



SANDHILLS CENTER

Best Practice for Therapeutic Environments

A Guide for Clinicians and Administrators



Introduction

According to the American Psychological Association's Dictionary of Psychology, a therapeutic atmosphere is:

“an environment of acceptance, empathic understanding, and unconditional positive regard in which persons feel free to verbalize and consider their thoughts, behaviors, and emotions and make constructive changes in their attitudes and reactions.”



Background and Rationale

What is a therapeutic environment?

- Physical, environmental, and emotional safety
- Interpersonal and intrapersonal boundaries
- Physical space
- Engagement and communication

Bringing the environment to consciousness

- the physical space
- the interactive space



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Context of the Therapeutic Environment

Populations Served Individuals with:

- Severe and persistent mental illness
- Developmental disabilities
- Substance use disorders

Individuals with *severe and persistent mental illness* are served in:

- Outpatient programs
- Day programs
- Residential programs

Individuals with *developmental disabilities* are served in:

- Outpatient settings
- Day programs
- Residential settings

Individuals with *substance use disorders* are served in:

- Outpatient settings
- Intensive outpatient settings
- Residential settings



Recommendations for Optimal Therapeutic Environments

Physical or Build Environment

- *Location:* easily accessible and away from the road
- *Parking:* enough parking for both staff and visitors

Milieu

- *Entrances, Exits, and Reception:* all should be easily identifiable and accessible
- *Privacy in the Waiting Area:* quiet, peaceful area with limited distractions

Physical Space of Service Area

- *Office Design:* intimate and safe, natural scenery
- *Seating:* 48-60 inches away from individual with moveable furniture
- *Lighting:* natural lighting preferred or dim/ soft lighting
- *Noise Level/Privacy:* soundproof room or noise machine
- *Smell, Texture, and Temperature:* a pleasant environment includes soft textures, pleasant smells, and comfortable temperatures (68-72 F)
- *Creating Safety and Security:* most important for the clinician to consider



Milieu

****Case Example for Entrances, Exits, and Reception**

Recently, I had the experience of taking a relative to one of the prominent service providers in Guilford County and my experience was not optimal. The entrance to the building was not clearly marked. Once inside, the waiting area was not very pleasant. The paint was peeling off some of the walls. There was no artwork or decorative aspect. When called to the receptionist's desk, my relative (who was acutely depressed and suicidal), was given about 6 pages of forms to complete. Had I not been present, this would have been impossible for her to do. Once completed and returned, the receptionist proceeded to review the information, which included sensitive data, with little regard for privacy. Others in the waiting area could hear this interaction. Obviously, the first impression of this service was not favorable.

****Case Example for Physical Space**

Recently, I attended a psychiatric evaluation with a relative and experienced an environment that was not very welcoming or pleasant. The office was apparently used by multiple providers so there was no decoration or personalization of the space. There was one window with blinds. There was no indirect light and the psychiatrist did not turn on the overhead light so the office was rather dark. There were papers scattered about the desk and stacks of files on one corner. The desk was situated so that my relative and I sat on one side and the doctor sat on the other. There was a very limited sense of feeling invited or connected. The provider was nice but the space lacked a lot.



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Therapeutic Relationships

Dressing for Inclusion

- Correlate with population served
- Do not over or under dress
- Limit distractions
- Comfortable and safe clothing

Establishing Rapport

- Be genuine
- This is a key factor in treatment retention and success!

Continuity of Care

- Quality of care over time
- Strengthens the therapeutic relationship

Integrated Care Models

- Behavioral and physical health combined
- Primary care settings
- Team based approach
- Clinical care coordination

Home and Community Based Practice

- Cost effective
- Better care for the individual
- More treatment options
- Professional boundaries are of utmost importance



Interventions

Person Centeredness

- Unconditional positive regard
- Empathetic understanding
- Genuineness

Practice Based Evidence (PBE) and Evidence-Based Practices (EBP)

- PBE: clinician observes a way of doing interventions that had effectiveness
- EBP: interventions that have been tested and retested with positive results



Follow-Up

Creating Good Endings

- Remind people that the goal of treatment is independence
- Remind client of termination 2-3 sessions prior to last session
- Model healthy ending of a relationship
- If possible, have an open door policy

Facilitating Use of Resources

- Have a variety of resources available for people
- Networking with peers

Documenting Follow-Up Efforts

- Document, or it didn't happen
- Shows effort on behalf of the clinician



Special Population Considerations

Cultural Competency

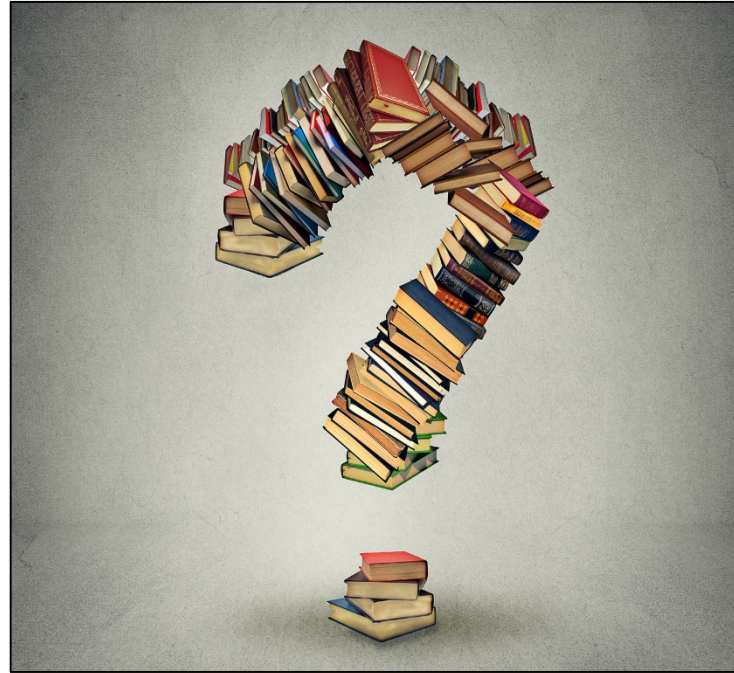
- According to the Substance Abuse and Mental Health Services Administration (SAMHSA), *cultural competence* is, “the ability to interact effectively with people of different cultures.”
- Populations to consider: children, elderly, LGBTQ+, individuals with diverse cultural and ethnic backgrounds
- **Multicultural competence** involves two important parts: *recognition of the clinician’s cultural bias, cultural values and an understanding of the person’s worldview*

Respectful Model by Michael D’Andrea and Judy Daniels

Religious
Economic
Sexual Identity
Psychological Maturity
Ethnic/ Cultural/ racial identity
Chronological developmental challenges
Trauma
Family history and dynamics
Unique personal characteristics
Location of residence and language differences



Questions or Concerns?



Please contact **Karen Kern:**
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