



Angela Mazzi, FAIA, FACHA, EDAC

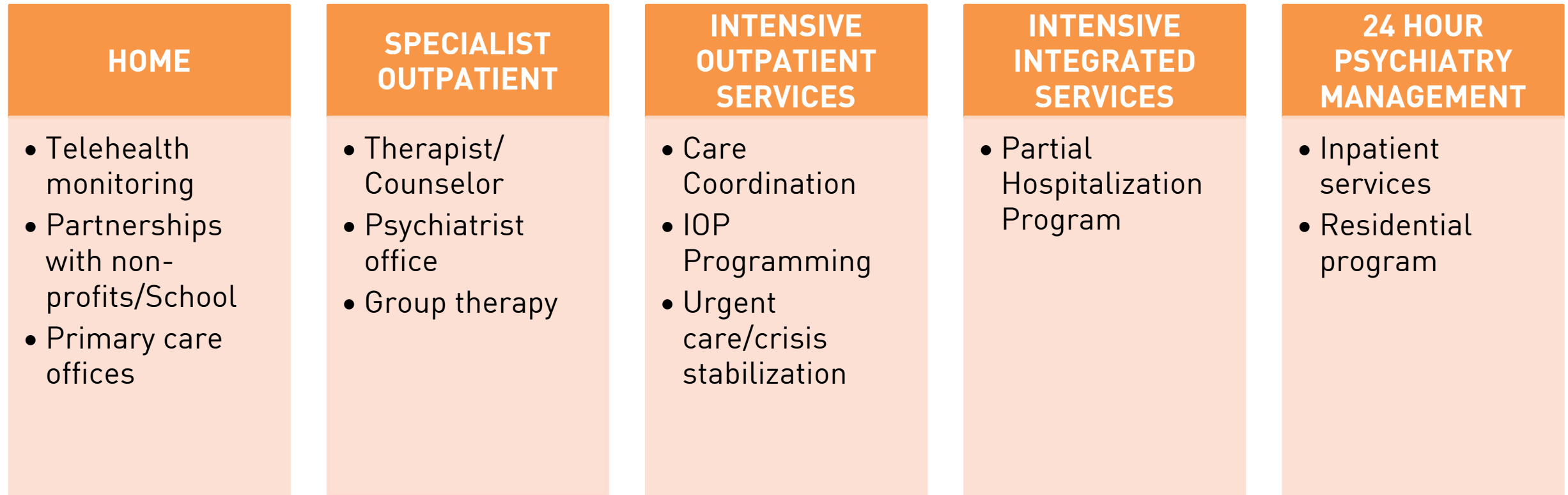
SPACE FOR HEALING

PROVIDING PATIENTS RESOURCES TO COPE



MANAGING A BEHAVIOR DISORDER

A SPECTRUM OF CARE



RESOURCES TO COPE



MEETING PEOPLE ON THEIR OWN TERMS



OVERCOMING
FEARS AND
LIMITATIONS



ENGAGING WITH
TREATMENT AND
RESOURCES

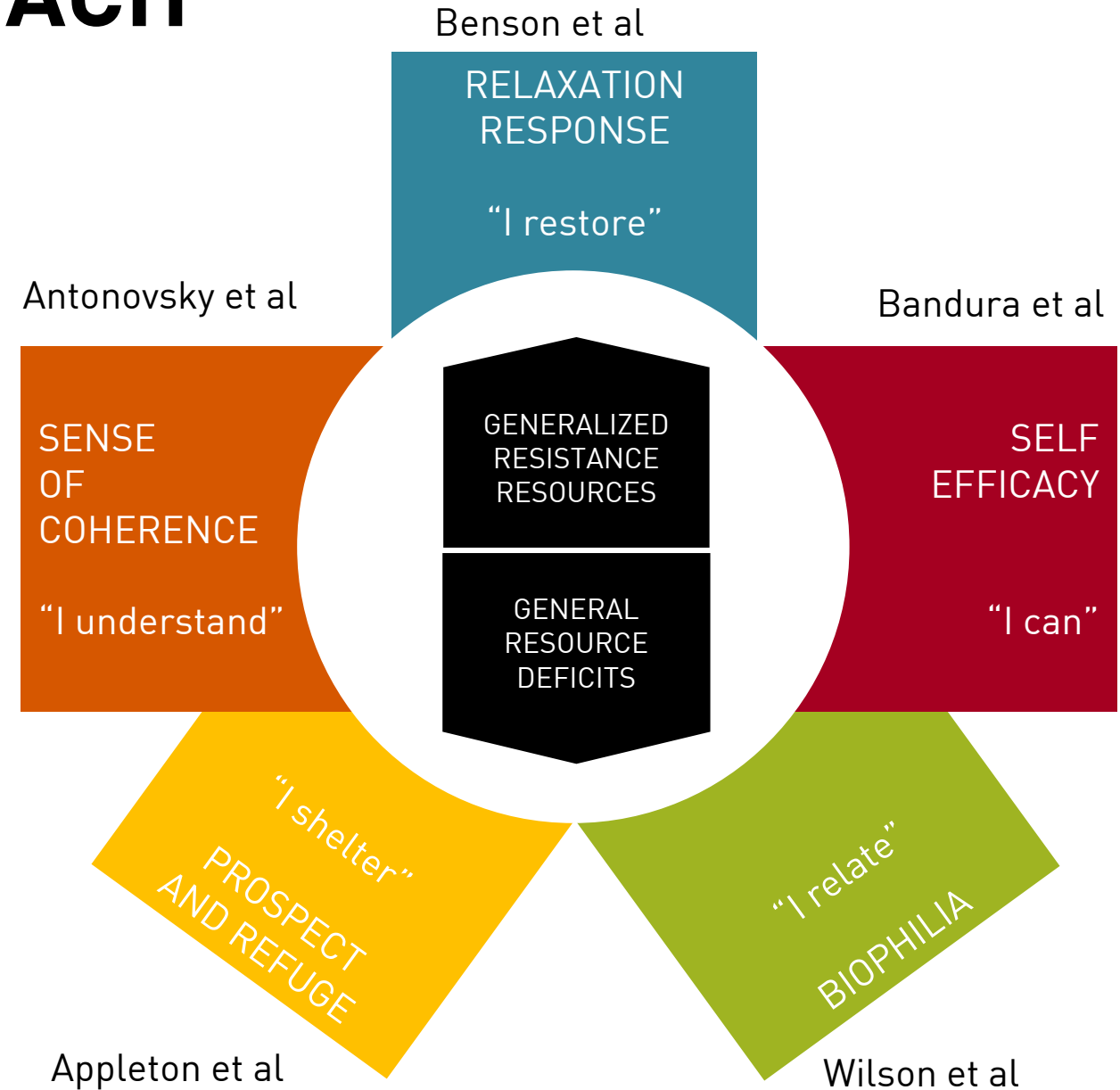


PROGRESSING
TOWARDS
STABILITY



A SALUTOGENIC APPROACH

Focus on alleviating stress and building resiliency by providing an abundance of environmental resources for patients, families and staff



BUILDING AND LOSING RESOURCES



RESOURCE BANK

THREATS

RESOURCES TO COLLECT



THE ENVIRONMENT
MATTERS

WHAT IS MILIEU?

