

NATIONAL
INSTITUTE
—for—
MEDICAL
RESPITE
CARE

Designing the Medical Respite Space: A Trauma-Informed Approach to a Healing Environment

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NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

The National Institute for Medical Respite Care is a special initiative of the National Health Care for the Homeless Council.

About Me



Occupational
Therapist

HCH & Medical
Respite

NHCHC & NIMRC

Advocate for Healthy
Spaces

What is Medical Respite Care?

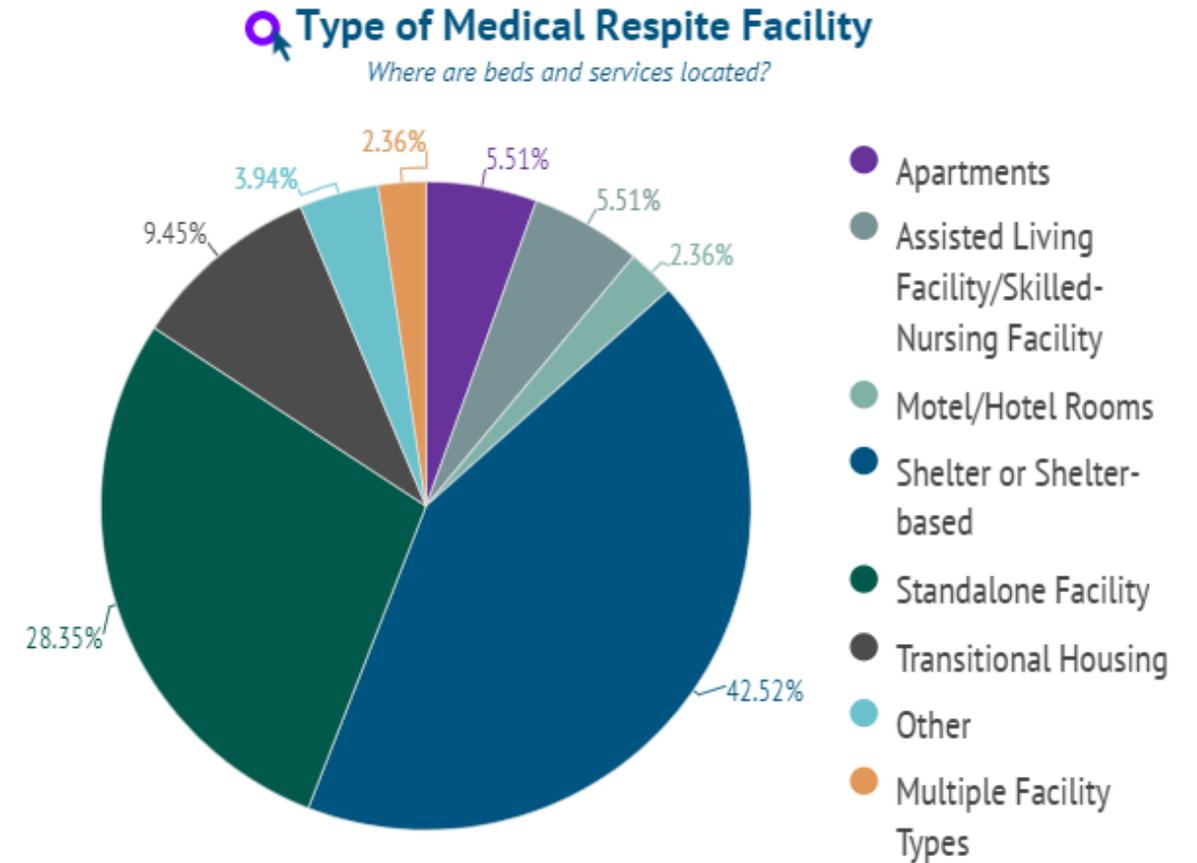
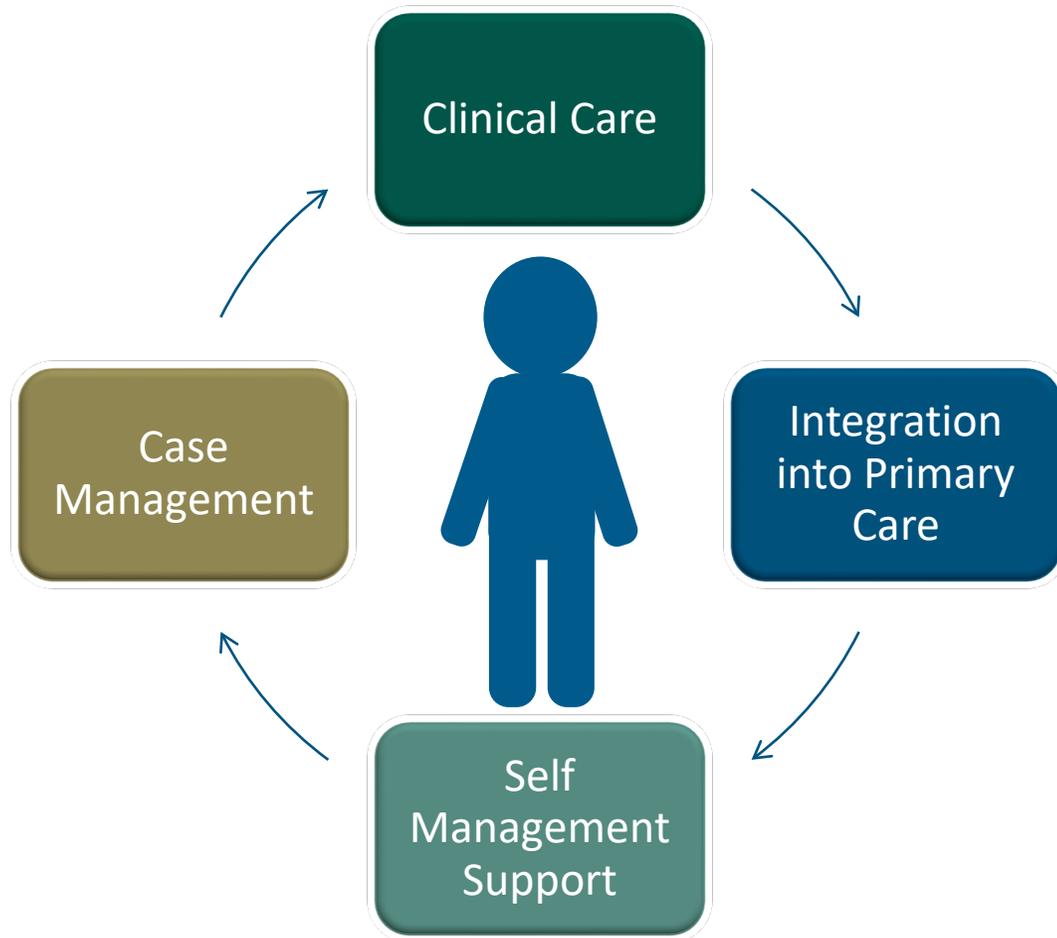
Post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the street or in shelter, but who do not require hospital level care.

