Comfort Rooms

Dancing Dolphin by Meghan Caughey, Portland, OR
The Comfort Room, formerly called the “Quiet” or “Time-Out” room, is a room that provides sanctuary from stress, and/or can be a place for persons to experience feelings within acceptable boundaries.
The Comfort Room is to be used by people voluntarily though staff members might suggest its use and may be present if the person desires it. Persons who wish to use the room will be asked to first sign their names in the sign-in book and talk to a staff member before entering.
Comfort Room

Comfort items such as stuffed animals, soft blanket, head-phones, audio tapes or CD’s, reading materials, etc., can be made available to persons wishing to use the room.
Comfort Room Project

The Comfort Room is set up to be physically comfortable and pleasing to the eye, including a recliner chair, walls with soft colors, murals (images to be the choice of persons served on each unit), and colorful curtains.
The Comfort Room is not an alternative to seclusion and restraint; it is a preventative tool that may help to reduce the need for seclusion and restraint.
The Comfort Room is a participatory project involving people being served and includes implementation of other comfort strategies and environmental changes throughout the entire system. Ultimately it should produce a culture change of “comfort instead of coercion.”
Comfort Room

Persons served on each unit will be made an integral part of the decision making for development and policy making of the Comfort Room. They will be asked to make comments and rate their degree of personal satisfaction with the Comfort Room and make their suggestions for improvement.
Comfort Room

The success of the Comfort Room will depend upon the persons served who use it. It is from them that we will obtain feedback to determine whether a holistic environment is helpful in an individual’s recovery and treatment.
What are Sensory Rooms?

Sensory rooms first started in Europe in the Netherlands in 1975. They were called Snoezelen Rooms. Now, they are multi-sensory rooms for sensory modulation. They involve the use of equipment and materials designed to promote self-organization.
The Differences Between Comfort Rooms and Sensory Rooms

Sensory rooms:

- Rely on professional training
- Contain specific tools for sensory modulation
- May include screening and assessments
- Specific to 7 senses
- Most rooms require supervision
- Led by occupational therapists
- Some rooms are designed as comfort rooms
Differences (Cont’d)

Comfort rooms:

- Can be used as self-help model
- Materials and activities in room selected by clients
- Peer specialist supervision desirable
- Designed, disciplined and self-regulated by persons who use them
- Record keeping not important
- Closer to arts model than sensory model
- May also include sensory items
Peer Specialists as Comforters

Empathy and support based on common experiences
Allows for intensive one-on-one counseling
Specialized work with challenging individuals
Peers are less afraid of unusual behaviors
Understanding of individual’s perspectives
More relaxed with touching
An Alternative Crisis Center

Crisis Unit – Living Room, Meta Services, Inc., Phoenix, AZ
How To Set Up A Comfort Room

Steps:

1. Establish Plan
   - Administration approval
   - Determine funding
   - Keep Administration involved

2. Organize a Planning Committee
   - Include all levels of Staff
   - Identify a “champion”
   - Co-coordinators helpful
How To Set Up A Comfort Room

*(Cont’d)*

3. Involve clients in every aspect of planning:
   - Choice of theme and name
   - Color scheme
   - Painting murals
   - Selection of comfort items

4. Conduct research regarding all furnishings and equipment that will be used in the comfort room. *Safety* concerns a priority

5. Room Size:
   - Not too large – not too small, approx 12’ x 12’
How To Set Up A Comfort Room *(Cont’d)*

6. Location:
   - Near Nurses Station for informal monitoring

7. Different rooms for different populations:
   - Adult
   - Children
   - Seniors
   - Special Interests (Gay Pride Room, Ethnic, Forensic, Developmentally Disabled)
8. Develop in graduated steps, introducing each new item and testing for efficiency, safety, and satisfaction.

9. Develop contract for usage:
   - Sign in-out book
   - Satisfaction form (Illustrated for children)

10. Conduct training with staff and clients regarding guidelines for usage.

11. Room not to be used for “time-outs”
    Room never to be used for seclusion
11. Keep an accurate record of progress
   - Regular progress reports to staff
   - Newsletters/Announcements

12. Congratulate staff:
   - Find ways to reward
   - Encourage their feedback or suggestions for improvement.

13. Collect data regarding use of and feedback for research purposes.
Comfort Carts

Comfort carts will be placed in or near each Comfort Room and contain items selected by individuals who will be using the room. Items in the cart may include:

- Reading Materials
- Comic Books
- Squeeze toys
- Art materials/Coloring books (children)
- Stuffed Animals
- Writing materials
- Blankets for Wrapping (taken from bedrooms)
- Other items as suggested by client
Comfort Boxes

A Comfort Box or Cart is placed in each Comfort Room containing selected items to be used by persons served while there.

