VANDERBILT UNIVERSITY
MEDICAL CENTER

BEHAVIORAL HEALTH

INFORMATION AND REFERENCE GUIDE

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VUH BEHAVIORAL HEALTH PATIENT DAILY SCHEDULE

(EXAMPLE)

Breakfast, Vital Signs, Medications	
✓ Rounds/Check-In with Treatment Team ✓ Shower, brush teeth, comb hair, change clothes ✓ Tidy up room	9:00-10:30AM
Daily S.M.A.R.T Goal Setting	10:30-11:00AM
Art Activity (Coping Skills Toolbox)	11:00AM-12:00PM
Lunch	
Emotional Regulation	1:00-1:30 PM
Reflection/Quiet Activity	1:30-3:00PM
Thought Regulation	3:00-4:00PM
Dinner	
Resilience	6:00-6:30PM
Sleep Hygiene	6:30-7:00PM
Reflection/Quiet Activity	7:00-8:00PM
Mindfulness Activity	8:00-8:30PM
Vital Signs, Medications, Get Ready for Bed	8:30PM

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THERAPEUTIC INTERVENTIONS

- Be involved with the patient. Make time spent with the patient count by developing rapport and working towards goals. Their comfort level and trust with you from the start of the shift can define, for better or worse, your ability to redirect behavior later.

- Give short time outs, followed by a short debrief with the patient, while behavior is still relatively minor (I.e. cussing, inappropriate talk, early stages of escalating.) This time out can mean discontinuation of an activity the patient enjoys, one-on-one processing, quiet reflection on the behavior, etc. When debriefing, encourage them to make good decisions and use their coping skills to get their day back on track.

- Offer positive feedback for what the patient is doing well, incentivizing them to invest in healthy behaviors.

- Encourage and model use of coping and communications skills, especially using a calm body and calm voice yourself.

- Offer alternative ways of communicating their feelings and needs (i.e. letter/journal writing, art project, coloring, music, etc. – BE CREATIVE.

- When a patient digs in their heels about not wanting to do an activity, offer an alternative that is still therapeutic and requires some effort from the patient (i.e. worksheets, working with staff on a project, etc.)

- If you begin noticing a pattern of escalating behavior over several days, talk with co-workers, be flexible within the guidelines of the unit. Work with the treatment team to develop a behavior intervention plan.

PHRASES THAT KEEP A CONVERSATION GOING:

Validate Feelings & Encourage healthy change

"That's sounds really hard"
"Wow, that's seems really overwhelming"
"I'm sorry that happened"
"Tell me more about that"
"Thanks for telling me that – it helps me understand what you're going through"
"What is one thing you think you could have done differently?"

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"What is something I/we could do to help you right now?"
"Can you use an emotion word instead, so I know how you feel?"
"You're doing a really good job here"

CONVERSATION STOPPERS:

Are invalidating, serve no therapeutic purpose, and tend to be impulsive or reactionary

"That's stupid"….."crazy," "childish" "sick"
(More effective: "that seems really unhealthy" or "so, did that decision make things worse or better?")
"Why did you do that?"
(*More effective: "What do you think led up to that decision?")*
"Don't worry about it" - "It's no big deal."
(More effective: I can see that bothers you, but do you think there are other issues to look at too?")
Don't use dares like, "Do it again and see what happens."
(More effective: "By saying what you're saying/doing what you're doing – you're telling me you can't keep yourself safe and you need help from me)

VERBAL DE-ESCALATION

- Factors that contribute to escalation: Unrealistic expectations, misinterpretations of reality, previous negative experiences, unmet needs, low logic, etc.
- We can assume that an angry or fearful person in crisis is "aware" of his emotional instability and instinctively seeks equilibrium by holding on to or "attaching" himself to a larger and more stable object or persons. Escalation directed at you is this individuals attempt to "test" your stability.
- Effective management of escalation starts with our own ability to remain in control of our feelings and behaviors, the patient is looking for someone to help bring them under control safely.

THE AGGRESSION CONTINUUM

TRIGGER PHASE → Stress and Anxiety Begin

ESCALATION PHASE → Mounting Anxiety

CRISIS PHASE → Loss of Verbal Control, then Loss of Physical Control, Loss of Judgement

Recognizing signs of escalation can allow us to intervene earlier in the escalation cycle

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THE PHYSICAL STANCE

Do	Do Not
Always be at the same eye level	Use intimidating eye contact
Allow extra physical space	Point or shake your finger
Stay just out of reach on the dominant side	Touch
Stand at an angle, not directly in front	Turn your back
Increase distance if necessary	Put your hands in your pocket

VERBAL DE-ESCALATION TIPS:

Always Introduce Yourself
Present as Calm, Centered, and Unafraid
Speak calmly at an average volume
Give your undivided attention

- Really listen to the patient, ask open ended questions to try to understand them, listen with empathy, allow for silence, try to understand their point of view, be non-judgmental
- **Don't take it personal:** Respond selectively, do not respond to provocation, avoid power struggles, be firm and fair without intimidating, and trust your instincts
- Only one person should be talking to the patient! Only one voice should be de-escalating!
- **Limit Setting:**
    - Always offer supports with limits
    - Shame-oriented punitive interventions do not constitute as limit setting
    - Limits must be clear: intellectually and emotionally
    - Limits must be consistent: from staff to staff, from day to day, from shift to shift
    - Limits must be enforceable: positive and negative consequences must consistently, fairly, and conscientiously applied
- Continuously assess the effectiveness of your approach based on the actual effect it has on the patient's tension level

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PATIENT-CENTERED RESOURCES

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S.M.A.R.T GOALS

Smart Goals

Specific: A specific goal has a much greater chance of being accomplished than a general, broad goal. To set a specific goal; answer the 6 "W's":

- *Who*: Who is involved?
- *What*: What do I want to accomplish?
- *Where*: Identify a location.
- *When*: Establish a time frame.
- *Which*: Identify requirements and constraints.
- *Why*: Specific reason, purpose, or benefits of accomplishing the goal.

Measureable: Create ways for measuring progress toward the goal you set. When you measure your progress, you stay on track, reach your target dates, and experience the achievement that spurs you on to continue to reach your goal. Ask yourself: *How much? How many? How will I know when it is accomplished?*

Attainable: When you identify goals that are most important to you, you start figure out ways you can make them come true. You develop the attitudes, abilities, skills, and capacity to reach them. You can attain most any goal you set when you plan your steps wisely and establish a time frame that allows you to carry out those steps.

Realistic: To be realistic, a goal must represent an objective toward which you are both *willing* and *able* to work. A goal can be both high and realistic. Your goal is most likely realistic if you truly believe it can be accomplished.

Timely: A goal should be grounded within a time frame. If there is no time frame that means there is no sense of urgency. **T** can also mean **Tangible**. That is a goal where you can experience it with one of the senses (*taste, touch, smell, sight, hearing*). When a goal is tangible you have a better chance of making it specific, measurable, and attainable

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_____'S DAILY GOAL SHEET

TODAY, MY GOAL IS:

_____

_____

_____

I WANT TO REACH THIS GOAL BECAUSE:

_____

_____

_____

3 STEPS I WILL TAKE TODAY TO REACH MY GOAL ARE:

1.

_____

_____

_____

2.

_____

_____

_____

3.

_____

_____

_____

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I DID IT!

Goal	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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EMOTIONAL REGULATION

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UNDERSTANDING ANGER: THE BASICS

The purpose of this activity is to help the patient better identify feelings related to anger and gain understanding of the effects anger.

Step 1:

Begin by asking the patient to brainstorm every emotion/ feeling word they can think of that is related to anger (do this prior to giving patient the worksheets).

Step 2:

Provide the patient with the worksheets.

Step 3:

Go through each handout one section at a time. Have the patient share responses and discuss individual experiences. Remind them that anger is a normal feeling, and can be a healthy and/or appropriate response. It is what we do and how we process the anger that makes it unhealthy. Also, the intensity of anger is on a continuum – from mild frustration to rage. Using handout #1, help the patient to identify the different words for anger, and identify how the different types of anger make them feel.

Step 4:

When anger becomes unhealthy: Be sure to highlight that anger can be internalized (kept within or directed toward the self) or externalized (taken out on others or directed toward others). Facilitate conversation about the differences between internalized and externalized anger.

Step 5:

Frequently remind the patient that anger is a healthy emotion. The goal is not to avoid anger or never get angry (this is unrealistic). The goal is to learn to better understand our reactions and behavior in times of anger and learn to manage these feelings in a more healthy way.

Step 6:

Brainstorm about more healthy ways to express anger.

UNDERSTANDING ANGER

Anger Words:

Circle the words that best describe what you experience when you are angry

Anger	Disgust	Grumpy	Rage
Aggravated	Dislike	Hate	Resentful
Agitated	Envious	Hostility	Revulsion
Annoyed	Exasperated	Irritated	Scorned
Bitter	Ferocity	Jealousy	Spiteful
Contemptuous	Frustrated	Loathing	Tormented
Cruel	Furious	Mean-spirited	Vengeful
Destructive	Grouchy	Outraged	Wrathful

Situations that Can Trigger the Feeling of Anger

Identify what type of situations cause you to feel angry? Circle all that apply.

Someone takes something from you

Someone threatens you/feeling threatened

Experiencing Physical Pain **Someone asks too much of you**

Someone insults you **Not getting what you want**

Someone lets you down **Loss of Power** **Feeling Emotional Pain**

Loss of Respect **Things turn out different than you expected**

Other situation (describe):

Use the back of this paper to describe a time when one of these situations made you angry.

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INTERPRETATIONS THAT PROMPT FEELINGS OF ANGER

How we interpret a situation (in other words, our perception) can impact how we ***feel*** about it.

Let's consider an example. My friend at work and I haven't been getting along well. I walk by her desk and say hello. She doesn't say anything back. I have different ways I can interpret the situation:

1) She didn't hear me
2) She's ignoring me
3) She's mad about something and trying to start a fight.

Depending on how I interpret the situation, my feelings might be confusion, sadness, or anger.