Short-term residential care that allows people an opportunity to rest, recover, and heal in a safe environment while also accessing clinical care and support services.

Diversity of Programs

- ✓ Bed number
- ✓ Facility type
- ✓ Length of stay
- ✓ Staffing and services
- ✓ Referral sources
- ✓ Admission criteria

What is Medical Respite Care?



Available data based on 123 programs

What is trauma?

- Experiences that cause intense physical and psychological stress reactions.
- A single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening, and
- Has lasting adverse effects on the individual's physical, social, emotional, or spiritual wellbeing.

Emotions

Thoughts

Behaviors

Interactions &
Relationships

Physical

What is trauma-informed?

“A program, organization, or system ... realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

Realize

Recognize

Respond

Resist
Retraumatization

Trauma-Informed Care

Right to Self
Determination

Collaboration
and Mutuality

Safety

Shifting Power
Dynamics

Trauma-Informed Care & Medical Respite

High prevalence of trauma among population:

- Preceding homelessness
- As a result of homelessness

Acute medical issues as a source of trauma:

- What occurred to precede hospitalization
- Experience of being in the hospital
- Grappling with changes as a result of medical condition

What do we mean when we talk about environment?

Environmental Factors:

- Aspects of the physical, social, and attitudinal surroundings in which people live and conduct their lives.
- Influence functioning and disability and have positive aspects (facilitators) or negative aspects (barriers or hindrances).

