



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES  
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CHRIS CHRISTIE  
*Governor*

October 27, 2014

JENNIFER VELEZ  
*Commissioner*

KIM GUADAGNO  
*Lt. Governor*

LYNN A. KOVICH  
*Assistant Commissioner*

Dear Colleagues:

As you are all aware, we are moving rapidly toward becoming a Trauma Informed System of care. According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:

1. Realizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization." (SAMHSA, 2007)

A trauma-informed approach can be implemented in any type of service setting or organization to address the consequences of trauma and to facilitate healing. One tool that SAMHSA recommends for all levels of care is Comfort Rooms: a preventive tool recommended by SAMHSA as an alternative to seclusion and restraint; but Comfort Rooms are much more than that...

The Comfort Room is a participatory project between agencies and the people they serve, and includes comfort strategies and environmental changes throughout the entire culture of each agency, which ultimately produce culture change and impact throughout our system. Comfort Rooms should produce a culture change of "comfort instead of coercion." Dr. Kim Sivak, Director of Nursing at Delaware Psychiatric Center found that after comfort rooms were created in that facility, peer-to-peer assaults decreased by more than 23%, assaults on staff members dropped by almost 50%. Most of the service recipients reported having a positive experience in the comfort rooms, and none needed antipsychotic or antianxiety medication immediately before or after being in the rooms. Since the addition of the comfort rooms at Delaware Psychiatric Center, there has been no use of seclusion or restraints.

"It is rather impressive how creative people can be when restraint is simply not a part of the treatment culture."

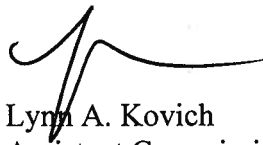
—John N. Follansbee, M.D.  
JCAHO testimony, 1999

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We believe that Comfort Rooms can play a vital role in recovery, and are an integral part of systems that are Trauma Informed. The DMHAS Trauma Informed Care Work Group, along with staff from Essex County Hospital Center, have developed the attached guidelines for agencies throughout the system who may want to begin working toward implementing a Comfort Room in their agency. Accompanying the guidelines is a PowerPoint™ which can be used to introduce the Comfort Rooms to your staff and consumers as you look toward creating a more trauma sensitive culture. If you have any questions, or would like additional technical assistance, please contact Kathi Bedard at: [Kathi.bedard@dhs.state.nj.us](mailto:Kathi.bedard@dhs.state.nj.us).

Thank you!

Sincerely,

A handwritten signature in black ink, appearing to read 'Lynn A. Kovich', with a long horizontal flourish extending to the right.

Lynn A. Kovich  
Assistant Commissioner

Attachment  
C: Kathi Bedard