Table 2. Red Cross Three-Element Intervention Strategy

Aim: To alleviate immediate emotional distress and mitigate long-term consequences
Element 1: Identification of mental health needs
Individual psychological triage using the validated tool, PsySTART Mental Health Triage System
Mental health surveillance
Element 2: Promotion of resilience and coping
Enhance psychological first aid
Psychoeducation
Community resilience support and training
Element 3: Targeted interventions
Secondary assessment and referrals
Crisis intervention
Advocacy

Source: *Disaster Mental Health Handbook: Disaster Services.* American Red Cross. October 2012. http://www.cdms.uci.edu/PDF/Disaster-Mental-Health-Handbook-Oct-2012.pdf.

On the day of the 2013 Boston Marathon, 2 explosions killed 3 people and seriously injured >260. Within moments, law enforcement and EMS personnel arrived on the scene, and ambulances began transporting the most critically injured to hospitals. All preactivated organizations shifted into response mode, engaging in acute medical intervention and stabilization, mass care, disaster mental health, communication and education, and service triage and coordination.

The disaster mental health response continued through the short and long term with outreach and triage, education, advice to leaders, staffing of call centers, and attendance at meetings and community events. Victims and families were supported through various transitions, including returning to the bombing sites, moving the temporary memorial, and the Family Assistance Center, which transitioned to the Resilience Center.

The disaster mental health responders helped victims and families cope with the situation and take necessary actions as they moved through the phases of emotional response to disaster.

The principles of Psychological First Aid (PFA) [*Psychological First Aid: Field Operations Guide, 2nd ed.* National Center for Posttraumatic Stress Disorder. 2006] and the Red Cross Three-Element Intervention Strategy (Table 2) [*Disaster Mental Health Handbook*. American Red Cross. 2012] provided validated strategies for assisting individuals affected by the disaster. The PFA includes helping in the immediate aftermath to reduce the initial distress and fostering short- and long-term adaptive functioning and coping.

The partner agencies remained engaged through the long-term recovery and planning for the 2014 Boston Marathon. Education sessions were held prior to the event. The 1-year tribute and the marathon were staffed with mental health volunteers, who worked with the medical team, supported Team Red Cross, and staffed reception centers in the event of course disruption.

Inpatient Program Instills Hope and Provides Patient-Centered Care

Written by Rita Buckley

Although recovery is integral to psychiatric mental health (PMH) nursing, inpatient care is still rooted in the medical model—an approach that charges nurses with patient safety and maintaining control of the unit. Judy Linn, BSN, MSN, John George Psychiatric Hospital, San Leandro, California, USA, discussed a program that teaches PMH nurses how to embrace recovery principles, instill hope, provide patient-centered care, and pave the way for healing.

Solution-focused brief therapy is a therapeutic approach that emphasizes the resources that patients possess and how they can be used to achieve positive change [Bond C et al. *J Child Psychol Psychiatry*. 2013]. As a goal-focused strategy, it helps clients change by creating solutions rather than dwelling on problems. Elements of the desired results are often in the person's life and become the basis for change.

According to Ms Linn, solution-focused assumptions are that change is constant and inevitable; the future is negotiated and created; small steps can lead to big changes; problems and solutions may not always be directly related; and no problem happens all the time. Using this stance enables PMH nurses to work with clients to describe the problem, develop well-formed goals, explore for exceptions, provide end-of-session feedback, and evaluate each client's progress.

Solution-focused therapy uses compliments to help patients become aware of behaviors that are good for them; it validates and reinforces positive thoughts, feelings, and actions related to the goal. The client evaluates his or her own progress, and the therapist stresses that his or her evaluation is more important than that of the staff member. The follow-up process—E-A-R-S—stands for elicit, amplify, reinforce, start again.

The program at the University of Colorado Hospital achieved 100% patient satisfaction on the national Press-Ganey patient survey. Staff engagement scores as measured by Press-Ganey were the highest in the University system. At Alameda Health System John

George Psychiatric Hospital, the program attained 93% patient satisfaction.