CLASSROOMS

TALK THERAPY

DAY ROOM

DINING AND ADL SPACE

QUIET ROOM

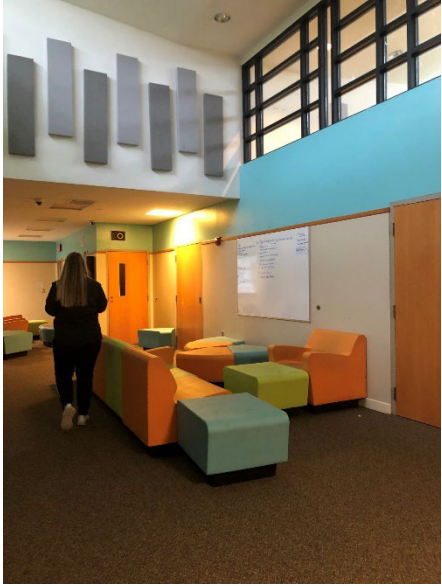
MUSIC OR ART THERAPY

SENSORY THERAPY



GROSS MOTOR/GYM SPACE

WHAT WE'RE GETTING WRONG

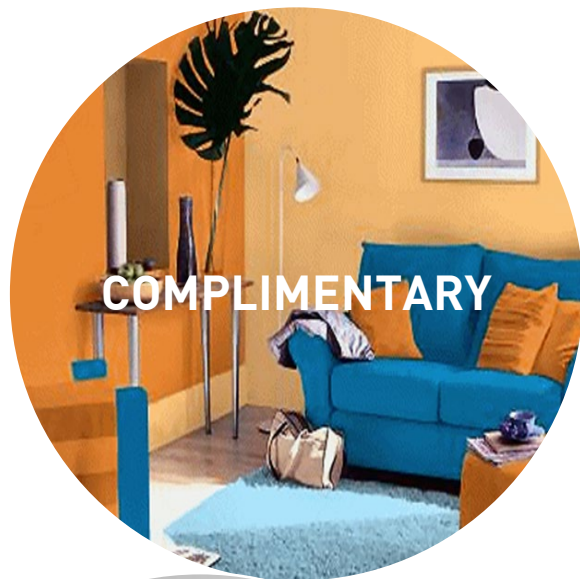


SPACE
FEELS
LIKE
SOMETHING



COLOR

RESTORATIVE

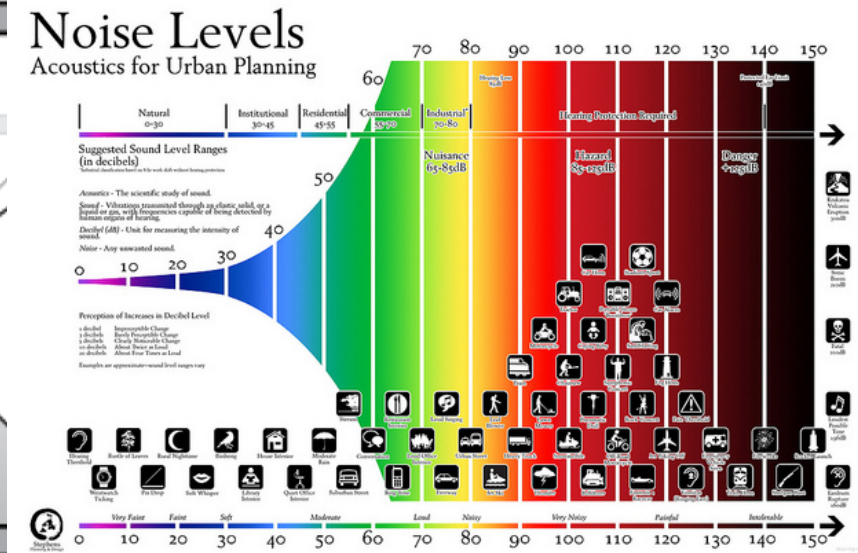
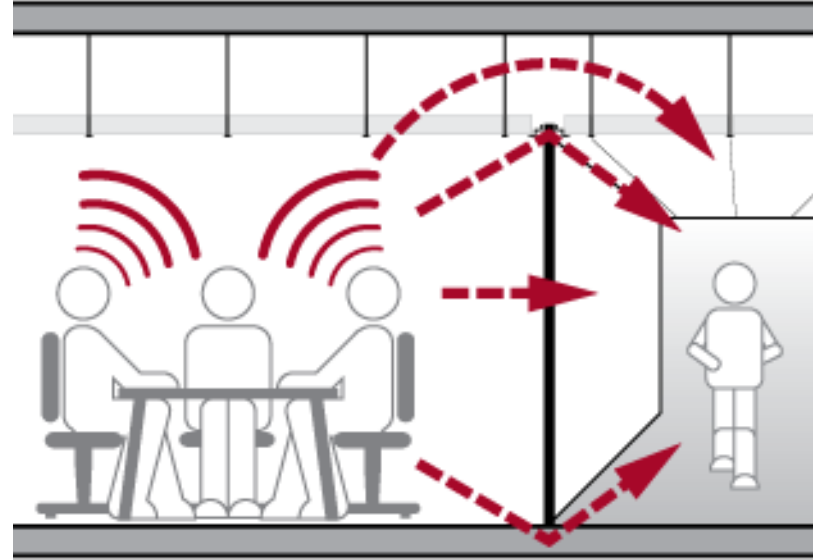


STRESSFUL

STUMULATING

CALMING

ACOUSTICS



SOUND PERCEPTION

Consonance: Unity or fusion, pattern matching

Dissonance: Unstable, builds tension, harsh and conflicting