Let's take a look at some common interpretations that people make that lead to anger:

- Expecting pain
- Thinking that you have been treated unfairly
- Expecting to be treated badly or unfairly
- Believing that things ***should*** be different
- Rigidly believing "I am right, they are wrong".
- Judging a situation as wrong or unfair
- Ruminating or dwelling on the event that made you angry in the first place

Describe a time when your interpretation of an event made you feel angry.

_____

_____

_____

Is there a different way you could have interpreted the situation?

_____

_____

_____

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EXPERIENCING THE EMOTION OF ANGER

How does the feeling of anger affect you? Feelings can affect our thinking, our mood, and even cause us to have physical experiences in our bodies, like pain.

Here are some common examples. Check the ones that you have experienced:

- Feeling incoherent – can't talk clearly or think straight
- Feeling out of control
- Feeling tightness in your body and muscles
- Feeling pain in your neck or stomach
- Feeling your face flush or get hot
- Feeling nervous, tense or anxious
- Crying
- Teeth clamping together, jaw tightening
- Feeling like you're going to explode
- Feeling an urge to hit something or throw something
- Feeling like isolating yourself and hiding from others

What are some other ways that you experience the emotion of anger?

_____

_____

_____

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EXPRESSING AND ACTING ON ANGER

Here are some common ways that people express or show their anger. Check the ones that you have experienced:

- Having a "pissed off" face
- Smiling- sometimes just to piss someone else off
- Turning red
- Criticizing others or verbally attacking others
- Physically attacking others (hitting, throwing things)
- Hitting/ punching walls or objects
- Throwing things around the room
- Swearing
- Shouting/ screaming
- Complaining
- Clenching fists
- Making threatening gestures
- Verbally threatening someone
- Stomping, slamming doors, making lots of noise
- Uncontrollably crying
- Isolating yourself/ withdrawing from others
- Hurting yourself (drugs, alcohol, cutting, other self-injury)

List some other ways that you show your anger:

_____

_____

Which of these actions/ behaviors you circled do you wish you could change and why?

_____

_____

_____

What are some alternative healthy ways you could express your anger?

_____

_____

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EMOTION IDENTIFICATION

Identifying and Exploring Emotions

The purpose of this activity is to assist the patient in learning to identify primary and secondary emotions, myths they have about emotions, and the ways in which their emotions become urges and actions.

Step 1: Start by handing out the "Myths We Live By" worksheet. This worksheet outlines some of the common myths we have about feelings. Read the worksheet together, then ask the patient to mark the myths they hold true for themselves. Ask them to mark myths that have been taught to them by parents, teachers, or other individuals in their lives.

Step 2: Instruct the patient that the focus of the activity is on understanding and identifying emotions and learning the connections between emotions, urges, and actions. The overall goal is to help increase one's awareness and recognition of emotions.

Step 3: Ask the patient to brainstorm any possible emotion words they can think of (make a list).

Step 4: Next introduce the concept of primary and secondary emotions. Primary emotions are those that we feel first, as a first response to a situation. These are emotions we are born with—they are hard-wired into our brains. Secondary emotions are the ones that are felt the most and are made up through combinations of primary emotions. They are the things we learn about emotions through our life experiences and families as we grow up.

Step 5: Ask the patient if they think they can identify the primary emotions based on the list they came up with.

Step 6: Give the handout "About Emotions" that lists primary emotions and gives explanations of secondary emotions.

Step 7: Explain that now we will take it one step further. We are going to look at how our emotions translate to thoughts, and then move to urges for behaviors. Hand out the "Observing and Describing Emotions" worksheet.

Step 8: Go through the worksheets together. Allow the patient time to answer then come together and discuss responses. Help the patient make connections between emotions, thoughts, and resulting actions or urges. How did the emotion make the transformation to a thought, secondary emotion, urge, or action?

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MYTHS WE LIVE BY

"Myths" are traditional stories, beliefs, or ideas that we believe to be true simply because they have been ingrained in our culture or lives. Myths may or may not be true. Our thoughts can be like myths—beliefs we have held for so long that we believe them without question. Oftentimes we assume that they are real because it may be the most socially acceptable way to deal with our feelings. Developing an awareness and understanding of our emotions can be complicated when we are not used to thinking about how we feel.

Most people have myths about emotions and this causes them to react in ways that are not helpful. In being able to understand what our "myths" are, we can then control and adapt our thoughts and behaviors. Just like no person is the same, each person's myths are unique. However, there are some common "mythconceptions."

Check the following if you feel or believe them to be true:

____1. There is a right and wrong way to feel in every situation.

____2. Showing emotions are a sign of weakness.

____3. Negative emotions are bad and destructive.

____4. I can't control how I feel—feeling emotional is being out of control.

____5. Painful emotions come from having a bad attitude.

____6. I should only show feelings and emotions if others approve of how I am feeling.

____7. Others are a better judge of how I am really feeling.

____8. I should ignore painful emotions; they are not important.

Can you think of any other "myths" you have?

_____

_____

_____

_____

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ABOUT EMOTIONS

There are 6 **primary emotions**. These are the emotions we feel first. They cause you to react in certain ways and for you to have certain feelings or urges when the emotion arises:

Here is a list of primary emotions:

Anger

Sadness

Happiness

Fear

Guilt

Shame

All other emotions are made up by combining these basic 6 emotions. These are called **secondary emotions**, or a reaction to an emotion. These are the emotion we have learned from our families, culture, and life experiences. Some examples of these are:

Feeling shame when you get angry.

Feeling angry when you have a shame response (ex. hurt feelings).

Feeling fear when you get angry (maybe you've been punished for anger).

There are many more secondary emotions. When you have a secondary emotion, the key is to figure out what the primary emotion is—the root of your reaction. When you can do this, you can take an action that is most helpful.

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OBSERVING AND DESCRIBING EMOTIONS

1. What is your main emotion you are feeling today?

___ Anger	___ Fear
___ Sadness	___ Guilt
___ Happiness	___ Shame

Now rate the intensity of that emotion from 0-10 (10 being the most intense): _____

2. What was going on in the environment or prompting the event when you began to have this feeling? What was the "trigger?"

_____

_____

_____

3. What are your ASSUMPTIONS, BELIEFS, OR "MYTHS" about this emotion or feeling? What are you telling yourself about this emotion?

_____

_____

_____

4. What sensations do you notice in your body when experiencing this emotion? (Example: Does your heart rate increase? Is it harder to breathe? Does your face or chest get red? Do you have "butterflies" in your stomach?

_____

_____

_____

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TODAY I FEEL

Today I feel: _____

Happy	Sad	Worried	Excited
Mad	Bored	Scared	Upset
Sick	Jealous	Annoyed	Embarrassed

I feel this way because:

_____
_____
_____

Because I felt this way, I did this:

_____
_____
_____

Something else I could have done was:

_____
_____
_____

What do you notice in your body when you feel this way? Draw this on the next page...

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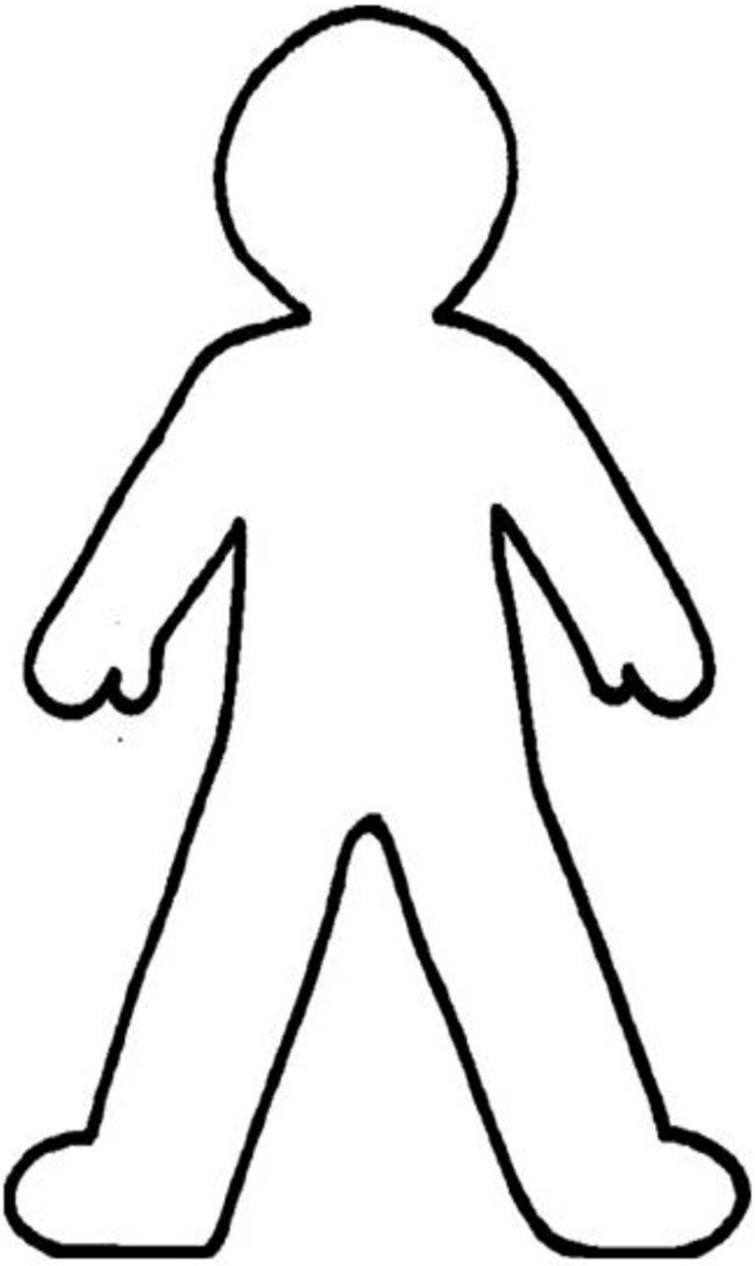
TODAY I FEEL…



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CREATING YOUR COPING TOOLBOX

The purpose of this activity is to create something tangible that allows the patient to utilize the senses as a means of coping and self-soothing. This "toolbox" can offer distraction and provide instantaneous comfort during distress.

