

Consumer Involvement in Forensic Settings: The Way it Can Be



Fulton State Hospital



Clients Served

- Treatment capacity of 496 beds for -
 1. Adults requiring long term care, including geriatrics
 2. Forensic Clients committed following an adjudication of
 - Incompetent to Stand Trial (IST)
 - Not Guilty by Reason of Mental Disease or Defect (NGRI)
 - Pre-Trial Evaluation
 3. Correctional inmates or jail detainees in need of acute hospitalization
 4. Adults with Primary Substance Abuse disorders

Organizational Structure

- Full Security Continuum
 1. Maximum Security Clients -Biggs Forensic Center (201 beds)
 2. Intermediate Security Clients -Guhleman Forensic Center (200 beds)
 3. Minimum Security Clients -Hearnes Psychiatric Center (67 beds)
 4. Campus Security -Open Campus (28 beds)
- Treatment and Rehabilitation are Organized around the Following Programs
 1. Psychiatric Rehabilitation
 2. Social Learning
 3. Cognitive Behavioral
 4. Admissions/Corrections

Joint Commission Accredited and CMS Certified

Consumer Involvement – Need for Change

- Previous efforts began in 1997
- Results– Better than 90% reduction in seclusion/restraint hours.
- However, in 1999 the number of S/R hours increased significantly and remained too high.
- Increase in consumer and staff injuries.

Early Efforts

- New CEO – Felix Vincenz, PhD
- His intention – take **SERIOUSLY** the voices (opinions, concerns, ideas, desires, goals, etc., of FSH clients)

I. Mission Statement Reworked in 1999

- Included a great amount of input and writing from many staff members.
- Key notion – “partnership” with clients – shift in the way in which therapeutic relationships, and all hospital relationships are conducted.
- Demonstrated a firm belief in the spirit and resiliency of the human person.

FSH Mission, Vision, and Values

MISSION

“Rehab and Recovery”

We partner with people who have the most serious mental disorders, as they reclaim their lives and progress toward the community, by offering them state-of-the-art treatment and rehabilitation in a manner consistent with both individual and public safety.

VISION

“Creating Hope Through Excellence”

VALUES

Each of these values represents the attitudes and behaviors that we, as employees care about and live by:

Partnership –Working cooperatively with our clients and their families and with all parties involved in the provision of their care.

Responsiveness – Meeting the individual needs of our clients both in the hospital and as they move into the community.

■ **Integrity** – Delivering the best treatment possible and advocating tirelessly for those with mental disorders.

Dignity – Treating our clients with respect and helping them to balance choice, responsibility, and community obligations.

Empowerment – Recognizing our clients’ ability to accomplish their goals and work toward their own personal recovery.

Mission Statement Emphasis

- The center of our treatment efforts, and all deliberations about programs and policies.
- Defines who we are, our purpose
- Efforts made to ensure that it is adhered to by all employees—Especially “partnering” with clients for
 1. improved treatment outcomes
 2. connection to the Fulton Community

II. A Comprehensive Strategic Plan Shaped the S/R Project Goals

- Create a culture of recovery for all
- Create a culture emphasizing S/R alternatives
- Involve leadership in S/R reduction efforts
- Reduce barriers that contribute to a culture of "control and coercion"
- Improve assessments of trauma history and provide trauma education and treatment
- Use data to inform practice
- And.....

Successful Strategies

- More training in "hands off" interventions
- Established several prevention strategies
- Implemented Personal Safety Plans
- Improved post-event debriefing process
- Enhanced staff hiring process and NEO
- Person-centered, strength-based tx plans
- Modifications to unit & program rules
- Staff and consumer recognition activities
- Increased availability & review of data
- **Increase roles of consumers in all operations**

Enhancing Consumer Roles at FSH

- Expansion of volunteer opportunities
- Reduction of barriers unnecessary for security or safety
- Establishment of Procovery Circles
- And....

Enhancing Consumer Roles at FSH

- **Client Advocates**
- **RESPECT Institute**
- **Peer Specialists**
- **Representation on committees at all levels**
- **Respect Policy**

A. Client Advocates

- 1999, first Client Advocate hired, Client Rights Council expanded
- August 2000, two full-time Client Advocates added to staff
- Client Advocates Consumer backgrounds

Client Advocates Initial Mission

- Achieve partnership in treatment
- Handle grievance process
- Work with Consumer Council
- "Hold feet to the fire."