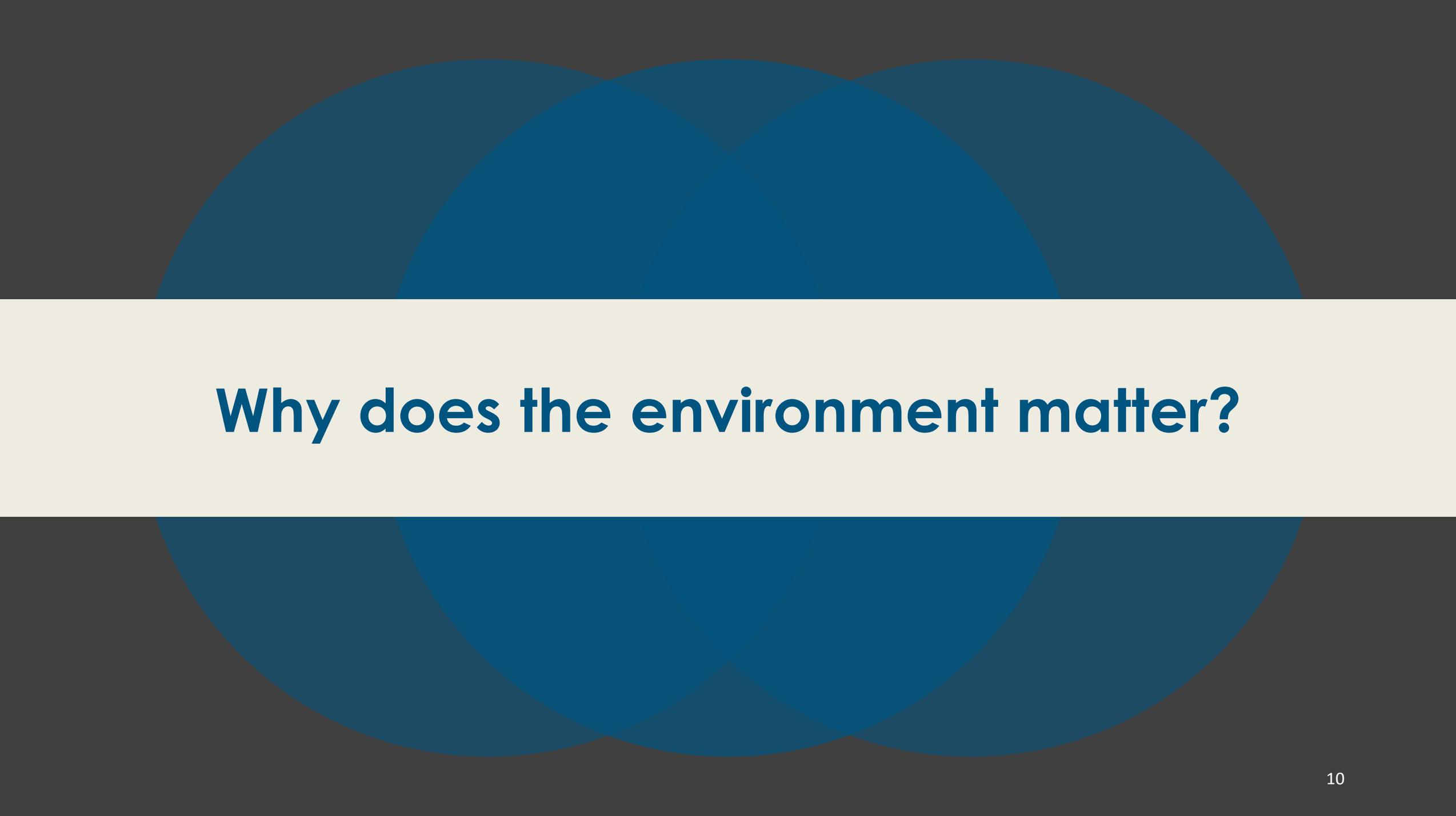
Natural
Elements

Man-made
Structures

Material
Resources

Politics &
Policies

Elements of
Time



Why does the environment matter?



Image Sources: [Re-Thinking the Future](#);
[David Crane, Los Angeles Daily News/SCNG](#)

Why does the environment matter?

We want to create a safe and comfortable environment

- How the space is set-up facilitates dignity

Goal of respite is healing – how do we make our environment a place where someone wants to be and to rest?

A trauma-informed environment is one that is welcoming, and tells those walking through the door “You Belong”

Supported by the Standards for Medical Respite Care Programs

Standard 1: Medical respite program provides safe and quality accommodations.

Standard 4: Medical respite program administers high quality post-acute clinical care.

Standard 7: Medical respite care personnel are equipped to address the needs of people experiencing homelessness.