NOTE: It is extremely important to practice situational awareness and clinical judgment when leading a patient through art-based activities. Some supplies may not be appropriate for patients with thoughts of self-harm or harm to others. Please consult the patient's nurse and/or treatment team prior to providing supplies that may require close observation.

Step 1: Introduce the activity to the patient, explaining that during times of emotional dysregulation ("feeling out of control"); having physical reminders of coping skills can help in "grounding" or finding ways to handle difficult emotions.

Step 2: Provide the patient with an object to act as their toolbox. Depending on the availability of items on the unit, this may differ. If available, a small paper bag is an effective and safe option. A small shoe box is also a good option if a family member is able to provide from home. The patient may decorate their toolbox using supplies and materials that have been approved for use by the patient's nurse and treatment team.

Step 3: Spend 5-10 minutes brainstorming (it may be helpful to write a list) with the patient ways in which they have been able to self-soothe during difficult emotions or situations. What are some objects that can act as a cue for that coping skill? For example, music can act as a powerful distraction and therefore, written lyrics from a favorite song could be added to the toolkit as a reminder. Additionally, it may be helpful for the patient to add items to their toolbox that may cue new coping skills, such as a small journal for the patient that has never journaled, but is willing to give it a try.

Step 4: Spend the duration of the time helping the patient construct their toolbox. Items added to the "box" will be very personal to the person, however, some examples of items that could be added are:

- Stress ball
- Small journal (without staple or spiral binding)
- Stickers
- Art work or decorative notes the patient has created
- A favorite book
- Personal photos

With every item the patient adds, spend time processing with the patient why this item is meaningful. Additionally, let the patient know that they can continue to add to their toolbox as they continue to grow their coping skills.

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THOUGHT REGULATION

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POSITIVE SELF-TALK: HOW TO THINK KINDER THOUGHTS

Step 1: Introduction- Introduce the concept of self-talk. Explain to the patient that self-talk is the inner voice or dialogue that each person is born with. Self-talk often narrates our own self-image and accompanies many of our actions.

Step 2: Discussion- Explain that self-talk can be a powerful coping skill – or it can be a way that we keep ourselves stuck in negative patterns.

- Discuss self-talk, and how we "talk" to ourselves impacts our self-image, self-esteem, mood, and actions as well as how our self-talk influences the way we cope with situations. Thoughts occur first, and then they lead to emotions that trigger behavior. Increasing control of our thoughts increases control of our feelings and actions. We are constantly thinking and engaging in self-talk, all of which affects self-esteem. What you tell yourself is what you become, i.e. You are what you think!
- Talk about where self-talk comes. We are influenced by others in early childhood. Your self-talk likely reflects the way your parents, teachers or other people in your childhood talked to you.
- One of the most powerful influences on your attitude and perspective on life is what you say to yourself and believe. It is not what happens to you as much as how you respond internally to what happens to you that determines your thoughts and feelings and ultimately your actions. By being conscious of your internal dialogue, or self-talk, you can begin to positively impact many aspects of your life.
- Benefits of Positive Self-talk:
    - Longer life
    - Lower rates of depression
    - Lower levels of distress
    - Greater resistance to the common cold
    - Better psychological and physical well-being
    - Reduced risk of death from heart disease
    - Better coping skills during hardships and times of stress

*It's unclear why people who engage in positive thinking experience these health benefits. One theory is that having a positive outlook enables you to cope better with stressful situations, which reduces the harmful health effects of stress on your body. It's also thought that positive and optimistic people tend to live healthier lifestyles.

Step 3: Identifying your Self-talk Activity

- Hand out blank index cards or half-sheets of paper. Ask the patient to think about how they talk to themselves. What are things they routinely say to themselves? It could be the voice of others or the voice of self. It can begin with "I am" or "you are", depending on how we learned to speak to ourselves.
- Write out 3-5 statements exactly as you say them to yourself.

- Instruct the patient to rewrite the negative statements and make them into positive and affirming ones on the back of the card. It's important to help with this as often the new positive statements will still be negative. Correct them where necessary by helping rewrite into a positive statement on a new card.
- If the patient is struggling to rewrite the statement, you may have them refer to the "Positive Affirmations List" for sample statements. Inform the patient that positive self-talk takes practice. Though it may be challenging to think these kind thoughts right now, it should become easier with practice.
- Rewrite all the positive statements on the new card and tear up the cards with the negative statements. Can do this as an affirming way of releasing the negative thoughts and making room for thinking positively about themselves. Emphasize that while the negative thoughts aren't completely "destroyed", they will come back, but now they have these new thoughts that they can replace the old ones with when they arise.

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POSITIVE AFFIRMATIONS LIST

I am strong
I have strength
I am determined and successful
I am a good and worthwhile person
I am a unique and special person
I have inner strength and resources
I am confident and competent
I hold my head up high
I look good because I am good
People like me – I am a likeable person and I like myself
I care about others, I am needed and worthwhile
I am a loving person
I have a lot to be proud of
I have all that I need
I am in control of my life
I can achieve anything I want to achieve
I make wise decisions based on what I know
I'm moving towards my goals
I accept myself as a unique and worthwhile person
My life has meaning and purpose
I am in control of my choices
I am strong and healthy
I am calm and confident
I have many options and can make wise decisions
Everything is getting better every day
I am calm and relaxed
I am healthy and have all that I need
Today is the first day of the rest of my life and I will take notice of the many positive things this day has to offer
I live a healthy and positive lifestyle
I know I can master anything if I practice it continually
I have my wise mind – I can seek inner guidance whenever I need to
My life purpose can be whatever I choose it to be
All is well, right here, right now

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POSITIVE SELF-TALK POETRY CORNER

Negative Thoughts by Audrey Heller

Negative thoughts, can keep you out
of sorts, it can bring you down and
traumatize you. That's just a sample,
of what negative thoughts, can do.
Once they get to you, it becomes, a
constant subject. Now, it's time to
take a stance, time for you, to object!
Don't allow them to run rampant, for
thoughts like these, can do a lot of
harm. It's time to get a hold of it and
slowly, let them disarm. You have to
be strong, while going through this
transition, but, it can be done
effectively, for now, you finally made
an admission. The only tool you'll
need, is keeping a more positive
thought and in the interim, you'll be
fine. There's no better way that I know
of, for you nicked it, just in time. No
more being negative, that's all in the
past. From here on in, you're going to
concentrate, only on the positive side and all
Thoughts, about being negative,
will no longer be, your guide

Quote by Lao Tzu from the Tao Te Ching

Watch your thoughts, they become words.
Watch your words, they become actions.
Watch your actions, they become habits.
Watch your habits, they become your character.
Watch your character, it becomes your destiny.

Silly Old Negative Thought by Anonymous

Silly, old negative thought!
Here you come again, dressed in jester clothes to play with me!
Silly, old negative thought!
Look how tiny you are!
And what an odd song you sing! "Can't... don't... can't...never."
As if you have any idea who I am.
Don't you know I'm done with limitations?
Don't you see me reaching for the sky?

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POSITIVE AFFIRMATION JOURNALING PROMPTS

During reflection time, you may instruct the patient to journal on one of the following topics. Keep in mind that creating positive affirmations takes practice. Therefore, it may be beneficial to ask the patient to share their responses and offer teaching when appropriate.

- One thing that went well today was….
- Today I am thankful for….
- I like _____ about myself because….
- Something that brings me hope is….
- I know I am making progress towards my goals because….
- I find purpose in….
- Something I am good at is….
- Something I am proud of is….
- What makes me unique is….
- A time I showed strength and resilience was….

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RESILIENCE

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WHAT IS RESILIENCE?

Step 1: Difficult Situations in Life

Discuss with the patient the following questions:

- What are some examples of difficult situations that life may "throw" your way?
- How do these difficult situations make you feel?

Step 2: Defining Resilience

Discuss the definition of resilience with the patient:

Resilience is being able to recover or "bounce back" from difficulties, accept change, and keep moving towards goals even after facing challenges.

Discuss with the patient the following questions:

- What do you think of when you think of a person who is resilient? How would you describe that person?
- Is resilience a trait you are born with, or is it something you learn? Did you know that resilience is a learned trait that can be developed through behaviors, thoughts, and actions that can be developed in anyone?

