

Transforming Inpatient Psychiatry:



Enhancing Engagement Reducing Coercion

Evolutions
In Healthcare
LLC

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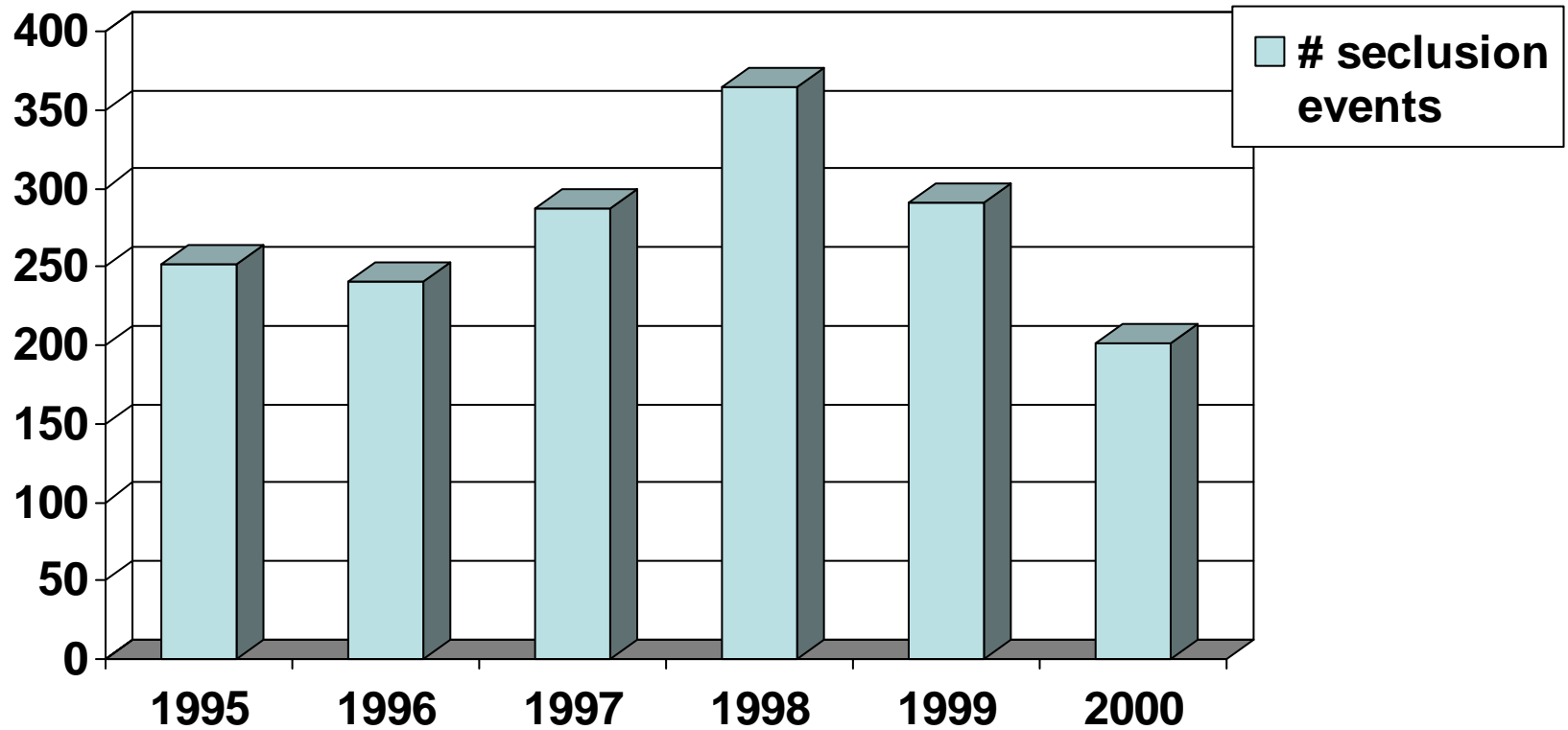
September 2006