Key Components of All Models

Although each program and model may differ, all programs should include:



24-hour access to a bed



3 meals per day



Transportation to any/all medical appointments



Access to a phone for telehealth and/or communications related to medical needs



Safe space to store personal items



Wellness check at least 1x every 24 hours by medical respite staff (clinical or non-clinical)

Trauma-Informed Design Framework

Choice

- Emphasizes individual access, agency, and ownership, and elements of personalization and engagement with the space.

Community

- Responds to the ways that residents may engage, (with staff and other clients), through placement and design of programmatic, office, and public gathering spaces that can facilitate relationship building.

Comfort

- Include aspects such as the quality and variety of materials, sensory experiences of light, sound, and smell; and elements of nature and art that can bring calm or spark joy.

Key Aspects of Trauma-Informed Environment & “How-to”

Choice

Importance of Choice

What is trauma-informed to one person may not be for someone else

Flexibility

- Options and choice help to meet multiple needs
- Is there a need for rigidity in some rules, or can we be flexible?

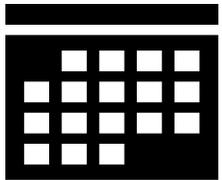
Trauma-informed environment can't eliminate all triggers or past traumas

- Also important to ensure trauma-informed responses, and support to manage potential triggers within the space

Choice in Medical Respite

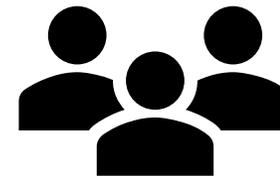
Where and when to complete daily activities

- Schedule and timing
- Options for routines
- Private spaces



Participation

- Choice to be alone versus with others



Choice in Medical Respite

Lighting

- Overhead versus indirect lighting
- Nightlights versus blackout curtains



Blackout Blinds



Lamp



Sensor night light



Eye Mask

Furniture & Bedding

- Pillows & Blankets
- Seating options: meals, leisure, groups



No armrests



Chair with armrests

Safety

What does it mean to be safe?

Physical

Is my body safe?

Are my belongings safe?

What are the risks of being in this space?

Emotional

Is it safe for me to do what I need to do?

Is it safe for me to express myself?

Is it safe for me to interact with others?

Accessibility

- Spaces are designed and accessible to individuals with a variety of needs.
- Spaces follow guidelines for the American with Disabilities Act (ADA)
- Aspects of accessibility are inclusive

Mobility

Physical

Cognitive

Emotional



Non-Accessible

Inclusive Accessibility



Accessible, but
not inclusive



Accessible
and
Inclusive

Accessibility for ADLs



Non-slip tread



**Removeable
Shower Bench**



Grab Bars



*Photo courtesy of
Christ House Medical Respite*

**ADA Accessible
Bathroom with Shower**

Accessibility for Cognition

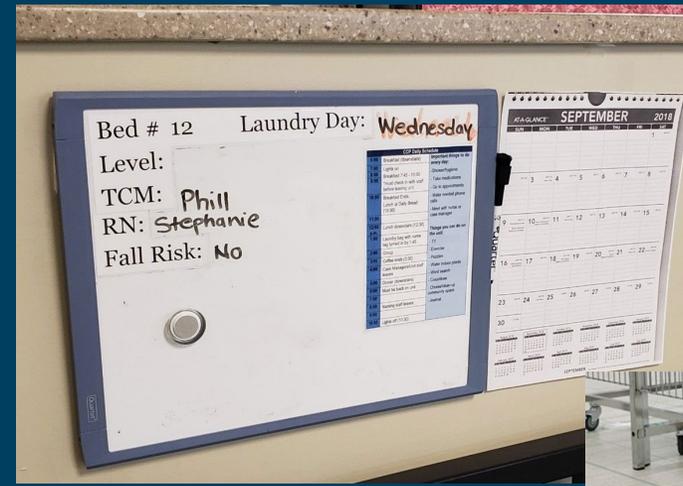
Use clear, large signage to point out key instructions or features

- Staff offices
- Arrows to show flow of movement in building

Keep information in organized and central locations

- Bulletin board of group information
- Lists of providers
- Update information routinely

Have a staff person readily available to answer questions



Security of Belongings

- Safe space to store personal belongings
- Recognizes likely loss of belongings and items in past
- Access to belongings without needing to engage with staff