Step 3: Complete the Resilience Wheel and/or "My Road to Resilience" worksheet

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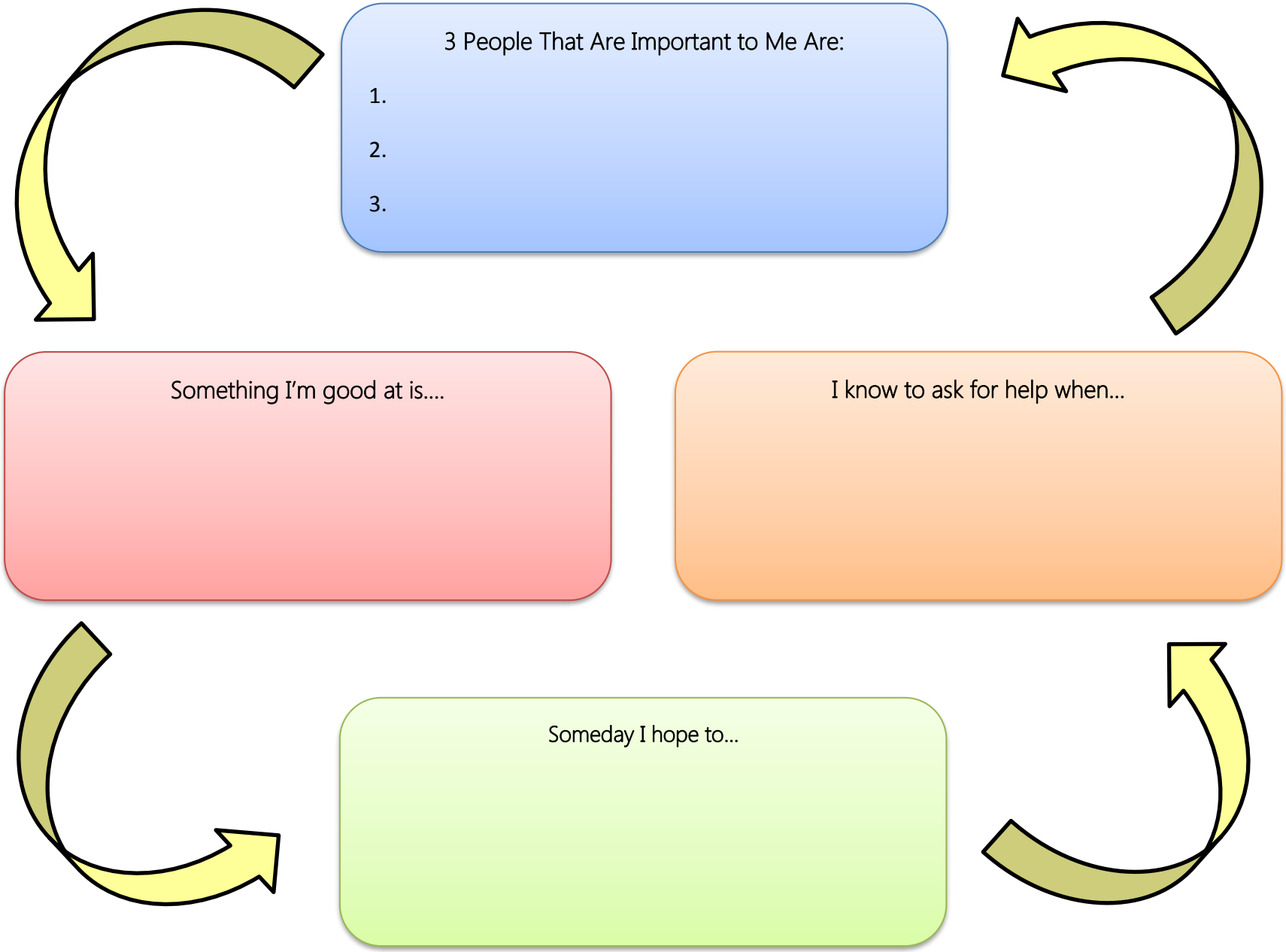

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MY ROAD TO RESILIENCE

1. What kinds of events have been most stressful for me?

2. How have these events made me feel?

3. Have I found it helpful to think of important people in my life when I am distressed?

4. Who have I reached out for support in working through a traumatic or stressful experience?

5. What have I learned about myself and my interactions with others during difficult times?

6. Has it been helpful for me to assist someone else going through a similar experience?

7. Have I been able to overcome obstacles, and if so, how did I find it within myself to do that?

8. What has helped make me feel more hopeful about the future?

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SLEEP HYGIENE

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SLEEP HYGIENE TEACHING POINTS AND TIPS

- Go to bed at the same time each night and wake up at the same time each morning, even on weekends. This promotes healthy sleep patterns.
- Establish sleep routines. Take a bath or shower, brush teeth, wash face, etc. Again, this will prepare the brain for sleep. It may also be helpful to introduce relaxing activities into the routine such as music, guided imagery, reading a book, etc. Try to achieve at least 7 hours of sleep each night.
- Avoid eating directly before bedtime, especially foods high in sugar and processed ingredients, as these foods tend to disrupt sleep.
- Avoid using the bed for anything other than sleeping. Avoid watching TV, using electronics (including phone/tablet/laptop), doing work, etc. so the brain will associate bed with sleep and sleep alone.
- Make the bed and sleeping environment warm and cozy. The room should be cool and quiet. Adding some of the patient's favorite blankets, soft pillows and aromatherapy (lavender oil) can also be beneficial.
- If the patient can't sleep, have them get out of bed. If the patient is tossing and turning for more than 30 minutes, have them get out of bed and do a non-stimulating activity, such as reading. Once they are sleepy again, have them return to bed. This will prevent the mind associating the bed with sleeplessness
- Help the patient keep a sleep diary. A sleep diary helps keep track of sleeping patterns and identify problems in sleep hygiene.

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Sleep Diary

Consensus Sleep Diary (Core Items Only)

ID/Name:____________________

Today's date	**Sample** 4/5/08							
1. What time did you get into bed?	10:15 p.m							
2. What time did you try to go to sleep?	11:30 p.m							
3. How long did it take you to fall asleep?	1 hour 15 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last?	1 hour 10 min.							
6. What time was your final awakening?	6:35 a.m.							
7. What time did you get out of bed for the day?	7:20 a.m							
8. How would you rate the quality of your sleep?	☐ Very poor ☒ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐Poor ☐ Fair ☐ Good ☐ Very good
9. Medication and dose (including over-the-counter and herbal)	Imovane 15 mg							

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MINDFULNESS

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SOOTHING THE USING THE 5 SENSES

Learning to relax and sooth yourself is important. It helps your body feel better and it makes it easier for your brain to think of healthier ways to cope.

Smell: If you tend to zone out or freeze when stressed, surround yourself with smells that are energizing and invigorating. If you tend to become overly agitated under stress, look for scents that are comforting and calming. Notice all the different smells around you. Walk in a garden or in the woods, maybe just after a rain, and breathe in the smells of nature. Light a scented candle or incense. Bake some bread or a cake, and take in all the smells.

Sight: If you're a visual person, try to manage and relieve stress by surrounding yourself with soothing and uplifting images. You can also try closing your eyes and imaging the soothing images. Walk in a pretty part of town. Look at the nature around you. Pick a flower and put it where you can see it. Sit in a garden. Watch the snowflakes decorate the trees during a snowfall. Light a candle and watch the flame. Look at a book with beautiful scenery or beautiful art. Watch a travel movie or video.

Hearing: Are you sensitive to sounds and noises? Are you a music lover? If so, stress-relieving exercises that focus on your auditory sense may work particularly well. Listen to beautiful or soothing music, or to tapes of the ocean or other sounds of nature. Listen to a baby gurgling or a small animal. Listen to someone chopping wood. When you are listening, be mindful, letting the sounds come and go.

Taste: Slowly savoring a favorite treat can be very relaxing, but mindless stress eating will only add to your stress, and your waistline. The key is to indulge your sense of taste mindfully and in moderation. Eat slowly, focusing on the feel of the food in your mouth and the taste on your tongue. Have a special treat, and eat it slowly, savoring each bite. Drink a soothing drink like herbal tea or hot chocolate. Let the taste run over your tongue and slowly down your throat.

Touch: Experiment with your sense of touch, playing with different tactile sensations. Focus on things you can feel that are relaxing and renewing. Wrap yourself in a blanket. Hold a comforting object. Give yourself a hand or neck massage. Pet your dog or cat or cuddle a baby. Float or swim in a pool, and feel the water caress your body.

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MY SELF SOOTHING PLAN

What are three things you enjoy looking at?

_____

Name three sounds that you enjoy?

_____

Name three scents that help calm you down?

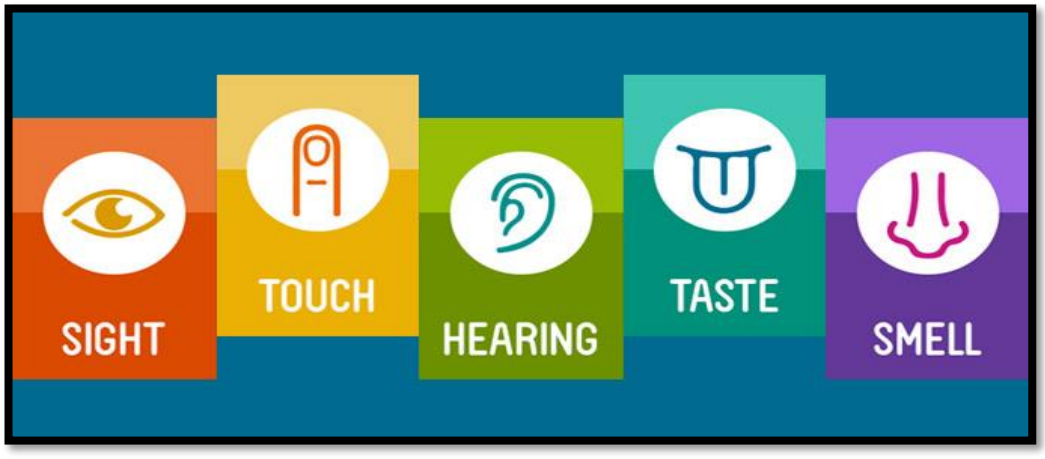
_____

Identify three small things you could use to stimulate your taste buds?

_____

What three things physically feel good to you?

_____



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THE POWER OF BREATH

Mindful breathing is one of the simplest and most powerful tools of mindfulness. When a patient is feeling anxious or overwhelmed, mindful breathing can help in assisting the patient become grounded. Follow the instructions to guide your patient through mindful breathing. Soft, relaxing music can also be added if available.

Complete Belly Breath (Basic Deep Breathing): With one hand on your belly, relax your abdominal muscles letting your belly "puff out". Slowly inhale through the nose, bringing air into the bottom of your lungs. You should feel your navel rise. This expands the lower parts of the lungs. Continue to inhale slowly as your rib cage expands outward, and finally, the collar bones rise. At the peak of the inhalation, pause for a moment, and then exhale gently from the top of your lungs to the bottom. At the end of exhalation, contract your abdominal muscles slightly to push residual air out of the bottom of your lungs. It is most effective if you can strive to have your inhale and exhale match in length (about 3-6 counts each). Repeat 5-12 times. Ask the patient to observe how they feel.

Alternate Nostril Breathing: When you are feeling anxious or ungrounded, practice Alternate Nostril Breathing. This will immediately help you feel calmer.

1. Hold your right thumb over your right nostril and inhale deeply through your left nostril.
2. At the peak of your inhalation, close off your left nostril with your ring finger, lift your right thumb, and then exhale smoothly through your right nostril.
3. After a full exhalation, inhale through the right nostril, closing it off with your right thumb at the peak of your inhalation, lift your ring finger and exhale smoothly through your left nostril.
4. Continue with this practice for 3 to 5 minutes, alternating your breathing through each nostril. Your breathing should be effortless, with your mind gently observing the inflow and outflow of breath.