Solution-focused therapy facilitates application of recovery principles, instills hope, and serves as an impetus for healing in patients. Dialectal behavior therapy is another approach that can be used alone or in combination with patient-centered care to improve the odds of recovery.

PMH nursing and gains in professional satisfaction are evolving through the practice of proven core standards. The solution-focused therapy program showed that patient-centered therapy enables PMH nurses to optimize care and assist clients to hone tools for recovery.

Solution-focused strategies and other approaches, such as cognitive-behavioral treatment and dialectical behavioral therapy, have added to the armamentarium of mental health tools that can support patients in their recovery journey toward healthier, happier, and more productive lives.

Soothing Rooms Reduce the Need for Restraints for Inpatient Mental Health Patients

Written by Mary Beth Nierengarten

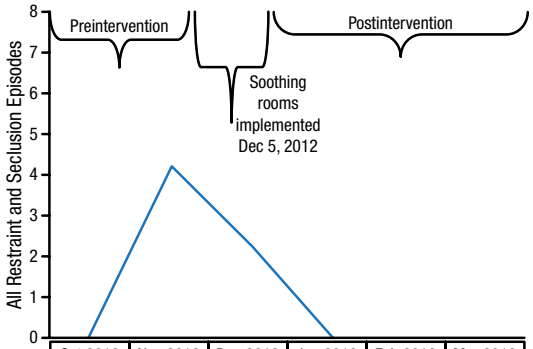
Implementation of soothing rooms for adults and adolescents in an acute mental health unit in a Midwestern regional hospital resulted in a 35% reduction in the use of restraints among the adult patients, demonstrating a benefit to both patients and mental health nurses by reducing restraint usage and suggesting a new standard of care.

The effectiveness of soothing rooms was evaluated in an acute 32-bed mental health care unit at the SwedishAmerican Center for Mental Health, Rockford, Illinois, USA. Representatives from leadership and unit staff presented the results of implementing this new standard of care that the Center for Mental Health provided for nurses.

Defined as a safe and calming environment with sensory objects where escalating patients may self-soothe, soothing rooms incorporate a holistic approach based on a caring attitude, a caring environment, and the development of a trusting nurse-patient relationship.

Patients admitted to mental health facilities should be introduced to a soothing room, and the rooms should be further used during routine patient interactions, during psychological educational groups, at the first sign of patient escalation, and at all other appropriate opportunities.

Figure 1. Results of the Use of Soothing Rooms on Restraint Usage



	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013
All restraints and seclusion episodes	0	4.18	2.25	0	0	0

Results of the SwedishAmerican Center for Mental Health soothing rooms' impact on restraints/seclusion episodes. Analysis indicated that incidences of restraints and seclusion decreased after soothing rooms opened.

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In the planning stages of these rooms, representatives of all disciplines—including clinical nurses, recreational therapists, behavioral therapists, and the leadership—designed 2 soothing rooms partially based on ideas from a 2009 guide published by the New York State Office of Mental Health [MacDaniel M. *NYSOMH.* 2009]. The rooms were painted in neutral and peaceful color schemes with minimal décor and lighted blue-sky ceiling tiles. Positive wall messages, recliner chairs, and a private bathroom with a nature-scene door added to the soothing aesthetic environment.

To further help patients self-soothe, the rooms included sensory objects, such as art therapy tools, DVDs with nature scenes, games and puzzles, music, raised sandboxes for the adult room, weighted blankets, and stress balls.

The soothing rooms were used on a voluntary basis only, and nurses offered them to patients at the first sign of patient distress. When a patient was in the room, he or she was monitored every 15 minutes and allowed to stay in the room for a maximum of 30 minutes. The soothing rooms were not used as a reward or punishment, nor for patients who were unable to use the room safely. The study showed a 35% reduction in the use of restraints (Figure 1).

According to presenters, prior to the implementation of the soothing rooms, there had been limited alternatives to restraints. After implementation of the soothing rooms, presenters said, restraints are no longer the norm and are only used in crises situations.