Tenets of the Engagement Model

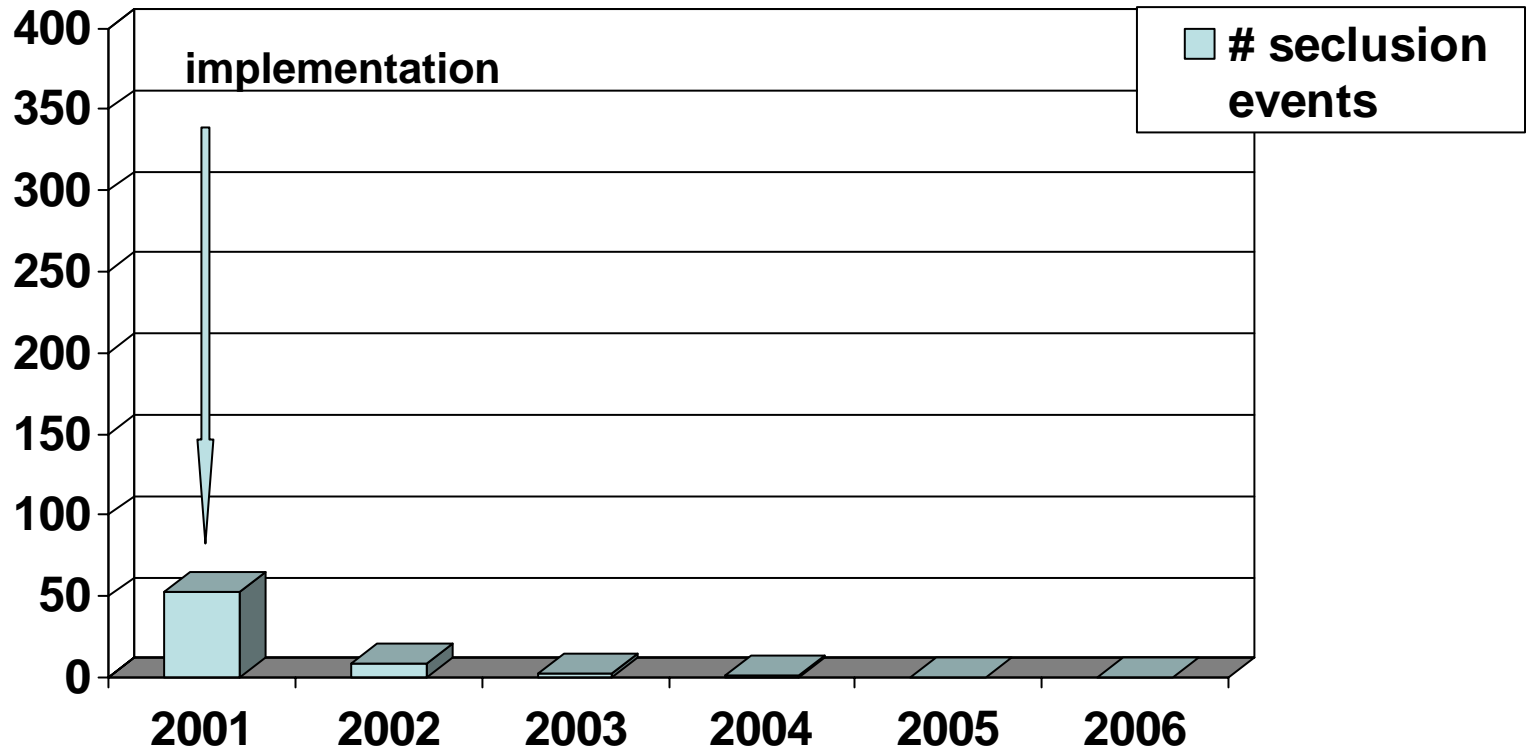
Bennington-Davis and Murphy, 2005

- **Leadership is essential**
- **Trauma-informed care is a necessary foundation**
- **People's strengths emerge when you believe in them**
- **Social norms are the most useful source of power**
- **Customer service values apply in healthcare**

Locked Seclusion Events Salem Hospital



Locked Seclusion Events Salem Hospital

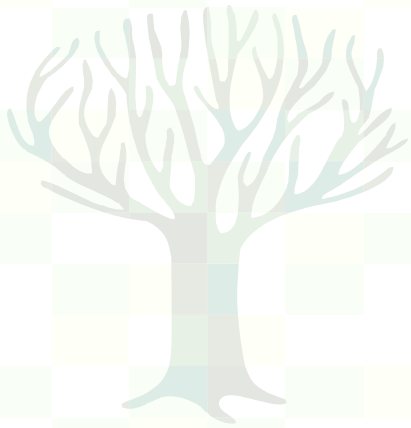


Medication Use

Salem Hospital



- **>70% reduced involuntary “emergency” medications**
- **>60% reduced “medication overrides”**
- **Increased voluntary patient participation in medication use**
- **Overall 18% decrease in doses of medication (2005 vs 2002)**
- **>80% decreased use of intramuscular injections**
- **Increased patient engagement with therapeutic interactions**



Sanctuary[©]

(Sandra Bloom, MD 1997)

- **Before people can engage therapeutically, they must feel safe.**
- **People live up to others' expectations.**
- **People behave in response to their social and physical environments.**
- **People will respond to a safe and nonviolent community.**