Items in Cart may include:
- Reading materials
- Comic books
- Squeeze toys
- Art materials / Coloring books
- Stuffed Animals
- Writing materials
- Hand-held games
- Other items suggested by client
Music for Comfort Room

• Most popular activity is music.
• Headphones for listening to music may be made available but will require a person to sign an agreement for usage.
• Quiet meditative music tapes preferred for adults.
• Children may want to have loud music.
• Piped-in music is preferable.
• Different facilities have different setups.
Variations of Use:

1. Assessments…
   Particularly Personal Safety Plan
   Trauma Assessment
   Can serve dual purposes
2. Children’s Family Visits
3. Counseling-Nurses one-on-one
   (share a cup of tea)
4. Overnight for people who have difficulty sleeping or roommate problems
5. In one facility given as a reward for a weekend
6. Use for special quiet project e.g. journal writing
Other Variations

Scents
- Timer/Clock
- Wallpaper borders vs. curtains
- Erasable board for writing
- Selection of music
- Rug vs. throw
- Leave shoes outside door
- Accessibility issues
- Wheelchairs
- Average cost of room ($1,000.)
- Obtain donated items
- Peel-off stained glass windows
Why Comfort Rooms May Fail

1. Staff lacking training
2. Lack of a “champion” on staff
3. Lack of administrative “buy-in”
4. Used as time-out or seclusion room
5. People not meeting criteria
6. Poor upkeep
7. Not integrated into treatment plan
8. Furnishing not adequate for population
9. Not an integral part of seclusion and restraint reduction
Personal Safety Plan

1. Calming Strategies:

- Listen to music
- Reading a book
- Wrapping in a blanket
- Writing in a journal
- Watching TV
- Talking to staff
- Talking with peers on the unit
- Calling a friend or family member
- Voluntary time in the quiet room/comfort room
- Taking a shower
- Going for a walk with staff
- Exercise
- Pacing in the hall
- Having a hug with my consent
- Drinking a beverage
- Dark room (dimmed lights)
- Meditation
- Reading the Bible or other religious/spiritual readings
- Writing a letter
- Hugging a stuffed animal
- Doing art work (painting, drawing)
- Other? (Please list below)
A Crisis Prevention Form that is an assessment tool that helps an individual identify activities that may aid in the prevention of a crisis.

Identifies

1. Calming Strategies
2. “Triggers” – factors that can cause a crisis
3. Early warning signs
Personal Safety Plan  
(Cont’d)

...also asks pertinent information

1. Preferences regarding touching
2. Has person ever been restrained?
3. Male/Female preferences
4. History of abuse
Personal Safety Plan
(Cont’d)

Implementation Possibilities:

1. Create personal safety card file
2. Keep card file at nurses’ desk
3. Fill out (at least 24 hrs.) after time of admission
4. Client has ownership
5. Most people can fill out their own
6. Use peer-specialist to facilitate
7. Can be done in focus groups
8. Comfort Room is a good place to fill out forms
9. Update at treatment team or after a crisis at debriefing
What is Trauma?

The experience of violence and victimization including sexual abuse, physical abuse severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters.

Jacki McKinney’s Definition: Anything that has hurt you so bad that you never completely recover.
Importance of Trauma

• Estimate of 50%-80% persons with Trauma History
• What is Trauma Informed?
• How to Use Trauma Information
• Is Staff Comfortable with this Subject
• Need for Staff Training
• Support Groups for Patients
Other Comfort Strategies

1. Introduce journaling
2. Recovery videos (Mary Ellen Copeland & others)
3. Reading materials
4. Painting Pillowcases project
5. Pet therapy
6. Horticulture
7. Talent shows (with microphone!)
8. Display of client artwork (use individuals’ names)
9. Classes on Yoga/Tai Chi
Other Comfort Strategies (Cont’d)

10. Massage Therapy
11. Nail painting
12. Fashion Shows
13. Humor
14. Poetry
15. Dialogues

...Now, Add Your Own!
The “T”
Word—Touching

• Cultural Differences
• Signs of “Touch” Hunger
• Appropriate Touching
• Inappropriate Touching
• Variations on Appropriate Touching
• Importance of tone of voice, eye contact
Contact Information

Gayle Bluebird
Peer Network Coordinator
NASMHPD
1106 NE 9th Ave.
Gainesville, FL 32601

Email: gayle.bluebird@nasmhpd.org