Creating Comfort: Providers Share Lessons Learned from Implementing Comfort Rooms

Introduction
In February 2009, OMH published a manual called, Comfort Rooms: A Preventative Tool Used to Reduce the Use of Restraint and Seclusion in Facilities that Serve Individuals with Mental Illness. Ideas & Instructions for Implementation. It includes material gleaned from the literature as well as the experiences of four treatment programs. The binder can be downloaded from the OMH website: http://www.omh.ny.gov/omhweb/resources/publications/comfort_room/comfort_rooms.pdf

While many mental health programs have opened comfort rooms, some report challenges to full implementation. For this reason, in June 2012, the OMH Steering Committee to Support and Promote Positive Therapeutic Environments surveyed inpatient, residential treatment and day treatment facilities for information on their comfort rooms. Thirty-one surveys were returned, as follows:

♦ 4 state-operated psychiatric centers serving adults and youth
♦ 5 state-operated psychiatric centers serving adults
♦ 3 state-operated children’s psychiatric centers
♦ 1 privately-operated mental health facility
♦ 7 general hospitals with mental health units
♦ 6 residential treatment facilities for children and youth
♦ 5 children’s day treatment programs

This is a compilation of those surveys. All who responded had comfort rooms or alternatives in operation or in the planning phase.

What is a comfort room?
A comfort room is a space designed to teach individuals calming techniques to decrease agitation prior to the onset of harmful behavior. It is hoped that individuals will continue to use these skills outside of the comfort room and after discharge. Comfort rooms generally contain calming and multi-sensory objects. A tool to prevent restraint and seclusion, use of a comfort room is voluntary—neither a punishment nor a reward. The comfort room is care upon request; staff may

“Having the comfort room available was extremely beneficial to me. I believe it made the healing process more effective.”
Developing a Comfort Room

Items included in a comfort room
The Comfort Rooms manual, Section II, provides detailed information on items to include in your comfort room. Comfort room contents generally fall into the following categories: visual stimulation, wall decorations, sound, scent, touch, fine motor skills, textures, weighted modalities and seating. Survey respondents recommended working closely with persons receiving services, direct care staff, occupational therapist and other staff in determining how to equip the comfort room. In addition to items listed in the manual, here are additional ideas from survey responders:

- **Aromatherapy**
  - “Scentbug,” an aromatherapy diffuser
  - Spices in plastic containers
  - Hand sanitizer in different fragrances
- **Sound**
  - Rain sticks
  - Sound machine (nature sounds, heartbeat, etc)
  - Castanets
- **Focused attention**
  - Rubik’s cube
  - Visual brain games
- **Drawing/creativity**
  - Chalk board
  - Etch-a-sketch
  - Magnetic poetry words
- **Light**
  - Natural light via a window (also provides fresh air)
  - Dimmer switch so the light level can be controlled by the user
  - Room darkening shades or curtains, hung with Velcro
- **Visual stimulation:**
  - Living aquarium, a fish tank substitute
  - Fireplace DVD with realistic fireplace sounds
- **Movement**
  - Recumbent bicycle with video of riding on a country road
  - Jump rope
  - Exercise grips
  - Wii
- **Electronics**
  - Computer
  - Television
  - MP3 player
  - DVD player
Music: Calming, inspirational and popular music. (One facility reported a collection of 500 CDs which could be selected from a touch screen.)

Refreshments
- Candy
- Gum
- Hot cocoa
- Sweet & sour candy
- Fireballs

Individual comfort boxes: These can be used in the comfort room and elsewhere in the facility and taken at discharge.

Suggestions for comfort room implementation
The following are suggestions provided by survey respondents for those who wish to establish a comfort room:

- From the start, involve persons in care and staff in the design of the room. Include clinical, direct care, safety, housekeeping, work control, etc.
- Visit an existing comfort room at another program.
- Centrally locate the room so individuals using it can be monitored.
- Maintain a log, evaluation or debriefing form.
- Read articles on the impact of comfort rooms.
- When new individuals are admitted, show them the comfort room and explain how it is used.
- Build staff awareness and acceptance of the comfort room by:
  - Having a ribbon cutting ceremony, open house or grand opening.
  - “Piloting” the room with staff before opening.
  - Marketing the comfort room and its benefits, especially by involving an opinion leader among direct care staff.
- Like other tools and techniques, tailor the use of the comfort room to the individual as much as possible. For example:
  - Residents that have a history of ingesting non-edible or dangerous items may use the room, but staff will remove certain items.
  - Levels of supervision while in the comfort room are determined by the needs of the person in care.
  - Some items may be calming to some while potentially dangerous to others, i.e. knitting needles. Store these separately and increase level of staff supervision when they are used.
- Staff training: Staff need to be trained in the use of the room so they can suggest it at the appropriate times. Training needs to be repeated frequently for new staff and those who missed the training. To the degree possible, train staff on all shifts. Include direct care staff as trainers. Data on the use of the comfort room and its contents and feedback from users. The use and results of the comfort room.
room should be shared at staff meetings. Some training topics to include are:
- Purpose of the comfort room
- Positive impact comfort rooms have had elsewhere
- Use of equipment
- Feedback from user surveys Data on comfort room use and positive impact