Ocean's Breath: When you feel angry, irritated, or frustrated, try a cooling Ocean's Breath. This will immediately soothe and settle your mind.

5. Inhale slightly deeper than normal. Bring the tip of your tongue to the roof of your mouth. With your mouth closed, exhale through your nose while constricting your throat muscles. If you are doing this correctly, you should sound like waves on the ocean *(or Darth Vader!).*
6. Another way to get the hang of this practice is to try exhaling the sound *"haaaaah"* with your mouth open. Now make a similar sound with your mouth closed, feeling the outflow of air through your nasal passages.
7. Once you have mastered this on the outflow, use the same method for the inflow breath, gently constricting your throat as you inhale.
8. For 3-5 minutes practice Ocean Breath sound on both inhale and exhale if possible. Ask the patient to observe how you they feel once you're done.

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PROGRESSIVE RELAXATION AND GUIDED IMAGERY SCRIPTS

Progressive relaxation and guided imagery are other important tools of mindfulness. Both can be used to navigate through anxiety and promote sleep. The following scripts can be read aloud with the patient. If available, soft music or nature sounds can be played. Once finished, help the patient to reflect on his or her experience. Was there any change in pain or anxiety levels?

Script 1: Progressive Relaxation

"Listen to my voice and follow its guidance. Remember that there is no right or wrong to your experience. If distracting thoughts or emotions come up, lovingly let them float away for now. Know that they will be there for you later if you choose to pick them back up.

Rate your anxiety level now from 0 to 10. Zero being completely peaceful and ten being highly anxious. Just notice where you are right now.

Bring your attention to your breathing. You don't have to try to change it at all – simply notice it. Instead of trying to direct your breath just follow it. All you have to do is notice where it is at any moment and where it goes the next moment.

As you inhale and exhale, your breath may move in and out of your mouth or nostrils. You may feel it move into your throat, neck, lungs, or even down into your belly. Maybe your breath makes your chest move up and down. Maybe your shoulders rise and fall. Your breath may cause a lightness or tickling sensation in your body at any point. There is no right or wrong, there is only your experience. Just notice where it goes and continue to follow it.

Feel your breath becoming seamless, rhythmic, and even.

Move your attention to the top of your head. Notice if you are holding any tension around your facial area, your jaw or the muscles surrounding your skull. Imagine all of this tension leaving your head and being pulled out into the air around you. After it leaves your head, it simply floats off into space and dissolves. You notice that your forehead, your checks, your chin, and your jaw are all completely free of tension and relaxed. If the mouth wants to drop open a little, allow it.

Now move your attention to your neck. Picture any tension that you may be holding in the back or front of your neck as leaving your body and floating off into space, dissolving. Consciously release the muscles in your neck and let go of any hardness in this area.

Next, pay attention to your shoulders and upper back. Notice if you are holding any tightness here. Many people hold negative emotions in this area. Consciously choose to release anything you are holding here. Feel the relief sweep over you as you let it go. Notice your shoulders melting down as the tension leaves your body.

Move your attention now to your chest and lungs. Know that you are releasing any and all tension from this area of your body. Your lungs are contracting and expanding freely. Your chest is rising and falling peacefully and rhythmically as you breathe. Any tension or holding that was in your chest and lungs has now left. Your muscles here are completely relaxed.

Next, focus on your upper arms. Picture the muscles in your arms softening. These muscles work so hard each day; helping you lift and carry, helping you wave to a friend or give a hug. But right now they don't have to do anything. Let them relax. Feel the relaxation traveling like warm honey down your upper arms, lower arms, all the way to your hands and fingers. Give extra attention to any places in your arms you notice tightness. Picture it flowing out the ends of our fingertips. Your arms are now completely relaxed.

Bring your focus now to your belly. Our belly is our emotional center. It is common for people to "knots" or butterflies in their belly when they are anxious. Pay attention to your stomach muscles and with consciousness, let them relax. Each time you exhale let them become more and more limp. Feel your stomach sinking comfortably into your body. Trust that any tension in your stomach is now gone. Your belly area is completely relaxed.

Now place your attention on your lower back and hips. Dissolve any tension you may be feeling in these areas. Let your hips feel warm and heavy. Feel them sinking comfortably into the chair beneath you. Let your lower back and hip creases release completely. Notice how good this feels.

Move your attention to your upper legs. There are large, strong muscles in your thighs that carry you from place to place every day. They don't need to do any work right now. Give them the gift of letting them relax completely. Let your upper legs feel warm and heavy. Let all of the tension in this area sink and melt into the chair beneath you, disappearing. Notice how relaxed your thighs are.

Move down your legs and become aware of your knees and calves, your feet and toes. These body parts also work very hard to hold you up and get you from place to place every day. They have permission to be completely relaxed now. Consciously let any resistance go from these muscle groups and joints. Picture the tension flowing easily out of your legs and your feet and out the tips of your toes. Let all of this tension disappear into the air around you.

Now sit quietly for a few minutes, enjoying the relaxation you have allowed into your body. Notice what it feels like to be this relaxed. Rate your anxiety level once again, as you did before we started this exercise. Notice if your number has gone up, down, or stayed the same.

Take your time to soak up all peace that you have created for yourself. When you are ready to come back into the room you may signal so by gently opening your eyes. "

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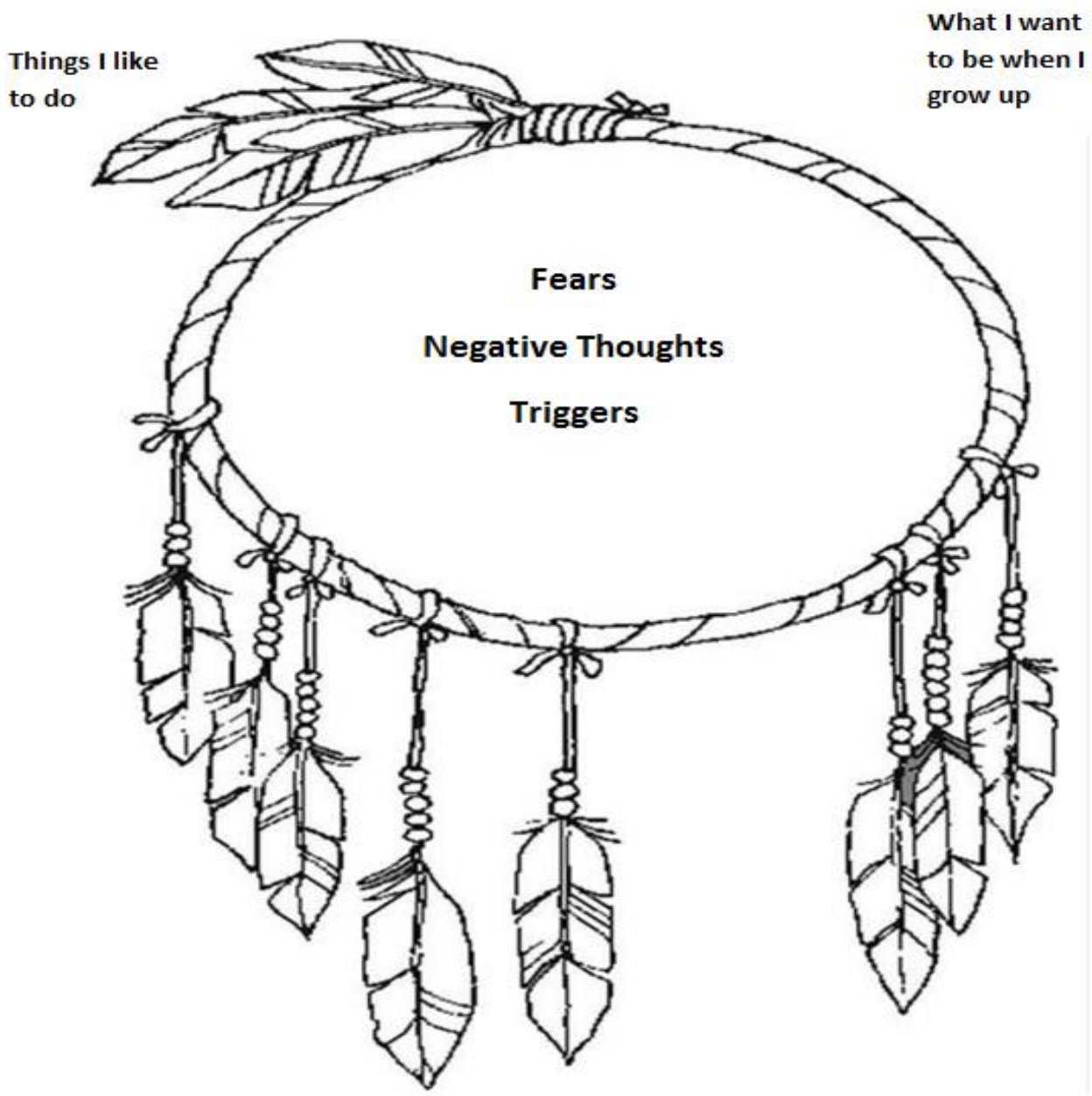
Dreamcatcher Guide



Have patient write triggers, negative thoughts, etc inside the dreamcatcher first. Then have patient write the positive statements around the dreamcatcher. Lastly, the patient can draw webbing over the negative area to "catch" those thoughts and instead focus on the positive.