Storage Options for Personal Belongings

Individual Rooms with Codes/Locks



Medication Lock Boxes



Additional Individual Storage Units



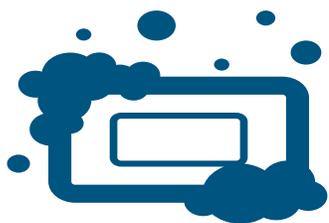
Beds with Locked Storage



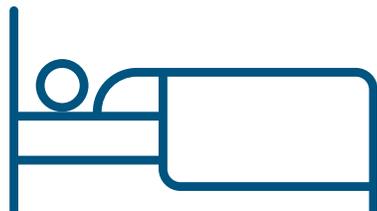
Individual Lockers

Privacy

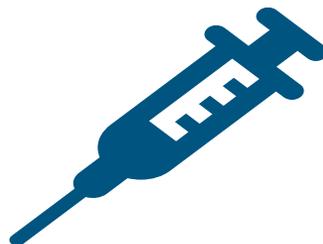
Privacy should be available for activities such as:



Self-Care



Rest



**Health
Management**



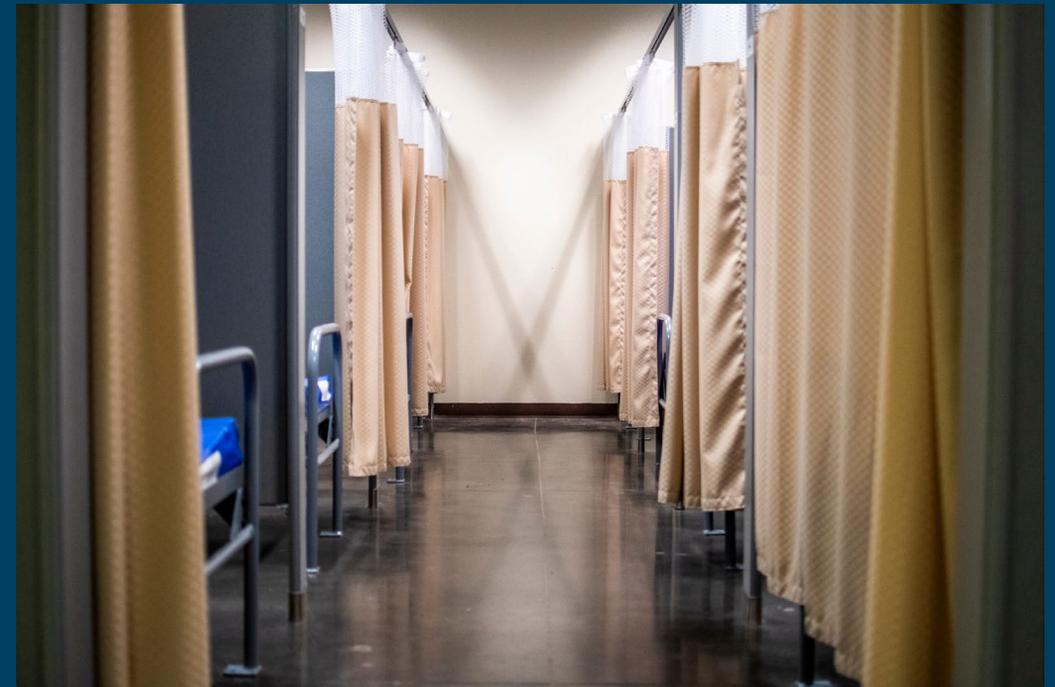
Phone Calls



**Meeting
with
Providers**

Important note: Harm reduction & privacy can co-exist

Options to Provide Privacy



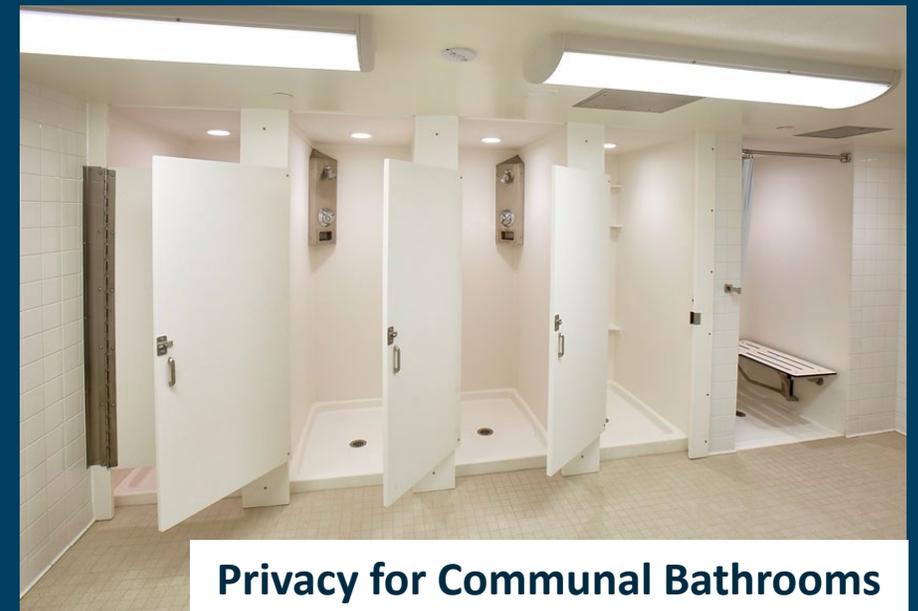
Divided Rooms when Private Rooms are Not Available