Beyond training, be sure to allow adequate opportunities for staff to discuss their concerns. Work with staff around empathy, i.e. how they handle stress. Provide in-service credit to staff who participate in comfort room training sessions. Recognize staff skills in using the comfort room appropriately. _Celebrate successes._

**Results observed**
Those surveyed reported the following results:
- Behavior improved
- Rated restraint and seclusion use has decreased
- Staff have improved their skills in noticing escalating behavior and intervening quickly
- Helped change culture from control to calming
- Individuals are able to calm more quickly
- The comfort room has had a relaxing and positive effect on the team
- Improved consumer satisfaction

**Other uses for the comfort room**
While the comfort room should be available whenever someone chooses to use it, some facilities reported alternative uses for the room including:
- Reiki sessions
- Meditation sessions
- Yoga or Tai Chi

**Barriers Identified and Solutions Used**
Facilities were asked to describe the barriers they faced in establishing their comfort rooms and how they surmounted them.

**Infection control issues**
- Launder items: use removable covers which can be washed.
- For some items, wash in dishwasher.
- Disinfecting wipes for vinyl, plastic or rubber items.
- For items that cannot be washed, allow service recipients to retain the item, i.e. teddy bears.
- Have spill kit close by.
- Individuals use hand sanitizer upon entering and leaving the room.
- The room is cleaned by housekeeping staff daily or after use, if necessary.
- Designate a staff person who is responsible for monitoring the room frequently for cleanliness, broken items, etc.
- None of the programs faced regulatory objections from Department of Health re: infection control regulations.
- Work collaboratively with the infection control nurse in developing and maintaining the room.
Potentially dangerous items

- Monitor the individual in the room.
- Remove torn or damaged items immediately.
- Use bean bag chairs that are sealed, not zippered.
- Secure items behind Plexiglas.
- Purchase higher quality items that may be less likely to break.
- On an individual basis, remove items from the room that may be ingested or potentially dangerous.
- None of the programs faced OMH regulatory issues; two programs reported OMH surveyors expressing concern about potentially dangerous items. These were returned and replaced with other items.
- Electrical cords:
  - Contain or hide cords securely.
  - Enclose cords under protective tubing.
  - Use battery-operated items.
  - Keep cabled objects (or anything dangerous) in a locked cupboard.
  - Cords are as short as possible.
  - Outlets and electrical equipment are outside the room, for example, music is piped in.

Limited space/comfort room alternatives

The following are creative solutions to space constraints reported in the survey: repurpose an old office, the seclusion room, former smoking room or a single bedroom. When space for a comfort room could not be identified, some programs implemented alternatives, as follows:

- Comfort cart
- Comfort zone, a part of the day room
- Individual comfort boxes, which can used anywhere including a comfort room
- Outdoor comfort garden with plants, flowers, statues/ornaments and lawn furniture. A labyrinth for walking meditation may be another option.

The comfort room as a reward for threatening behavior

At some programs staff were concerned that offering the comfort room to those who are beginning to lose control would be tantamount to reinforcing behavior problems. Some felt service recipients would misuse the room, for example, to avoid programs. Program leadership provided training including the following points:

- All persons need positive and supportive attention at times.
- Persons in care need to learn ways to self soothe. The comfort room offers an opportunity to practice self-soothing skills.
- It is important to provide choice and coping methods.
- The room is not a reward for “good” behavior. Rather, it is a tool to assist individuals in managing their feelings and behavior.
- The persons who need the room the most are those with the most problematic behavior.

Many staff had concerns about the room being used inappropriately with individuals using it to avoid treatment, school or other activities. Once the comfort room was opened, this problem did not
materialize. Programs found that this objection lessened over time, as staff saw the benefits of the comfort room and thought about what they themselves need when they are grappling with difficult situations or feelings.

“Don’t spend too much time analyzing it. Open the room even before you have all the supplies and just start using it!”
Appendix

We extend our appreciation to the following programs and staff for leading the field in establishing comfort rooms and for sharing their experiences via the comfort room survey. Some programs submitted more than one survey, describing comfort rooms on different units.

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