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DREAMCATCHER WORKSHEET

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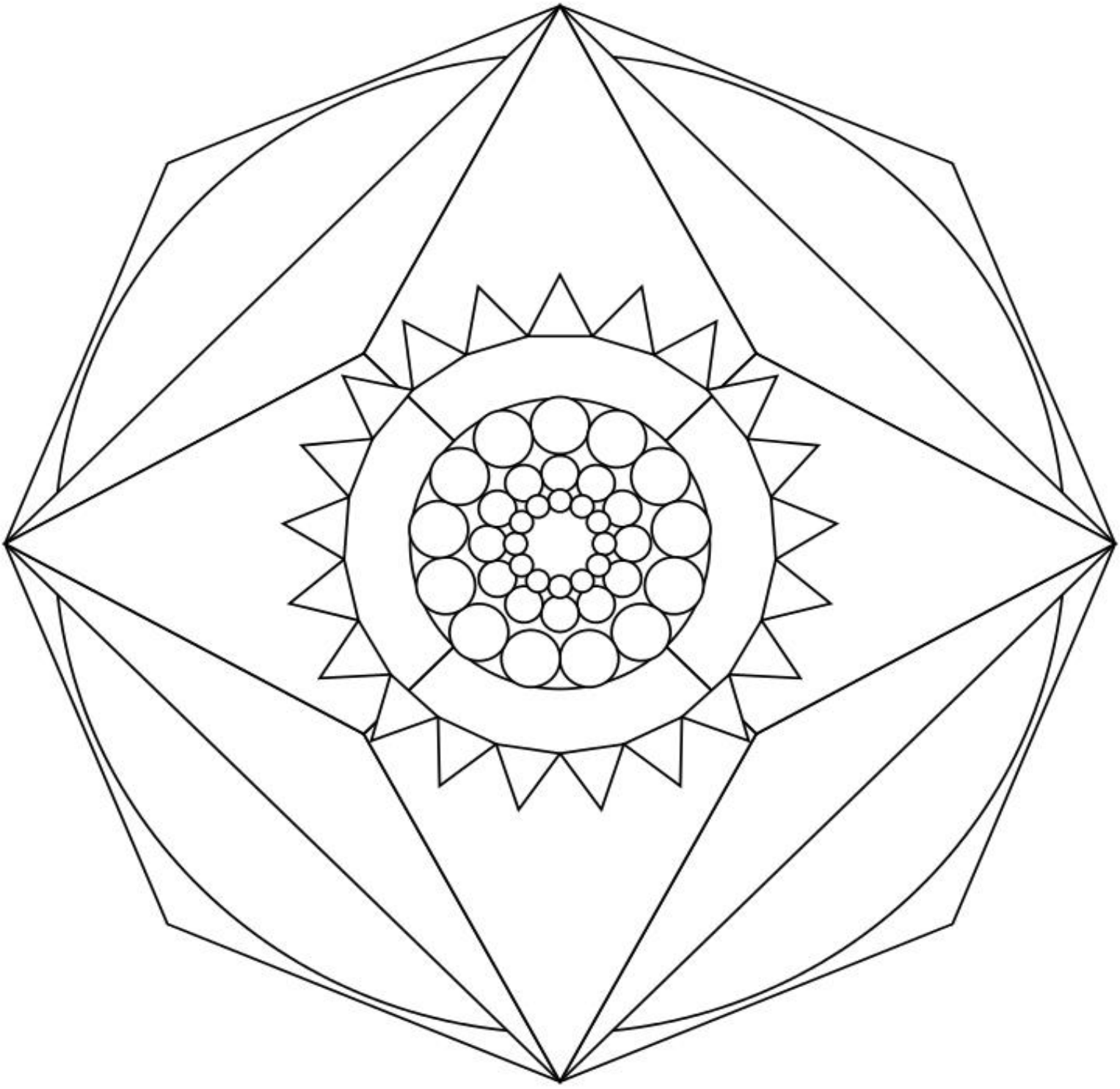

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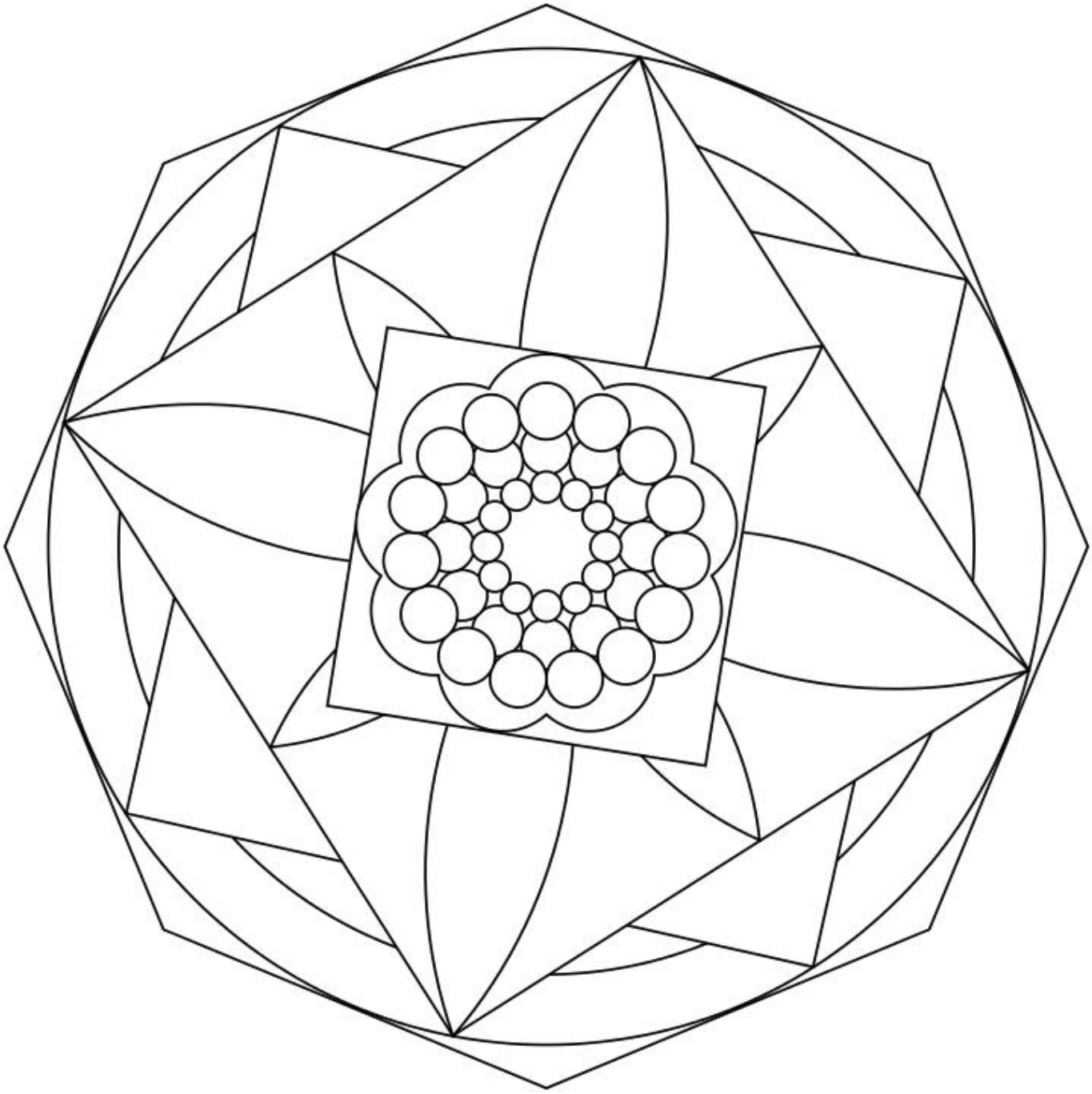

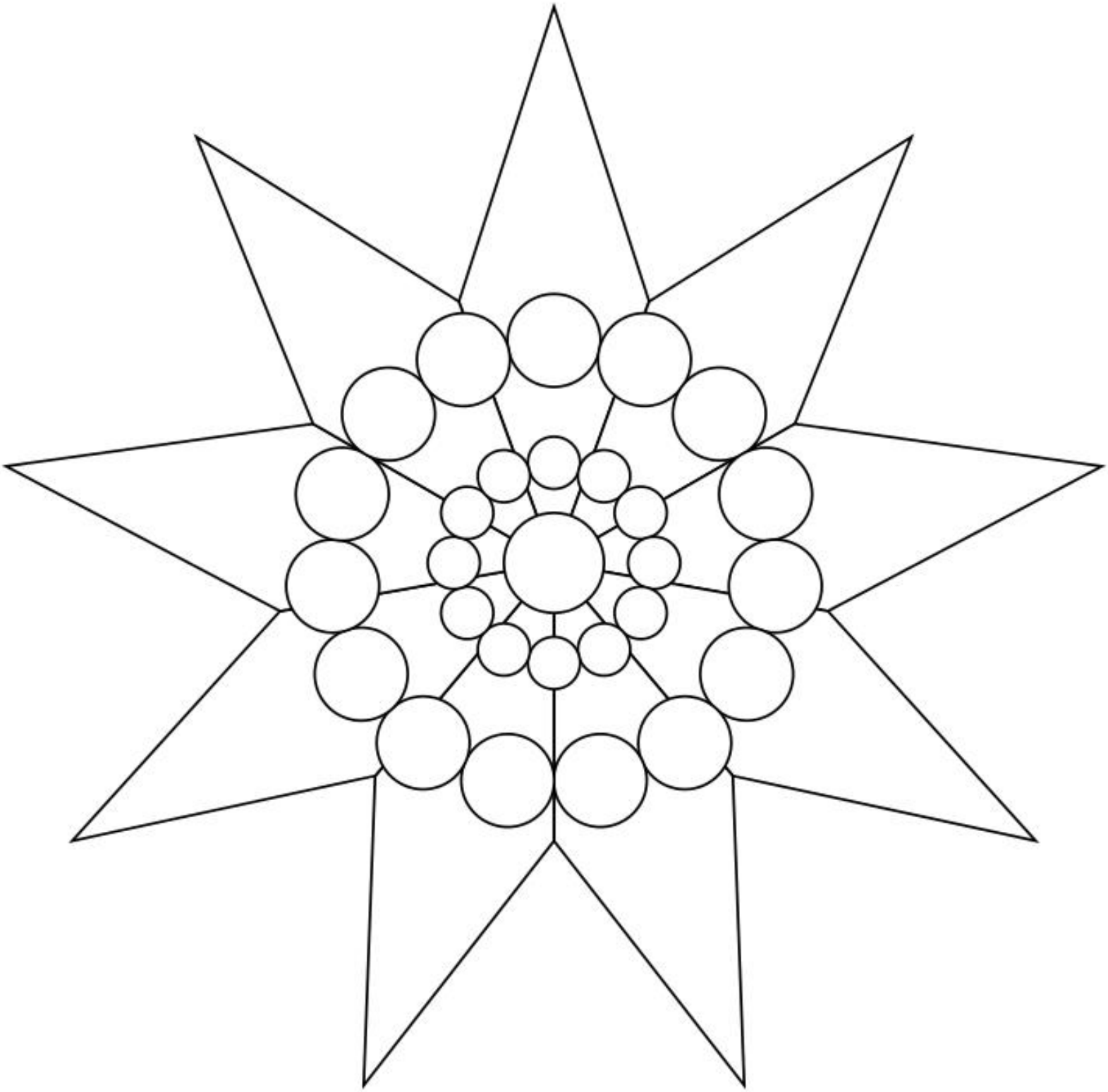

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Discharge Checklist for Behavioral Health Patients