Resonance: Building frequency, transferred energy

PRIVACY

Sound transmission creates distractions, unwelcome information, and compromises others

DECIBEL LEVELS

Controlling loudness, pitch and frequency of sound for comfort

POSITIVE DISTRACTION

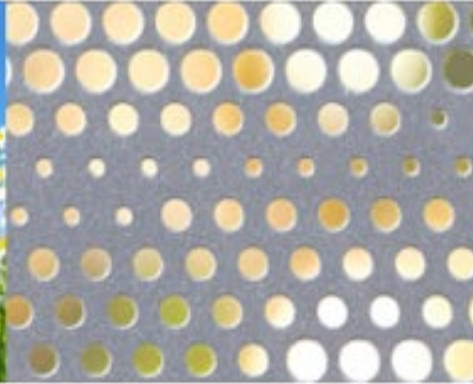
Depth, mutability,
high visual
complexity

Moderate
mutability and
visual complexity

Pattern provides
minimal depth
and complexity

No pattern or
depth, no
negative cues

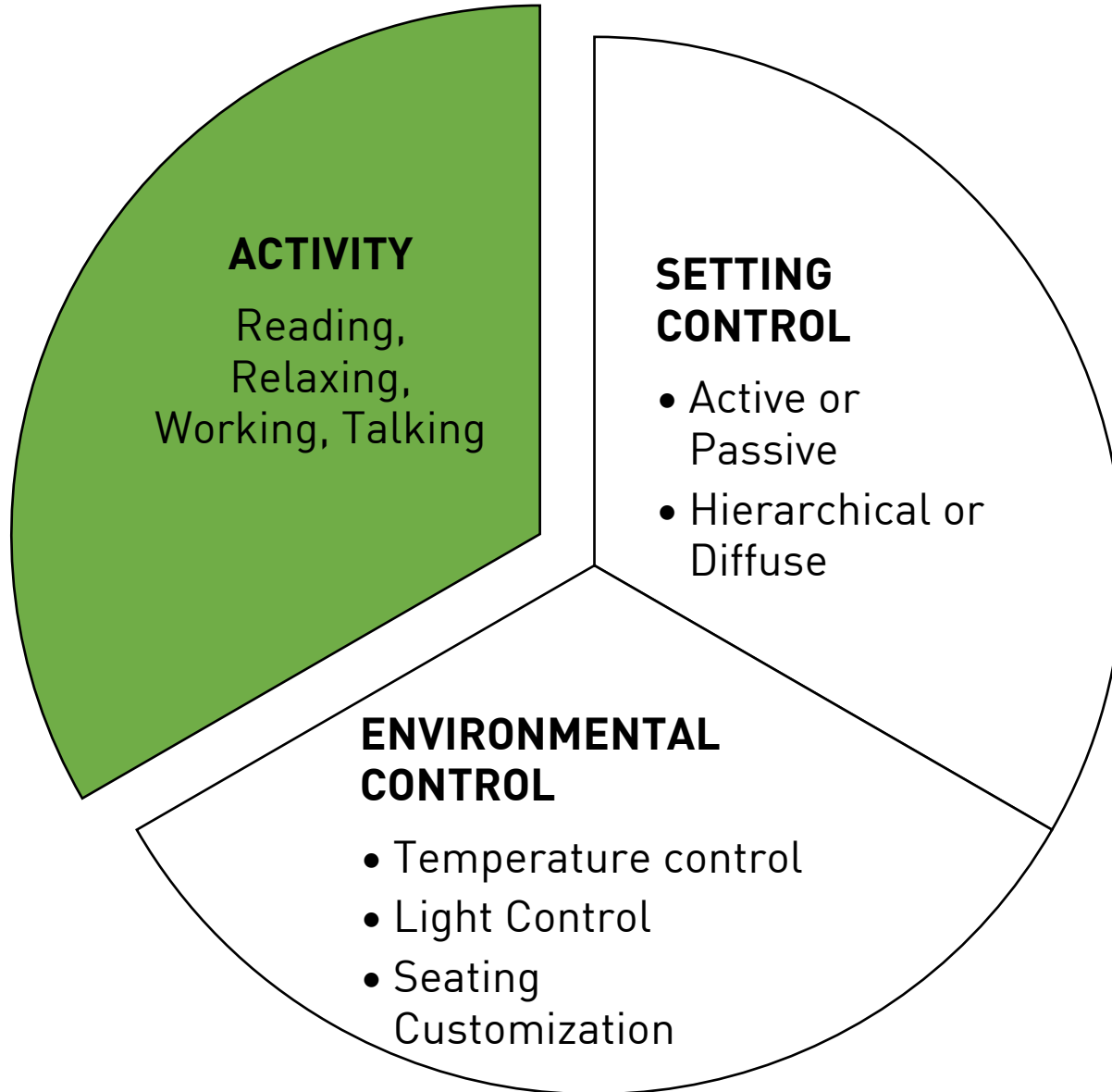
No pattern or
depth, negative
visual elements
are reinforced