Privacy Signs



Sound Machines



Privacy for Communal Bathrooms

Promotes Health &
Well-being

Opportunity for Community

Create Spaces for:

- Formal groups
- Communal activities
- Informal connections



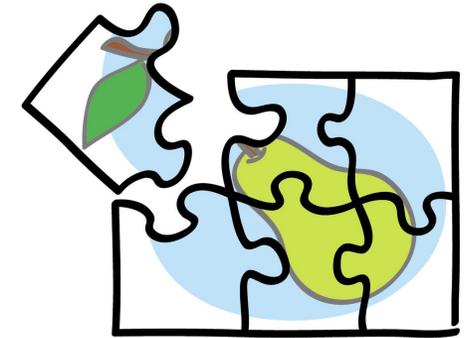
 publicdomainvectors.org



Opportunity for Calm

Create spaces for:

- Rest
- Quiet activity
- Calming self



Opportunity for Activity

Create spaces for:

- Leisure
- IADLs
- Exercise & Movement
- Accomplishing other goals

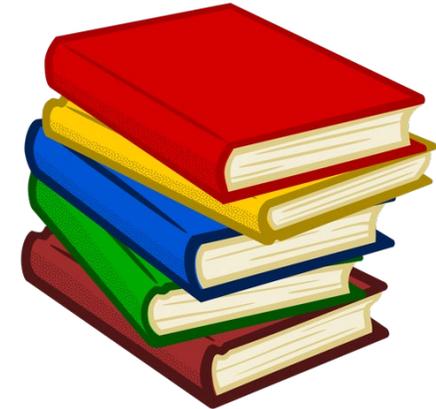
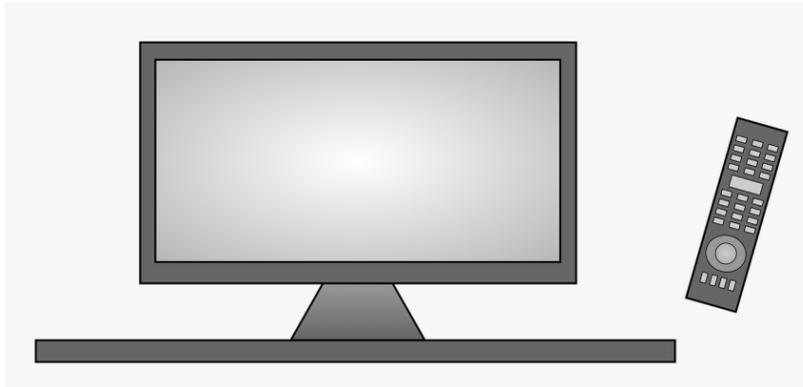


Image: Getty Images



shutterstock.com · 1864476004



**Or maybe ...
all of the
above?**

Navigating Challenges

Challenges

Hard to be flexible and accommodate all needs

- This is where communication is essential
 - What can be accommodated and what can not, and why
 - Validation for feelings and experiences

Ideal versus reality

- What can be cleaned and not pose other risks?
- What can be maintained?

Cost

Challenges

Program is not always in full control of their environment

- Values of building owners may not align with the medical respite program's
- May have procedural barriers

Medical respite is short-term – risk of “moving in” or getting “too comfortable”

- Need for clear communication throughout medical respite stay

Requires a paradigm shift

- Adding flexibility and questioning current practices is always challenging!