Reference Policy CL 30-04.01

Admitted Patients:

If patient is going to Vanderbilt Psychiatric Hospital (VPH):

- **A.** Discharge and provide appropriate paperwork/teaching, obtain 6404
- **B.** Remove IV
- **C.** EMS will transport to facility
- **D.** If patient is refusing discharge, have them escorted by VUPD

If patient is going to a different psychiatric hospital:

- **A.** Discharge and provide appropriate paperwork
- **B.** They will travel by private vehicle

If patient is refusing to go to the outside facility:

- **A.** Obtain a 6404
- **B.** Contact Case Management to assist with transfer
- **C.** Patient may be escorted by Law Enforcement and/or EMS service

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BEHAVIORAL HEALTH REFERENCE FOR VUH

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RECOVERY-ORIENTED CARE

- ***Recovery emerges from hope***: The belief that recovery is real provides the essential and motivating message of a better future. Hope is internalized, and can be fostered by peers, families, and healthcare providers.

- ***Recovery is person-driven*****:** Self-determination and self-direction are the foundations for recovery. Individuals optimize their autonomy by exercising choice over the services and supports that assist their recovery and resilience.

- ***Recovery occurs via many pathways*****:** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experience that affect and determine their pathway to recovery.

- ***Recovery is holistic*****:** Recovery encompasses a person's whole life including body, mind, spirit, and community.

- ***Recovery is supported by peers and allies*****:** Mutual support plays an invaluable role in recovery. Professionals can play an important role by providing clinical treatment and support.

- ***Recovery is supported through relationship and social networks*****:** An important factor in the recovery process is the presence of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

- ***Recovery is culturally-based and influenced*****:** Services should be culturally grounded, sensitive, and personalized to meet each individual's needs.

- ***Recovery is supported by addressing trauma*****:** Services should be trauma-informed to foster safety and trust, as well as promote choice, empowerment, and collaboration.

- ***Recovery is based on respect*****:** Acceptance and appreciation for people affected by mental health problems, including protecting their rights and eliminating discrimination, are crucial in achieving recovery.

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PSYCHIATRIC TERMINOLOGY

General Appearance & Motor Behavior

- Akathisia – extreme motor restlessness
- Akinesia – loss or impairment of voluntary muscle movement
- Dystonia – disordered tonicity of muscles
- Echopraxia – imitation of movements of another
- Psychomotor agitation – feelings of restlessness resulting in purposeless and unintentional movements (including pacing, hand-wringing, etc.)
- Psychomotor retardation – slowed movements
- Automatisms – the performance of actions without conscious thought or intention
- Stereotypy – persistent repetition of an act for no obvious purpose
- Tardive Dyskinesia – disorder of movement that affects a person's ability to perform voluntary muscular movements; continuous repetitive movements of the mouth, tongue, jaw, arms, legs, fingers and/or toes; can also include facial grimacing, lip smacking, puffing of cheeks, or swaying motions of the trunk or hips. Often a side effect of neuroleptic medications that is permanent and untreatable.

Speech

- Alogia – an impoverishment in thinking that is inferred from observing speech and language behavior (poverty of speech and/or content)
- Aphasia – an impairment in the understanding or transmission of ideas by language in any of its forms that is due to injury or disease of the brain centers involved with language
- Clang associations – verbal linking of words based on sounds rather than meaning
- Echolalia – parrot-like repetition of speech of another
- Flight of ideas – thought not related by logic; completely losing the thread of original subject
- Loose associations – pattern of speech where ideas verbalized have little or no connection; frame of reference often changes from one sentence to the next
- Mutism – inability to speak
- Neologisms – a made up or new word that has no meaning except to the person stating the word
- Poverty of speech – marked reduction of the amount of spontaneous speech
- Pressured speech – speech that is rapid and frenzied
- Tangential speech – pattern of speech in which the train of thought of the person wanders and never returns to the initial topic of conversation
- Thought blocking – a person's speech is suddenly interrupted by silence that may last a few seconds or longer
- Word salad – a meaningless mixture of seemingly random words and phrases

Thought Content

- Hallucinations – perception of visual, auditory, tactile, olfactory, or gustatory experience without an external stimulus
- Delusions – fixed and false belief that is resistant to reason or confrontation with actual fact
- Religiosity – intense and excessive preoccupation with religion
- Ideas of reference – the feeling that events and causal incidents have particular meaning specific to the individual
- Magical thinking – nonscientific and sometimes irrational beliefs, investing special powers and forces in things seen as symbols or believing one's thoughts, words, or actions can achieve specific physical effects not scientifically possible
- Paranoia – a mental condition characterized by delusions of persecution, unwarranted jealousy, or exaggerated self-importance, typically elaborated into an organized system
- Obsessions – compulsive preoccupation with a fixed idea or unwanted feeling or emotion that is accompanied by symptoms of anxiety
- Compulsions – an irresistible impulse to perform an action or ritual

Mood

- Pervasive and enduring emotional state. Refers to feelings. Below are possible descriptors:
    - Euthymic (normal)
    - Happy
    - Depressed, Dysthymic
    - Angry
    - Anxious
    - Sad
    - Apathetic
    - Labile

Affect

- Outward expression of internal emotional state. Below are common descriptors:
    - Flat – absence or near absence of facial expressions
    - Blunted – reduction or limitation in the intensity of responses
    - Euthymic – "normal" range of expression (neither happy or sad)
    - Broad – expresses a wide range of emotions
    - Dysthymic – appears sad
    - Restricted – lack of emotional range, restricted expression of emotions
    - Congruent – facial expressions in agreement with verbalizations or context/situation
    - Incongruent - facial expressions in conflict with verbalizations or context/situation
    - Bizarre – facial expression is odd or strange

Delusions

- Erotomanic – that someone is in love with him/her
- Of reference – that events in the environment refer to him/her (messages from the tv)
- Of grandeur – that they are of special importance, have a special identity
- Nihilistic – that the world, the self, others, etc, do not exist
- Of control or influence – others have control or are influencing what they do (dentist put in a filling that controls what the person does)
- Paranoid – suspicious of others
- Persecutory – believe they are being conspired against or mistreated in some way
- Jealous – that partner is unfaithful or loved one care for someone else more
- Somatic type – false ideas about their body and/or its functioning
- Thought broadcasting – thoughts can be heard by others
- Thought insertion – others are inserting thoughts into their minds

Other Descriptions of Behavior/Symptoms

- Agoraphobia – fear of wide open spaces
- Anhedonia – lack of ability to feel pleasure from activities or experiences
- Anergia – lethargy and/or abnormal lack of energy
- Apathy – lack of interest or concern in life activities
- Avolition – an inability to initiate and persist in goal-oriented activities.
- Catatonia – abnormality of movement and behavior that may involve stupor, repetitive or purposeless activity, negativism, or rigidity or extreme flexibility of the limbs
- Codependence – emotional and behavioral condition that affects a person's ability to have healthy relationships; also known as relationship addiction because people often form relationships that are one-sided, emotionally destructive, and/or abusive.
- Confabulation – spontaneous and unintentional production of false memories
- Depersonalization – feeling detached from, as if one is an outside observer of, one's body or mental processes
- Derealization – alteration in perception of world/surroundings – seems unreal
- Flashback – re-experiencing a traumatic event to the extent that the person feels or acts as if the traumatic event is occurring again. They may lose all awareness of their surroundings.
- Fugue (dissociative fugue) – type of dissociative state in which the person suddenly travels far from home or work and has amnesia about past life. They may take on a new identity or be confused about their identity.
- Hypomania – mild form of mania marked by elevated or irritable mood, racing thoughts and hyperactivity
- Hyperacusis – painful sensitivity to sounds
- Hypersomnia – excessive sleep
- Oculogyric crisis – a form of dystonic reaction to medication that involves spasmodic (usually upward) rolling of the eyes that can last for minutes or hours

- Passive-aggressive behavior – behavior that is indirectly resistant to the demands of others and expresses hostility, anger, or resentment through passive means
- Phobia – an irrational or excessive fear of something that causes avoidance, anxiety, and panic
- Splitting (also called all or nothing thinking) – a common defense mechanism that involves the division of beliefs, actions, objects, or persons into good or bad by focusing selectively on their positive or negative attributes. The compartmentalization leaves the person with a distinctly distorted picture of reality and a restricted range of thought and emotions. It also affects the ability to attract and maintain relationships, because it can easily flip with friends and lovers being thought of as a personified virtue at one time and as a personified vice at another.
- Sundowning – a condition where elderly or cognitively impaired people become increasingly confused at the end of the day
- Synesthesia – mixing of the senses; one sense causes the stimulation and physical experience of another sense.

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SAFETY GUIDELINES FOR THE BEHAVIORAL HEALTH PATIENT

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ENVIRONMENTAL SAFETY CHECKLIST FOR THE PATIENT AT RISK OF SELF-HARM OR HARM TO OTHERS

As you review these checklists, it is important to keep in mind that the way we remove items from a patient's room is important! In order to develop trust and rapport with the patient and family, it can be beneficial to involve the patient and/or family by explaining the process of removing items and asking the question, "What can we do to keep you safe while you are in the hospital?"