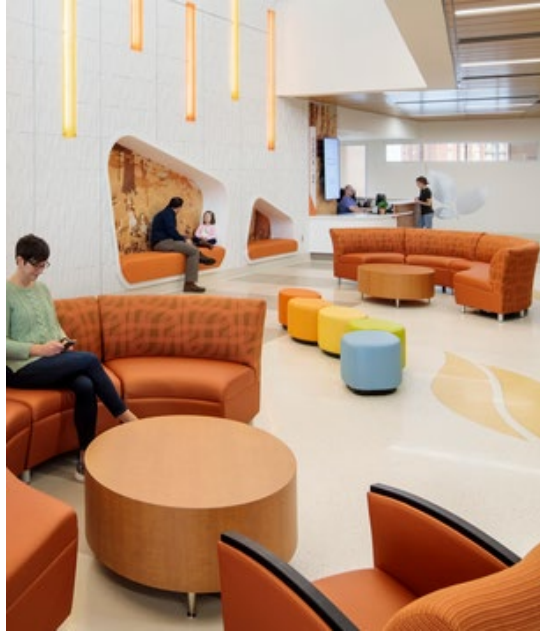
POSITIVE DISTRACTION

NEGATIVE DISTRACTION

EMPOWERMENT AND CONTROL



IMPORTANCE OF EDGES



SOCIAL CHOICE

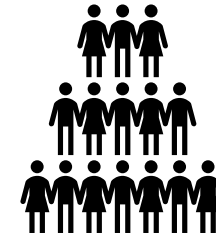
THE CLOUD ROOM

Quiet, calming, soothing
Space for individuals



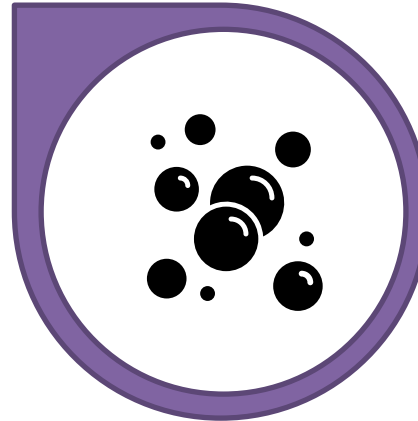
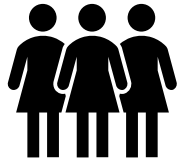
THE FIRE PIT

Active, social space
Large, organized groups



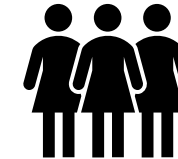
THE PARK

Friendly, social
Small, Informal groups



THE BUBBLE ROOM

Ideation space
Individuals or small groups

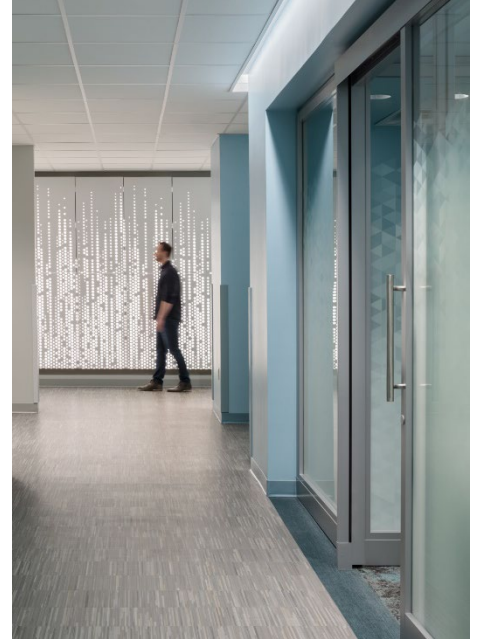


FAMILY SUPPORT

- Rooming In
- Sleeping Suites
- Respite Lounges
- Family Resource Center
- Cafeteria/Vending
- Transition Units
- Consult Rooms

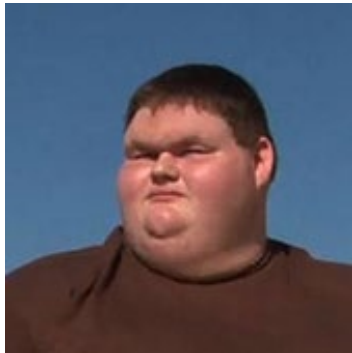


MOMENTS OF RESPITE



HOW TO MILIEU

PATIENT AVATARS



CHRIS, 15

Background:
History of violence.
Threatened teacher at school.
Absentee parents

Diagnosis: Psychotic, Obese,
diabetic, intellectually delayed

Admission: Police brought to
ED then brought to CH by
transport team.