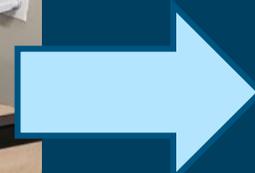
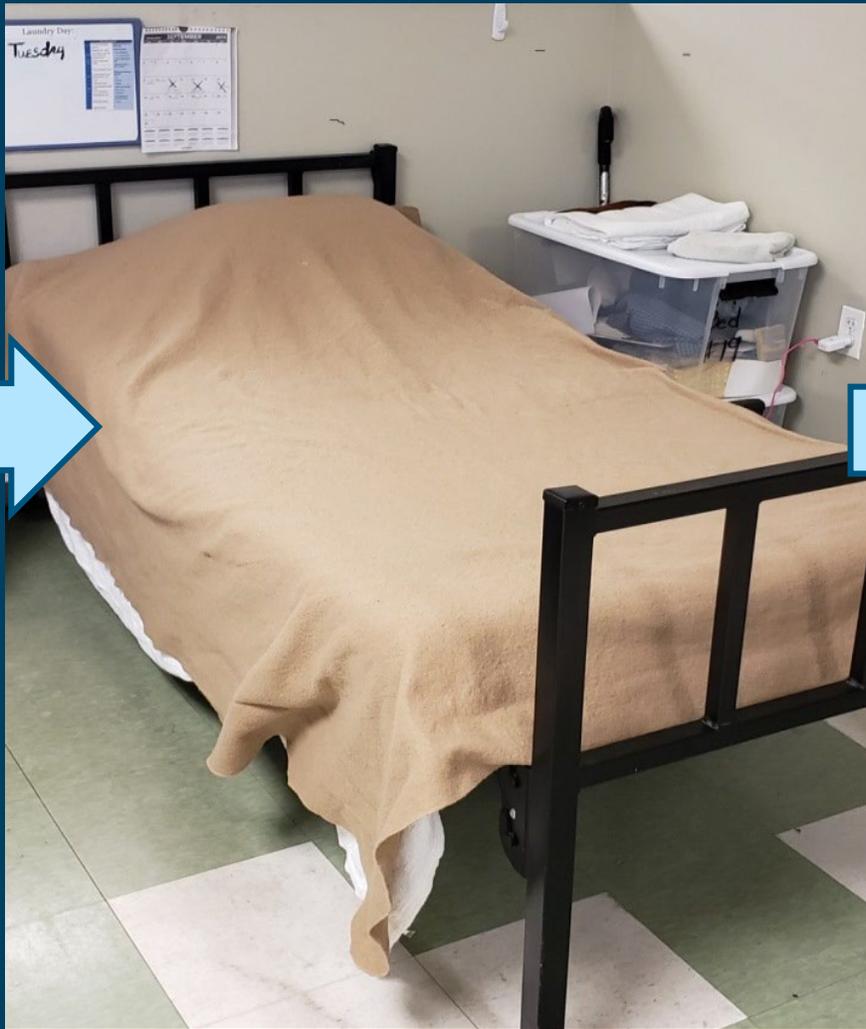
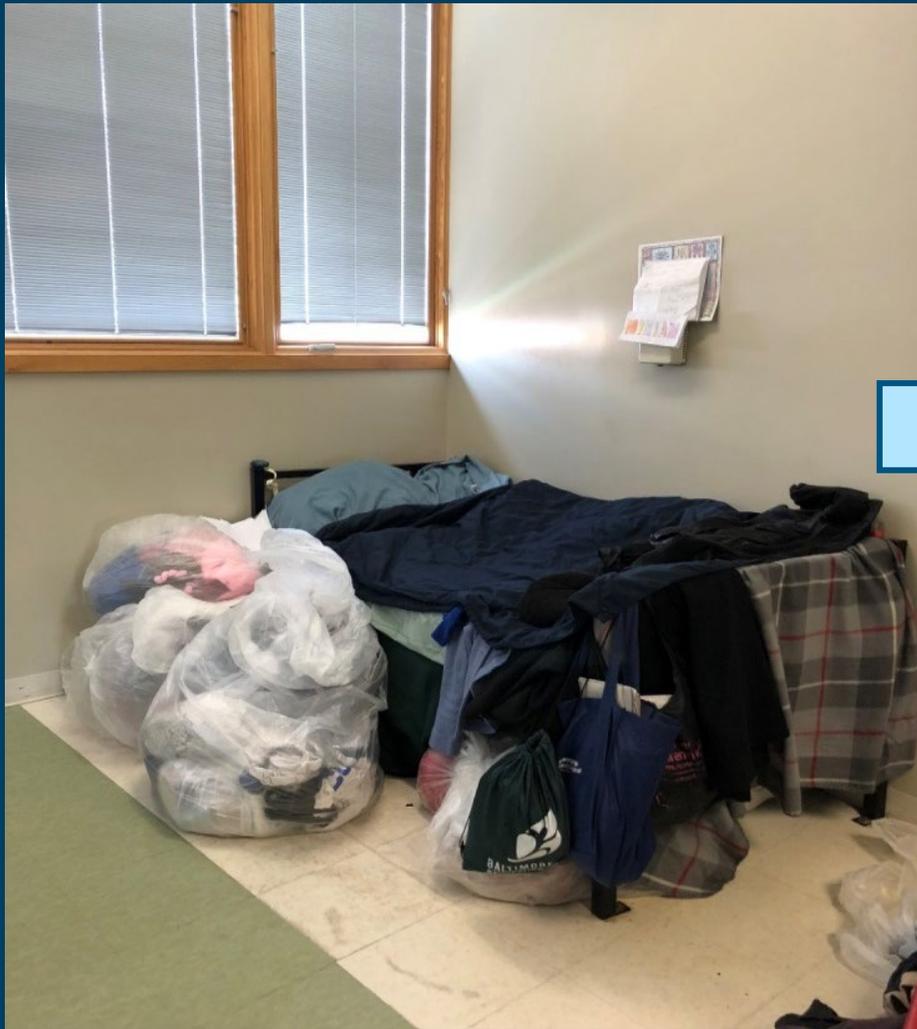
**“Those who have been through the
“Be grateful for what’s available”
most deserve the best”**

