

## Maximum Security Forensic Center Celebrates One Year Tobacco-Free

by Bernice Order-Connors, LCSW, CADC

Ann Klein Forensic Center, New Jersey's maximum-security forensic psychiatric hospital, celebrated one year tobacco-free on January 2<sup>nd</sup> 2002. The facility houses violent offenders and patients who are being assessed for competency to stand trial. In addition, it provides treatment for prisoners who cannot be adequately contained in the prison system or other correctional facilities in the state.

Dennis Kane, the facility's addiction specialist, reported that the facility has seen "no significant increase in physical violence or need for patient restraints or seclusion" with regard to the new tobacco policy. Overall, this policy has achieved its stated objective "to provide a healthy environment for patients, staff, and visitors by establishing a tobacco-free secured psychiatric treatment setting". However, some issues involving contraband do exist. Several patients have been found with tobacco products and/or paraphernalia prohibited under this policy. Solutions to correct this problem are currently being explored.

The move to go tobacco-free came from the facility's top administrators. While the facility is a maximum-security psychiatric hospital, it is equally a health-care facility, and the need to put patient care first conflicted with enabling tobacco use among patients on psychiatric medications. "There was concern about the impact of tobacco on patient care," Dennis reported. The facility was aware of patients who smoked a lot despite serious medical problems such as COPD or heart conditions. A tobacco committee was established, comprised of key decision makers, and charged with the task of developing recommendations for how to best prepare for the change.

One issue that immediately presented itself as the facility moved toward becoming tobacco-free was the need to educate the facility's health care practitioners on the use of NRT (nicotine replacement therapy), its purpose and the risks and benefits associated with its use. The facility undertook a massive training effort, training all staff including senior administrators to housekeeping and maintenance personnel. It was deemed necessary to bring ALL staff up to speed on what each person's role and responsibilities would be in making the facility tobacco-free.

Mr. Kane reported that although there was some expectation of resistance from staff as well as patients, "it wasn't as great as I anticipated." He explained, "There were staff who had their own fears and reservations [about going tobacco-free]. We do work with some dangerous individuals". It was important to instill confidence in the staff. "I reminded the staff, these patients may be potentially dangerous, but the staff here are the best of the best. The psychiatric workers – the nurses, doctors, the entire clinical staff are very talented. We saw we could do this." As the staff became trained and their confidence increased, the initial fear and apprehension seemed to diffuse.

The training offered to all staff included explanation of the rationale for going tobacco-free—Ann Klein Forensic Center is a health care facility and tobacco use was not a healthy behavior to be promoting. Staff also learned about the impact of tobacco on patient's health as well as on their medications. The training was provided by the staff of the Tobacco Dependence Program, who also consulted with the Tobacco Committee on developing policy and an implementation timeline. The clinical staff (physicians, psychiatrists, nurses and therapists) as well as most of the medical security officers (those who have direct contact with patients) participated in full-day trainings by Dr. Doug Ziedonis, Dr. Jill Williams, Philip McCabe and Bernice Order-Connors. These trainings focused on intervening with tobacco users through the use of NRT and Bupropion, and by developing strategies for working with resistant tobacco users. Staff had an opportunity to present cases and consult on medical as well as psychosocial interventions. For medical security officers and occupational therapy staff, there was also time devoted to teaching the use of MET (Motivational Enhancement Therapy) and to illustrating how staff could use their existing skills to diffuse and de-escalate situations with patients.

During the course of preparing to go tobacco-free, the staff reported hearing some comments from patients predicting unpleasant consequences of the smoke-free policy. However, these predictions proved to be unfounded. Mr. Kane attributes this to the meticulous planning the facility did for becoming tobacco- *continued on page 9*



### The Steps for Treatment Organizations Becoming Tobacco-Free

1. Acknowledge the profound challenges tobacco creates for the treatment community.
2. Establish a leadership group or committee and secure the commitment of the organization.
3. Develop a tobacco-free policy.
4. Establish a policy implementation timeline with measurable goals and objectives.
5. Conduct staff training.
6. Provide treatment for nicotine-dependent staff.
7. Assess and diagnose nicotine dependence in patients and use this in treatment planning.
8. Incorporate tobacco & nicotine into patient education curriculum.
9. Establish ongoing communication with 12-step recovery groups, professional colleagues, and referral sources about policy changes.
10. Require that no staff be identifiable as a tobacco user.
11. Establish tobacco-free facility and grounds.
12. Implement comprehensive nicotine dependence treatment throughout the program.