Length of stay: variable

Visitors: Case manager,
probation officer, HFS
representatives



FRED, 10

Background: Trauma, lives in
residential facility, intellectual
delay

Diagnosis: Oppositional defiant
disorder, attention deficit
hyperactivity disorder

Admission: Brought in by
police, frequent flyer

Length of stay: 14 Days

Visitors: Parents, Case worker,
JFS, Wrap- around services,
Minister, aunts/uncles



ADAM, 11

Background: Trauma, (JFS)
County Custody, volatile

Diagnosis: Reactive
attachment disorder, impulse
control

Admission: Admit from
emergency room, has been
here 1-2 x before

Length of stay: 7 Days

Visitors: Foster family, Case
worker



NATALIE, 14

Background: Suicidal/
Depressed, Self- Injurious

Diagnosis: Major
Depression/ Mood Disorder

Admission: Direct admission,
first stay

Length of stay: 2 Days

Visitors: Parents,
Grandparents, siblings



PETE, 17

Background: Trauma,
Learning disability, Legal
issues, conduct disorder

Diagnosis: Bi- polar with
psychotic features

Admission: Brought in by
Police for disorderly conduct
at home

Length of stay: 30 Days
Visitors: Parents,
grandparents, siblings

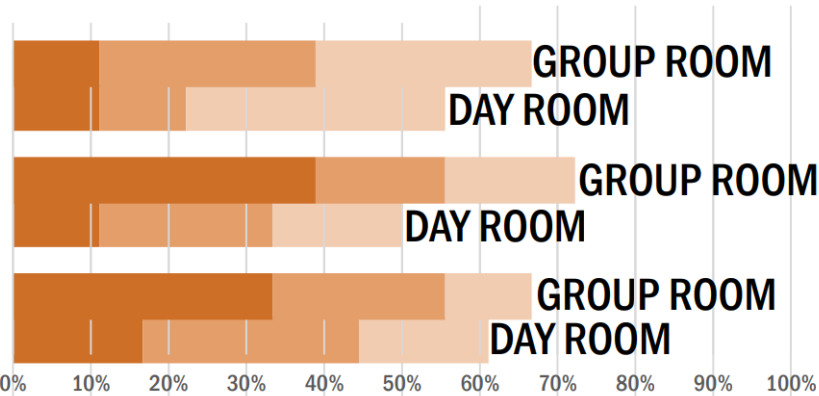
A SPECTRUM OF SPACES

ATTRIBUTES THAT MAKE SUCCESSFUL MILIEU SPACE

A choice between more stimulating and calming areas within the room

A more homelike environment

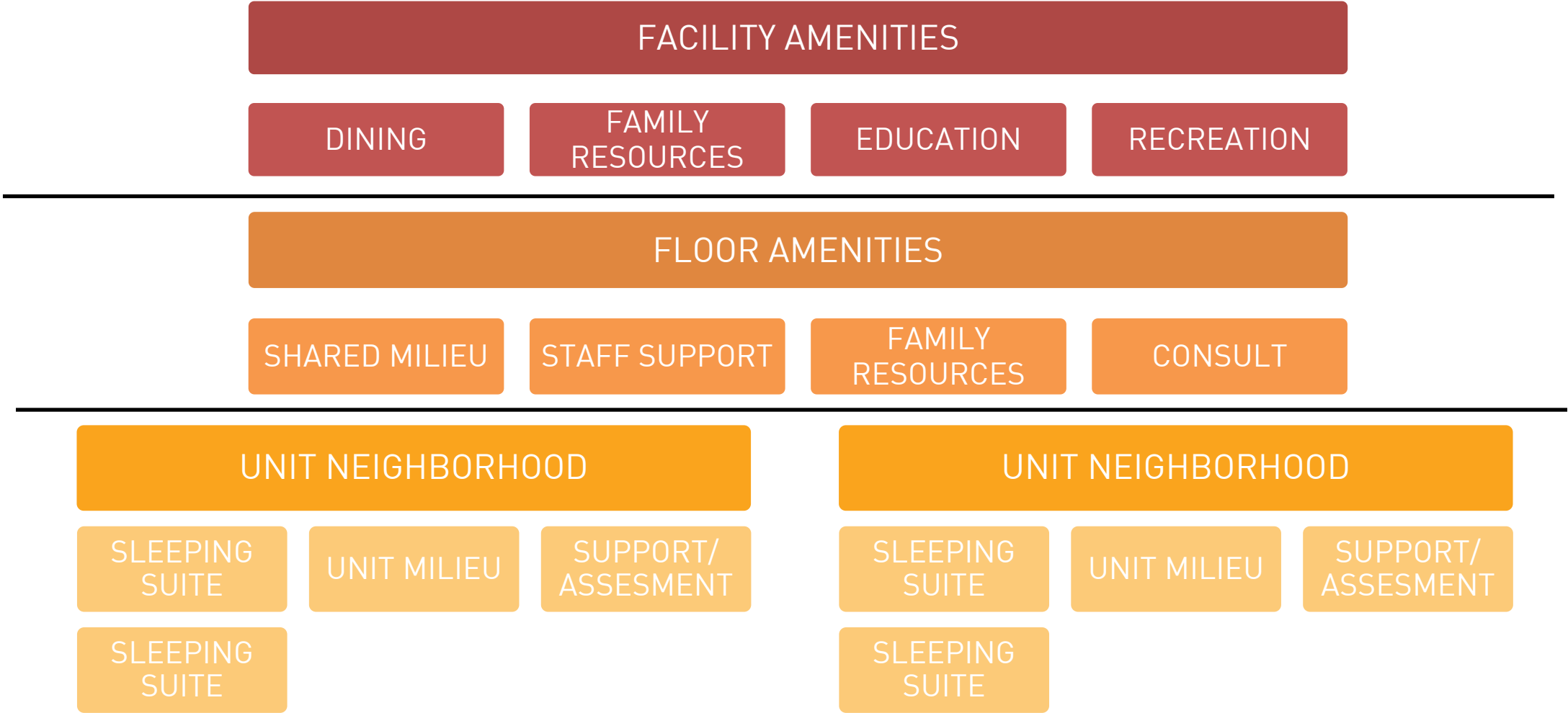
A choice between more social and more individual space within the room



