a patient and family advisory council.
Interventions	Topic and Potential Staff
Involve	☐ Leadership Support and Identify a Champion or Staff Liaison
Family,	Create a PFAC:
Caregivers,	Identify opportunities for PFAC.
Support	 Prepare leadership and staff to work with advisors.
Persons	Recruit potential members.
	 Implement and coordinate meetings to involve PFAC members.
	Review AHRQ PFAC Implementation Guide.
	□ Leadership
	 Offer an information brochure to family members about community resources and what
	not to bring to the facility.
	☐ Case Management, Social Work, Leadership
	 Partner with OTP and OBOT/OBAT to create a brochure.
	 Disseminate addiction-related support resources:
	o <u>Peer Recovery Support Centers</u>
	 Massachusetts Substance Use Helpline
	 Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP)
Reduce or	□ Leadership or Champion
Eliminate	 Arrange spaces to facilitate social behaviors and development of social groups.
Environment	 Identify potential environmental stressors.
Stressors	□ Housekeeping
	 Reduce objectionable or medicinal odors; reduce clutter.
	□ All Staff
	Eliminate noise when possible.
Wellness	☐ Dietician or Appropriate Staff
Orientation	Develop healthy diet and identify goals in partnership with resident.
	□ Champion
	Foster positive sleep environment.
	□ Activities Staff
Desition	Create spaces for exercise and physical activity.
Positive	☐ Activities Staff
Engagement Stratogies	Offer evidence-based training and daily activities. Create or suggest light into and invite residents to contribute to the community.
Strategies	 Create or suggest light jobs and invite residents to contribute to the community. Provide rooms or spaces with nature, healing gardens, if you have available space to do so.
	 Provide rooms or spaces with nature, nealing gardens, if you have available space to do so. Create space for chapel, meditation, etc.
Pogulatory	Federal regulations already require a resident council and, if family requests, a family council must
Regulatory Considerations	provide the space. Licensed space is regulated by state regulations (e.g., dining rooms, activity
Considerations	space). Ensure that you are in compliance with those regulations.
	Space). Ensure that you are in compliance with those regulations.





