Recovery Oriented Approach to Milieu Management in a Community Hospital

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*Speakers have no conflicts of interest to disclose*

Learning Objectives

- Recognize Recovery principles in Tidal Model commitments
- Identify concrete and pragmatic application of Tidal Model commitments in nursing care to promote empowerment of consumers
- Describe the value of implementing components of the Tidal Model on inpatient units to increase consumer-staff collaboration in treatment planning, decrease patient aggression, and decrease use of restraint measures

Tidal Model Metaphor

At critical points in the life journey the person experiences storms or even piracy (crisis). At other times the ship of life may begin to take in water and the person may face the prospect of drowning or shipwreck (breakdown). The person may need to be guided to a safe haven to undertake repairs, or to recover from the trauma (rehabilitation). Once the ship is made intact or the person has regained the necessary sea-legs the ship may set sail again, aiming to put the person back on the life course (recovery).

- Barker 2001
**Tidal Model Overview**

- Recovery and Reclamation model of care
- Philosophical approach to mental health care
- Key question: *What needs to be done to help the person begin to address, resolve or come to terms with this problem, and so begin to recover her or his life?*
- Psychiatric situations as “problems with living”
- 10 Commitments and 20 Competencies

Barker & Buchanan-Barker, 2007

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**Tidal Commitment**

<table>
<thead>
<tr>
<th>Value the Voice</th>
<th>Addressing Trauma, Person-Centered Respect</th>
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</thead>
<tbody>
<tr>
<td>Respect the Language</td>
<td>Culture, Respect</td>
</tr>
<tr>
<td>Genuine Curiosity</td>
<td>Holistic, Culture, Many Pathways to Recovery</td>
</tr>
<tr>
<td>Become the Apprentice</td>
<td>Person-Centered, Respect, Addressing Trauma</td>
</tr>
<tr>
<td>Use the Available Toolkit</td>
<td>Strengths/Responsibility, Peer Support, Person-Centered</td>
</tr>
<tr>
<td>Craft the Step Beyond</td>
<td>Peer Support, Many Pathways to Recovery</td>
</tr>
<tr>
<td>Give the Gift of Time</td>
<td>Hope, Relational, Respect</td>
</tr>
<tr>
<td>Reveal Personal Wisdom</td>
<td>Strengths/Responsibility, Relational</td>
</tr>
<tr>
<td>Change is Constant</td>
<td>Many Pathways to Recovery, Strengths/Responsibility</td>
</tr>
<tr>
<td>Be Transparent</td>
<td>Respect, Relational</td>
</tr>
</tbody>
</table>

Buchanan-Barker & Barker, 2006

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**Tidal Model Informed Program Development**

- Committee of 13 interdisciplinary members
- 2 key Tidal points informing our program:
  - Tell one’s narrative
  - Consumer involvement in treatment planning
- Main products/changes
  - Journal
  - Consumer-centered treatment plan
Journal
• Self-discovery, empowerment tool
• Guided narrative
• 3 Sections
  – “My Story” (Biography)
  – “Daily Journaling”
    • Self-exploration questions for Days 1-5
    • Setting and tracking daily goals
  – “Recovery Plan”
    • Triggers
    • Social Supports
    • Coping skills
• Pocket for handouts from group sessions, medications listing/info, discharge instructions

Consumer-Centered Treatment Plan
• Elements of Tidal Model’s holistic assessment
• Collaborative treatment planning (consumer & staff)
• Encourages consumer responsibility
• Consumer sets treatment goals
• Consumer determines privileges

Other Milieu Changes
• Level system accompanying treatment plan
• Linguistics and rhetoric alterations
• Group topics informed by Tidal Model: Discovery, Information, Solutions
• Daily goals
Tidal Model Evaluation

- Decreased restraints, aggression, and self-harm

Output/Impact

- Patients reported increased involvement in treatment (Berger, 2006)
- Themes of hope, leveling, collaboration, enhanced interpersonal connectedness, feeling of humanity emerged from qualitative study (Cook et al., 2005)

Logic Model for TM Program

Input

1. Journal, treatment plan, and group ideas developed. Basic structure of program made concrete and training modules for staff developed.
2. Staff trained and educated in TM and Recovery principles. Staff made knowledgeable of changes to occur on unit and in practice.
3. Milieu changes are officially implemented: person-centered treatment plan usage, level system/patient responsibility component enforced, journals distributed, groups more recovery and TM focused, linguistic and staff approach to patient care altered, daily schedule/tasks changed to be more patient focused.
4. The milieu changes on unit in conjunction with increased staff knowledge will result in patient-centered care and staff involvement, patients to have a voice and agency in their treatment.
5. Decrease in patient aggression. There will be a decrease in Level 1 security calls, dissemination of PRN’s/now restraints, patient to staff physical aggression, and use of locked seclusion.
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Activities

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5. Improvement in community perception of Inpatient Behavioral Health Services. Program dissemination to other facilities may result in increased credibility and recognition of hospital.
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Impact

1. Increased patient satisfaction may result in the future in increased insurance reimbursement for treatment.
2. The change in treatment to TM has demonstrated improvement in staff morale due to staff being more involved in patient treatment, less patient aggression toward staff, and positive relationships between patients and staff.
3. Increased staff morale often yields decreased staff turnover.
4. Increased patient satisfaction may result in the future in increased insurance reimbursement for treatment.
5. Increase in revenue from Inpatient Behavioral Health due to decrease in costs associated with IM’s and staff injury resulting from patient aggression.
6. Decrease in patient aggression. There will be a decrease in Level 1 security calls, dissemination of PRN’s/now restraints, patient to staff physical aggression, and use of locked seclusion.
7. Improvement in community perception of Inpatient Behavioral Health Services. Program dissemination to other facilities may result in increased credibility and recognition of hospital.
8. Increase in revenue from Inpatient Behavioral Health due to decrease in costs associated with IM’s and staff injury resulting from patient aggression.
9. The change in treatment to TM has demonstrated improvement in staff morale due to staff being more involved in patient treatment, less patient aggression toward staff, and positive relationships between patients and staff.
10. Increase in revenue from Inpatient Behavioral Health due to decrease in costs associated with IM’s and staff injury resulting from patient aggression.

References


Melegari, Chabak