Day – To –Day The Client Advocate Role

- To take phone calls from clients regarding perceived right violation
- Investigate them; ensure just resolution
- Process incoming written grievance
- Giving clients a voice in their own treatment

- Support clients in their struggles to manage successful treatment efforts
- Attending treatment team meetings
- Mediate between client and treatment team
- Represent client's concerns and point of view
- Do representation of client view at other proceedings such as transfer or revocation hearing

Results of Client Advocate Roles

- Careful listening by staff to client concerns, a "second look."
- A deepening sense of "partnership" with clients as they take a larger role in deciding treatment outcomes
- Greater assurance among clients that their voices are heard, acknowledged, and acted upon in a fair way

- Greater confidence that their rights are being upheld while at FSH
- Intangible issues like greater awareness of the Mission, Vision and Values statement and more meaning to word like "dignity" and "integrity".
- Closer attention to potential abuse and neglect and increased reporting of received existing abuse and neglect
- Education and awareness of Abuse and Neglect has been increased among staff

Rewards to Client Advocate position

- Fulfillment of helping those who are where you have been
- Challenge to ignite a spark of hope in clients
- Reward of seeing clients progress through the system of care
- Clients frequently express appreciation to the hospital as they move nearer to discharge

B. RESPECT Institute

- Background –
 - ❖ January, 2001 – consultant Joel Slack (RESPECT Seminar) visits FSH
 - ❖ Delivers message consistent with FSH wishes to further develop client voice and involvement.

- ❖ Visits often thereafter, presenting seminars , consulting with management staff.
- ❖ Eventually, contracts with FSH, through Focus on Safety initiative, to consult over a three year period .
- ❖ First RESPECT Institute training held in December, 2002. 8-10 clients attended the week long effort.

- ❖ Purpose— to have speakers tell their stories at monthly New Employee Orientation.

1. Hope-their self-introduction would encourage

- Deeper empathy
- Addressing clients as total persons rather than chart definitions and diagnoses.

(Social Work PhD research – hearing RESPECT Institute speakers did cut down measurably on the “stigma factor.”

2. To assist clients in their efforts to build self esteem in the describing of their experience of living with mental illness and recovery from it, thereby eliminating some of the existing “self-stigma.”

■ Method –

- ❖ RESPECT Institute is now a part of the Mission Effectiveness Department.

❖ Trainings

- ❖ Provided by clinical staff.
- ❖ Emphasis on encouragement, community building, support in the writing process.
- ❖ High Priority – accept the story as it is and not shape it to make one point or another
- ❖ Confidentiality emphasized.
- ❖ And....

- ❖ Held twice a year
- ❖ last almost a week
- ❖ Clients
 - must have a certain privilege level to participate
 - volunteer based on their interest
- ❖ Graduates attend to
 - further develop talks
 - assist new members write their stories.

❖ RESPECT Institute Membership

Speakers paid normal work wages when they

- ❖ attend a training,
- ❖ speak to a group, or
- ❖ attend a meeting.

Speakers

- ❖ occasionally leave RESPECT Institute for a time
- ❖ often return renewed and rededicated to process and opportunities it provides.

❖ Meetings

- ❖ held monthly
- ❖ emphasis on
 - building community
 - hearing one another's experiences of presenting
 - discussing the notion of "respect" and how RESPECT Institute speakers can develop ever more respectful attitudes and behaviors, and
 - scheduling speaking engagements for the following month

■ Outcomes—

- ❖ Less stigmatizing, stereotyping by new staff
- ❖ Very popular portion of New Employee Orientation –the FAVORITE part.
- ❖ Reduction of seclusion and restraints at FSH
- ❖ RESPECT Institute Speakers--
 - ❖ are very loyal to the program—enthusiastic about volunteering to speak, as their schedules allow. They help to identify prospective new speakers.
 - ❖ often demonstrate acceleration in reaching treatment goals, greater confidence and self esteem, and enthusiasm to learn more about their own illnesses and those of others.
 - ❖ Network in other consumer activities and general community activities outside of FSH.

■ Unexpected Growth

- ❖ Many invitations to speak in other FSH venues than NEO
 - ❖ high school, junior high school, civic organizations, college class tours of FSH, generally 2-4 per month
 - ❖ client areas in more restrictive areas of FSH—despondency, despair, hopelessness abound after lengthy stays.
 - ❖ civic organizations
 - ❖ conferences, church groups, foreign delegations
 - ❖ and...

- ❖ Monthly mandatory annual refresher courses for FSH employees
- ❖ Nursing students in semester rotation at FSH

(One month – 20 speaking engagements in all. 5 per week!)