So.... Where do we
start?

Activity

Based on the images on the next slide -

- What would you change?
 - First steps
 - Ideal
- How could you do that?



Where to start?

From the Trauma-Informed Design Framework:

Cultural Context

- Culture forces are complex, dynamic, provide identity and tie communities to their environment.

Environmental Context

- Environmental forces not only include the climate and land on which the community resides, but also includes:
 - historical contexts,
 - economic contexts, and
 - the systems / institutions they interact with.

Lived Experiences

- A multi-layered, series of opportunities and obstacles that shape both individual and community perceptions of the world around them.

Where to start?

Consumers

- Focus groups
- Individual discussions
- Exit surveys
- Paying attention to informal feedback, complaints, or compliments

Observe the space

- Are there immediate safety hazards or risks?
- What feels restful versus congested?
- Where do conflicts tend to occur?

Policies and Procedures

- What facilitates a trauma-informed environment?
- What is a barrier?

Staff training

- Do we feel equipped to implement trauma-informed care?
- Where are there difficulties?

Where to start?

Consumers

- Develop a consumer advisory group for consistent feedback and discussion
- Engage consumers in redesign process

Immediate versus long-term fixes

- What can be addressed now?
- What do we need to budget or fundraise for?
- What aspects of the space do we have control over?

Buy-in

- Whose support do we need?
- How can we communicate the benefits?

Trauma-Informed Design Framework

Tips for Success

Gather feedback from stakeholders throughout the process.

Seek the help of professional facilitators to navigate power dynamics and program evaluators to help organizations understand and anticipate needs.

Enlist help from the research community to incorporate evaluation of short- and long-term indicators of individual and community physical and mental health and well-being.

Seek to understand what worked and what didn't from a trauma-informed perspective; apply that knowledge to future work and share it within your field / industry

You don't have to do it alone!





Questions?

Discussion & Questions for Consideration

- What strategies have you implemented to be a trauma-informed space in your own program?
- Thinking of your own program, what challenges do you have?
- What are some ways you could address these challenges?
- Who could you partner with to create a more trauma-informed space?
- What resources from NIMRC would be beneficial to help implement to:
 - Create a more accessible space?
 - Create a healing environment?
 - Identify tangible strategies for a more TI environment?

Questions specific to your program? Please reach out by emailing Csynovec@nhchc.org

Recommended Resources

- Designing for Healing, Dignity, & Joy: https://shopworksarc.com/wp-content/uploads/2020/06/Designing_Healing_Dignity.pdf
- Design Considerations for the Development and Implementation of a Medical Respite for Older Adults Experiencing Homelessness in Metro Vancouver: <https://pubmed.ncbi.nlm.nih.gov/33710087/>
- NYT Article – Why Shouldn't Housing for the Homeless be Beautiful? <https://www.nytimes.com/2021/11/25/arts/design/homeless-architecture-whos-next-munich.html>
- Designing for Inclusion: Architectural Trends and Social Justice (webinar): <https://www.youtube.com/watch?v=49KcnqvTI28&t=1s>
- **MRC Online Course on Harm Reduction:** <https://nimrc-nhchc.talentlms.com/>
 - Coming soon: Trauma-Informed Care online course

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