Most Important Very Important Somewhat Important



THREE TIERS OF MILIEU

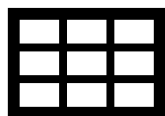


REDUCING AGGRESSION

#of Patients



#rooms accessible to them



SOCIAL DENSITY₁

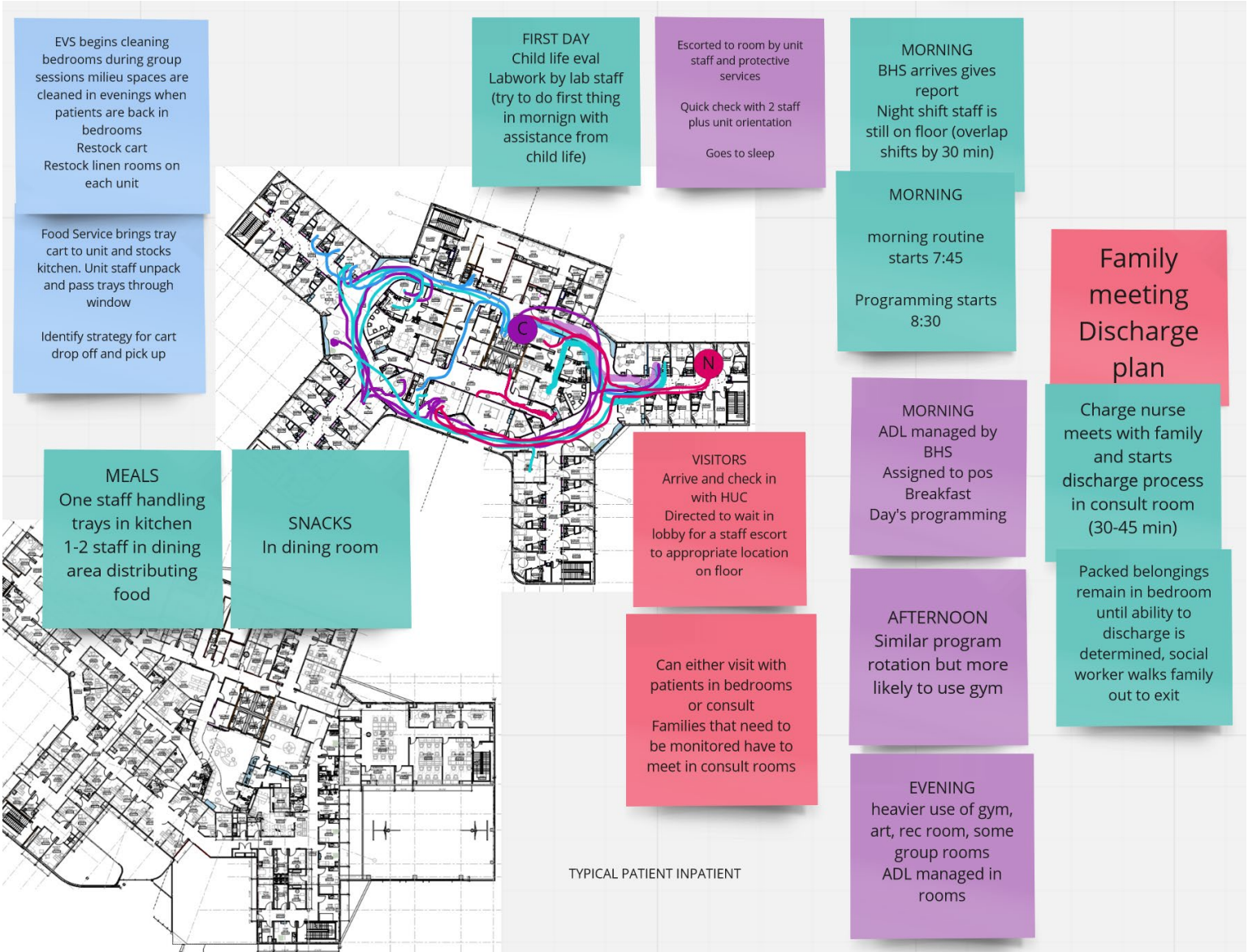
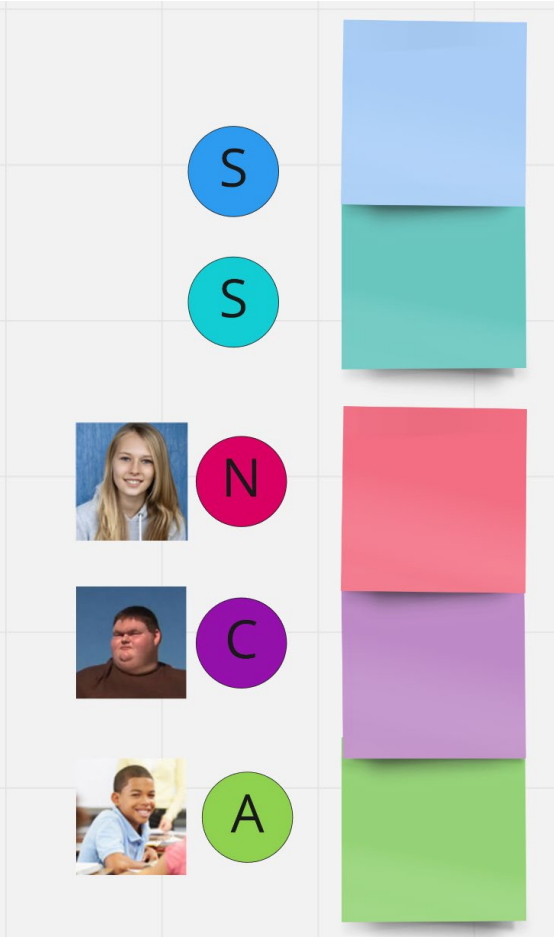
Patient Bedrooms	15
Patient Toilets	15
Day Room	1
Group Room	3
Destim Room	1
Total Rooms	35
Total Patients	15
Social Density	.42