PATIENT AND FAMILY EDUCATION

- Explain to patient and/or family the safety observation precautions that will be in place during the patient's stay at Vanderbilt University Medical Center
- Give handout to family: Keeping Your Family Member Safe in VUMC While Awaiting Behavioral Health Placement, if applicable

UPON ADMISSION

- Remove patient belongings (including cell phone) and place in unit designated area
- Remove patient clothing and provide patient paper scrubs or pajamas without cords
- Lock bathroom door (if applicable)
- Place Safety Sign on door

ENVIRONMENTAL SAFETY CHECKLIST

- Can be found on eDocs by following this link:

https://edocsprod.mc.vanderbilt.edu/EDocsView.aspx?EDocsId=2924

Reference Policy: CL 30-04.01 Suicide/Safety Precautions in Non-Psychiatric Unit

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SUICIDAL IDEATION PATIENT HANDOVER GUIDE

The following steps should be completed with each handover in patient care.

Recommended team members:

- Psychiatry Team
- Primary Physician Team
- Bedside RN, Staff Leader
- Patient Care Attendants (Sitter)
- Case Management
- Social Work

1. **Review Diagnosis**
2. **Review Current Patient Status**
    a. Is the patient having thoughts of harming self or others?
    b. Is there a plan to harm self or others?
    c. Any current or past harmful behavior?
3. **Treatment Plan Review**
    a. Orders in Epic
    b. SI Precautions/ Environmental Checklist
    c. Patient Care Attendant (Sitter) coverage
    d. Disposable utensils ordered for meal trays
    e. PRN Meds
    f. Restraint plan – if needed
    g. Social Work Consult
4. **De-escalation plan (if needed)**
    a. PRN Medications with indications for 1st, 2nd, 3rd order of administration
    b. Behavior Plan
    c. Patient Specific Strategies to De-escalate Behavior
    d. Known Triggers
5. **Social History**

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Keeping Your Family Member Safe in VUMC While Awaiting Behavioral Health Placement

We hope that this information will help you and your family member know what to expect from their stay at Vanderbilt University Medical Center. The primary health care team will work with the behavioral health team to make a plan to help your family member feel better. This may include talking about feelings or figuring out if medicine will help. We want you to encourage your family member to ask questions and to talk to us.

What should I expect for my family member's care?

- Your family member's condition will be evaluated by a member of the behavioral health team.
- Your family member will have regular contact with the health care team which includes nurses, doctors, a social worker, and a case manager.
- Your family member's health care providers will come to the room every morning to talk about care plans for the day. This everyday visit is called "rounds." You and your family member are encouraged to participate and ask questions during rounds.

How can I help my family member?

- Make sure we have current contact information for you, including a cell phone number or a way we can reach you by phone or in person everyday. Be involved in your family member's care daily, if possible, including planning for transfer, discharge, or outpatient care.
- Let us know if there are any specific needs that you would like to talk about.
- Leave all personal belongings at home or in your car. We have limited storage space, and no personal belongings (yours or your family member's) are permitted in the room.
- Your personal over-the-counter and prescription medicines are not permitted in the unit. Leave them at home or in your car while visiting. Medicines needed for family members during hospital visits are to be locked in a locker outside the room.

(Continued)

To reach the hospital, call 615-322-5000

VANDERBILT UNIVERSITY MEDICAL CENTER

Please print this form directly from eDocs to ensure you are using the latest version.

What items can my family member have in the room?

Our goal is to help your family member get better while keeping them safe. In order to keep them safe, your family member will wear hospital clothing. All items brought into the room are to be checked in at the nurse's station. These items may be restricted for health or safety reasons at the discretion of the nursing staff or the treatment team. Thank you very much for understanding.

These items are limited to 1 or 2 in your family member's room at the same time:

- Food brought in from home (no utensils or plastic containers)
- Shoes without laces
- Books (paperback only)
- Hair tie (without metal piece)
- Activity books (such as coloring books, drawing books, non-spiral journals, puzzle books/crossword puzzles)
- Playing cards and card games
- Stress balls, Play-Doh or modeling clay

To keep your family member safe, these items cannot be in the room:

- Clothing (hospital wear will be provided)
- Cell phone, headphones, radios, and any electronics (both battery-operated and those with cords)
- Pens
- Binders and spiral-bound notebooks
- Plastic bottles and bags, soda cans, and metal tims
- Belts, hairpins, underwire bras, and jewelry
- Any sharp items or items containing glass
- Matches or lighters
- DVDs or CDs
- Make up
- Magazines containing staples

Toiletries may be allowed in the room in some circumstances with supervision. Please ask the nurse before bringing items into the room.

What about my family member's medicines?

Do not give your family member medicines, vitamins or supplements. Talk to your family member's nurse about any medicines that may be needed.

ALL STAFF AND VISITORS MUST CHECK WITH THE NURSE PRIOR TO ENTERING.

THANK YOU

VANDERBILT UNIVERSITY MEDICAL CENTER

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6404 & MEDICAL HOLD

INVOLUNTARY ADMISSION: WHAT IS A"6404"

A "6404" refers to Title 33, Chapter 6, Part 4 of the Tennessee Annotated Code and describes the process of involuntary detainment. The purpose of an involuntary detainment or "6404" is to provide emergency evaluation and treatment of mental illness. An involuntary admission makes it so a patient cannot leave the hospital until deemed safe to do so.

CERTIFICATE OF NEED

- A Certificate of Need is a legal document that is required by the mental health court for an individual being detained for evaluation and/or treatment of mental illness.
- A Certificate of Need is completed for a patient that may require involuntary admission due to mental illness, serious emotional disturbance or poses a risk of harm to self or others.
- To be admitted involuntarily, there must be two Certificates of Need to be approved by the court.
- When a patient is seen for initial evaluation, a qualified Mental Health Professional will complete the initial Certificate of Need. The patient is detained until the second evaluation for Certificate of Need is completed.

WHAT INDICATES A CERTIFICATE OF NEED AND/OR INVOLUNTARY ADMISSION

- ***Mental illness***- a psychiatric disorder and/or substance dependence that impairs judgment and decision making such that admission to a psychiatric facility is necessary for stabilization and safety.
- ***Immediate substantial likelihood of serious harm***- individual has threatened or attempted suicide, threated homicide or other violent behavior against others, and/or threated serious bodily self-harm. There must be substantial risk that harm will occur to indicate involuntary detainment.
- ***Serious emotional disturbance***- A condition in a patient who at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder that interferes with normal functioning.

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WHAT A 6404 IS NOT

- A punishment
- A means of detaining a patient when other less restrictive alternatives have not been explored
- A suspension of ALL rights

UTILIZATION OF A 6404 AT VUH

- VUPD should be notified of all patients with a 6404.
- Document needs to be renewed every 3 days.
- Original document needs to go to the accepting facility. A copy is scanned into the patient medical record here.

MEDICAL HOLD

- A standardized way to communicate and document that a patient cannot leave against medical advice – due to psychiatric or medical reasons.
- Can only be used if the provider determines the patient **lacks decision making capacity to consent to or refuse treatment due to specific reasons**.
- Reference Policy CL 30-08.12, "AMA – Patients Leaving Against Medical Advice"
- Providers will receive prompts daily in HEO/WIZ to determine continued appropriateness of the order.
- Only covers keeping the patient at VUMC. Does not cover the transfer process.

VUPD

- Should be contacted to help detain a patient with a Medical Hold order who is attempting to leave AMA
- Should be contacted with issues regarding a patient with a 6404
- They may request documentation
    - Print out the Medical Hold Order from Epic.
    - Print out a copy of the 6404 from Epic.

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PATIENT CARE ATTENDANT (SITTER) SCOPE OF PRACTICE

Per Policy "Sitters – Patient Attendants or Supplemental Private Duty Personnel" CL 20-06.19, a Patient Care Attendant (Sitter) has the following scope of practice:

- Are expected to observe and report patient's activity to bedside caregivers. Focus on safety needs of patient.
- May change linen on an unoccupied bed.
- May provide water or nutrition for patients who are not NPO or who do not have swallowing precautions.
- Are expected to maintain unobstructed view of patient.
- Remain physically close to patient and observe at least from the neck up while not invading the patient's personal space, unless otherwise directed by the bedside care providers.
- Remain with the patient during transport for any test or procedure.
- Are expected to continue to observe the patient when toileting, bathing or showering. Reasonable efforts are made to respect patient privacy.

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RESOURCES & REFERENCES

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ONLINE RESOURCES

Internal Resources

- Vanderbilt Behavioral Health Adult Programs https://www.vanderbilthealth.com/psychiatrichospital/26691
- Vanderbilt Behavioral Health Addiction Program https://www.vanderbilthealth.com/psychiatrichospital/26602
- Vanderbilt Behavioral Health Partial Hospitalization Program https://www.vanderbilthealth.com/psychiatrichospital/36271
- Vanderbilt Behavioral Health Comprehensive Assessment Program https://www.vanderbilthealth.com/v-cap/
- Vanderbilt Kennedy Center https://vkc.mc.vanderbilt.edu/vkc/services/family/
- Vanderbilt Kennedy Center Autism Services https://vkc.mc.vanderbilt.edu/vkc/triad/services/

External Resources

- Resources for Specific Disabilities https://vkc.mc.vanderbilt.edu/vkc/resources/specific/
- SAMSHA: Substance Abuse and Mental Health Administration https://www.samhsa.gov/
- U.S. Government Resources https://vkc.mc.vanderbilt.edu/vkc/resources/usgov/
- Mental Health.gov https://www.mentalhealth.gov/
- National Institute of Mental Health https://www.nimh.nih.gov/index.shtml

Specific Issues:

- Autism http://vkc.mc.vanderbilt.edu/vkc/triad/

  http://vkc.mc.vanderbilt.edu/vkc/resources/autism/

- Eating Disorders https://www.nationaleatingdisorders.org/
- Suicide Prevention https://www.samhsa.gov/suicide-prevention

  https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

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WORKSHEETS AT A GLANCE

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