■ Recent Expansion

- ❖ Fall, 2007 – First RESPECT Institute in Intermediate Security Unit
 - ❖ 8 new speakers trained
 - ❖ now help with NEO talks
 - ❖ present to unit family days
 - ❖ (must ravel in shackles outside their unit –eager to go, speak to clients in maximum security –offer hope.
 - ❖ subsequent trainings have included women also.
 - ❖ and...

- ❖ Summer, 2008– first training for community consumers. 4 attendees. Program still young, developing

Growing Pains to follow

What RESPECT Speakers say

- Some successes that I've had since being here are being able to write this story of myself to share with you. I'm learning to communicate better, although sometimes I feel that people misunderstand me. The important thing that I've learned is to learn from your past mistakes and not make them again.

What RESPECT Speakers say

- Being here has put me in a place where I can redefine. It has been because of a few staff that have challenged me and trusted me as well. It's because of the time the instructors took teaching new methods of thinking in classes that I hated and wanted to pull my hair out over. Maybe I can't remember everything that the classes were about, but I can remember what I needed from them.

What RESPECT Speakers say

- Today I feel like I've missed out on the better part of my life and my kids' lives (I have 3 kids). But I also feel like, at the age of 42, I was given a new chance at life.

C. Peer Specialists

- **Background**
 - ❖ Somewhere in the long range plans of FSH Administrators
 - ❖ Focus on Safety Initiative – Consumer roles Team
 - ❖ grant money available to pay for the first ½ time position
 - ❖ many discussions about job description, requirements, pay scale, job classification, etc.

- ❖ Purpose –to positively influence clients with primarily the experience and wisdom of former clients at FSH and/or other mental health consumers.
- ❖ Job Description – (in general)
 - ❖ individual client visitation
 - ❖ leadership of selected groups
 - ❖ committee work
 - ❖ other activities as they seemed relevant.

- ❖ Situation in FSH Structure—
Mission Effectiveness Department
- ❖ Peer Specialists hired—
 - ❖ March, 2007
 - ❖ August, 2007

D. Consumer Councils and Leadership Training

- Sharon will describe

E. Consumers on FSH Committees

Many clients sitting on management Committees, including
FOT – Facility Operational Leadership Team
SDC – Spiritual Development Committee
CRC – Client Rights Committee
CRT – Consumer Roles Team.

Three Treatment Units
divided by security level

Maximum Intermediate Minimum

Clients serving on each management council

Clients prefer to work in pairs

*Struggles,
Goals,
Encouragements*

RESPECT Policy

PHILOSOPHY: Driven by the Fulton State Hospital

Mission
Rehab and Recovery,

Vision
Creating Hope Through Excellence, and

Values
Partnership, Responsiveness, Integrity,
Dignity, and Empowerment

- PURPOSE: To establish a policy for holding all stakeholders accountable for the promotion and practice of respectful attitudes and behaviors at FSH.

The RESPECT policy promotes healing through proactive efforts to develop:

- ❖ Respect as a core value
- ❖ Trusting relationships
- ❖ Healthy partnerships among all stakeholders
- ❖ Enhanced sensitivity and civility
- ❖ Healing therapeutic and work environments

- 1. Respect is defined as those behaviors that promote self-worth and assist in the healing process. Respect shall be encouraged, recognized, and reinforced by all stakeholders.
- 2. All stakeholders shall recognize that chronic disrespect is countertherapeutic.
- 3. Respect shall be promoted and encouraged through an array of innovative programs and activities.
- 4. FSH shall demonstrate organizational respect through improved opportunities for employing consumers of mental health services.

- 5. FSH shall announce during employee hiring, screening and orientation and periodically during inservice training that respect is a condition of employment.
- 6. As part of each employee's annual performance appraisal, the employee and his or her supervisor(s) will explore the issue of respect in the workplace. Employees shall be recognized for respectful interactions with others.
- 7. FSH policies and procedures shall incorporate and reflect the organizational core of value of respect.

- 8. All stakeholders shall promote a healthy work and treatment environment by treating each other with respect.
- 9. Employees and volunteers who engage in disrespectful behaviors while in the workplace shall be referred to their supervisor for appropriate action. The disrespectful behavior of clients shall be addressed within the treatment process. Visitors who engage in disrespectful behaviors shall be asked to leave the hospital.
- 10. When applicable, the complainant will be informed that action has been taken, but not the specifics of the action.

Handouts Available on Conference Web Site

Fulton State Hospital
Mission, Vision, and Values
RESPECT Policy
RESPECT Institute Training Manual
Conference Slide Presentation
Contact Information
Marty Martin, COO, FSH
Jane W. Smith, Director, Mission Effectiveness
Sharon Britten, Client Advocate
Mark Sooter, Peer Specialist

DISCUSSION