Recommend a unit social density <.5 patients per room

1 Roger S. Ulrich, Lennart Bogren, Stuart K. Gardiner, Stefan Lundin, “Psychiatric Ward Design Can Reduce Aggressive Behavior,” Journal of Environmental Psychology 57, (2018): 53-66

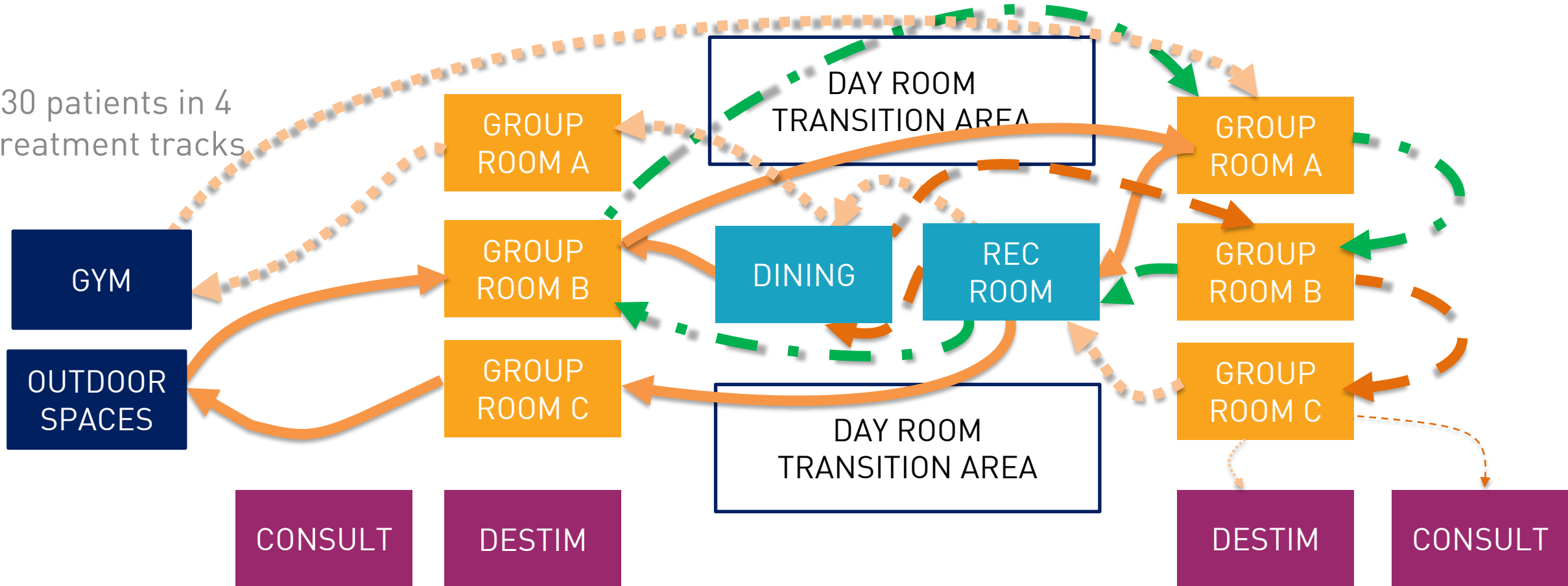


JOURNEY MAPS



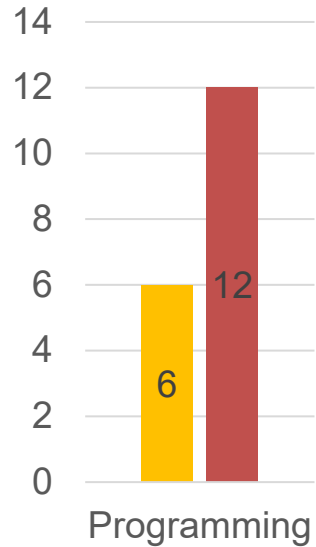
TAILORING TREATMENT

30 patients in 4
treatment tracks

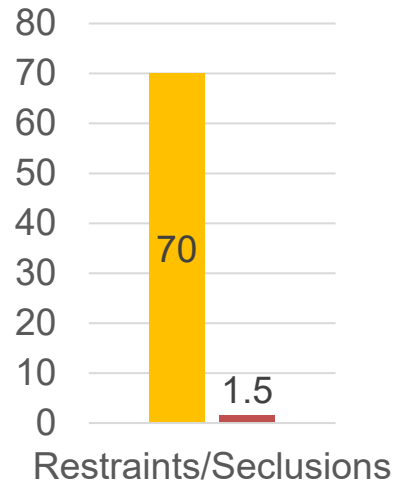


DOCUMENTING OUTCOMES

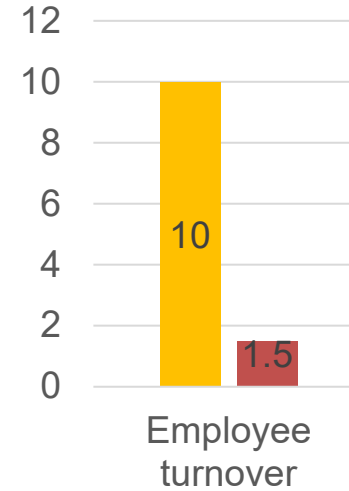
■ PREVIOUS
■ EXPANDED MILIEU



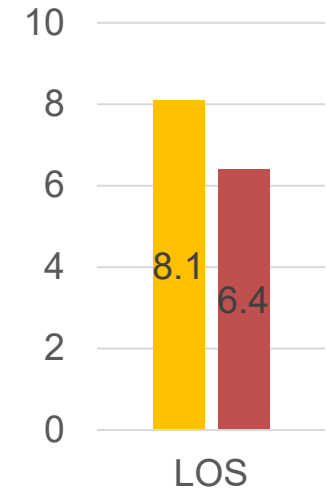
Programming
increased from
less than 6
hrs/day to 12
hrs/day



**Restraints/
seclusions**
decreased from
70 hrs/yr to 1.5
hrs/yr



**Employee
turnover**
decreased from
10% to 1.5%
over 2 years

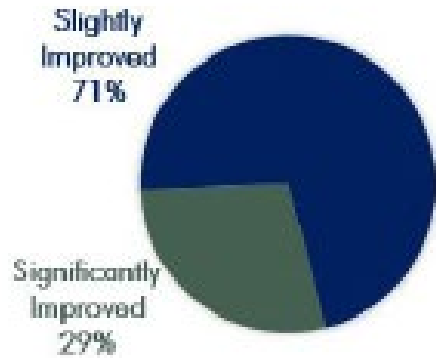


Length of stay
decreased
from 8.1 days
to 6.4 days over
3 years



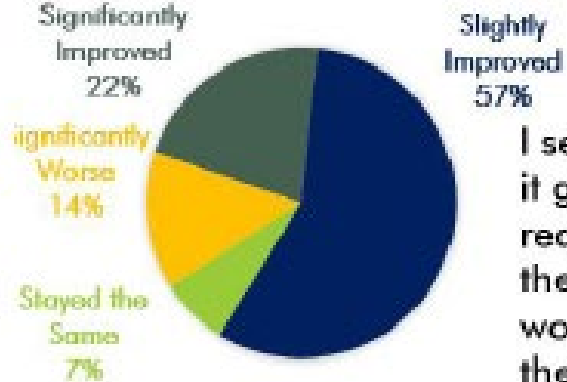
DOCUMENTING OUTCOMES

THE CHALKBOARD PAINT IN THE PATIENT ROOM HAS IMPROVED THE PATIENT EXPERIENCE



Patients love the chalkboard, and staff can also utilize it to leave positive notes/affirmations for patients.

THE BENCHES HAVE IMPROVED THE PATIENT EXPERIENCE



I see this as a dual asset it gives the patient to lay, read, entertain visitors in their room...the patient would rather sleep on the bench rather than the bed. It definitely has it pro's and cons



The patient room in the adolescent unit was designed with amenities such as a bench and a chalkboard wall based on preliminary research.

Post occupancy surveys of staff indicate that these amenities are impacting the patient experience positively.

CONCLUSION

Lower patient densities

Design to support psychological safety
(prospect and refuge)

Provide choice to patients as much as possible

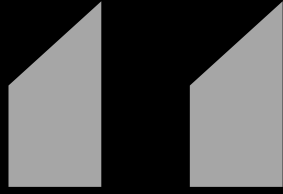
Provide a variety of spaces to customize
therapy

Have transitional and alternative spaces so
treatment is not disrupted for a group if an
individual has an issue

Provide quality respite space for staff

Include space for family involvement





I've learned that people will
forget what you said, people will
forget what you did, but people
will never forget how you made
them feel.

Maya Angelou



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