ACE Study – Children's Experiences

- Psychological abuse by parents 11%
- Physical abuse by parents 11%
- Sexual abuse by anyone 22%
- Substance abuse in household 26%
- Mental illness in household 19%
- Mother treated violently 13%

- More than half had at least one ACE

Trauma Sensitive Care

- **≥90% of people in the public mental health system have been exposed to violence and trauma**
- **Exposure to violence and trauma, repeatedly, causes neurobiological changes that manifest as**
 - **Chronic hypervigilance**
 - **Tendency toward fight/flight**
 - **CNS hyperarousal**
- **The REAL problem?**

“Many providers assume that abuse experiences are additional problems for the person, rather than the central problem...” - Hodas, 2004

Features of Trauma Informed Care

- **Include perspective of the client**
- **Recognize that coercive interactions cause re-traumatization**
- **Realize that mental health settings often are coercive – overtly and covertly**
- **Recognize that most mental health staff are uninformed about the effects of trauma**

Human Stress Response to **ACUTE** Threat

- **Hypervigilance**
- **Action, not thought**
- **Cognitive diminishment**
- **Increased aggression**
- **Loss of impulse control**
- **Speechless terror**



Stress Response to Threat

- Threat alarm
 - increased heart rate, blood pressure, respiration; release of stored sugar; increase in muscle tone; hypervigilance; tuning out of all non-critical information
- Activation of hypothalamic system
 - Release of cortisol and adrenocorticotrophic hormone
 - Increase in locus ceruleus and ventral tegmental nucleus activity

Response to RECURRENT THREAT

... from State to Trait

- Reset CNS
- Traumatic re-enactment
- Aggression become chronic
- Hyperarousal interferes with cognitive clarity
- Loss of (or failure to develop) emotional regulation
- Re-enactment experiences that reinforce sense of helplessness
- Detachment (dissociation) is common



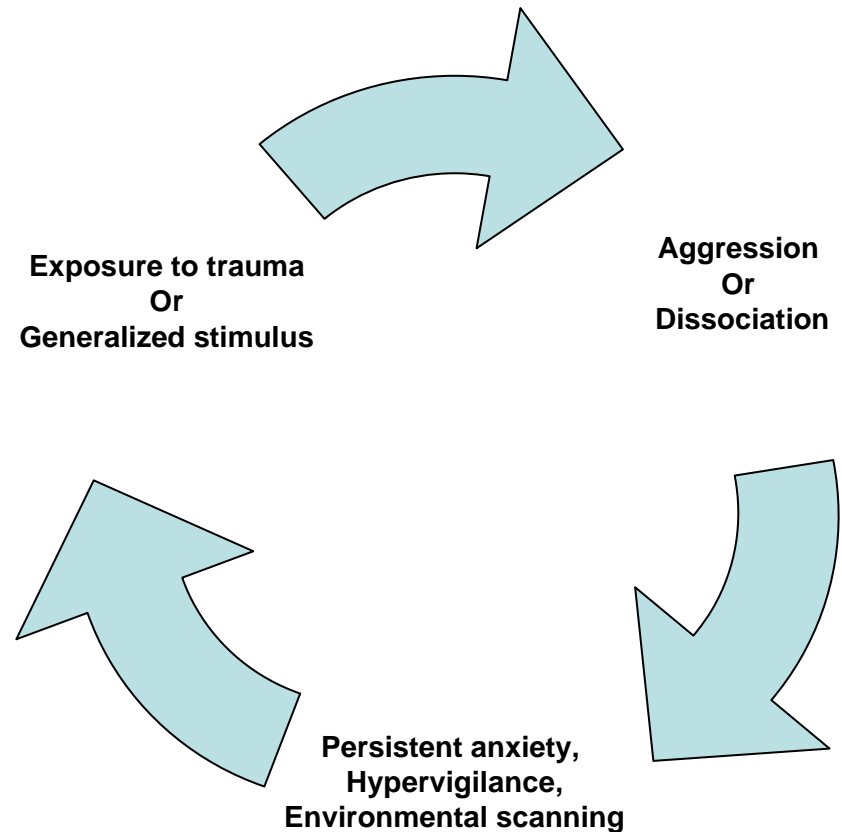
Sensitized response

Positive Feedback Loop

- Use-dependent activation of LC and VTN
- LC and VTN also regulate
 - Sleep, arousal, vigilance, affect, behavioral irritability, locomotion, attention, startle response, response to stress
- LC and VTN become reactivated during
 - Generalized stimuli, dreams, specific reminders of past perpetrator or event
 - And this increases over time!

Evolving characteristics

- Everyday stressors begin to elicit exaggerated reactivity
- Persistent fear state
- Rapid transition from anxiety to terror



Bruce Perry, 1995

Play

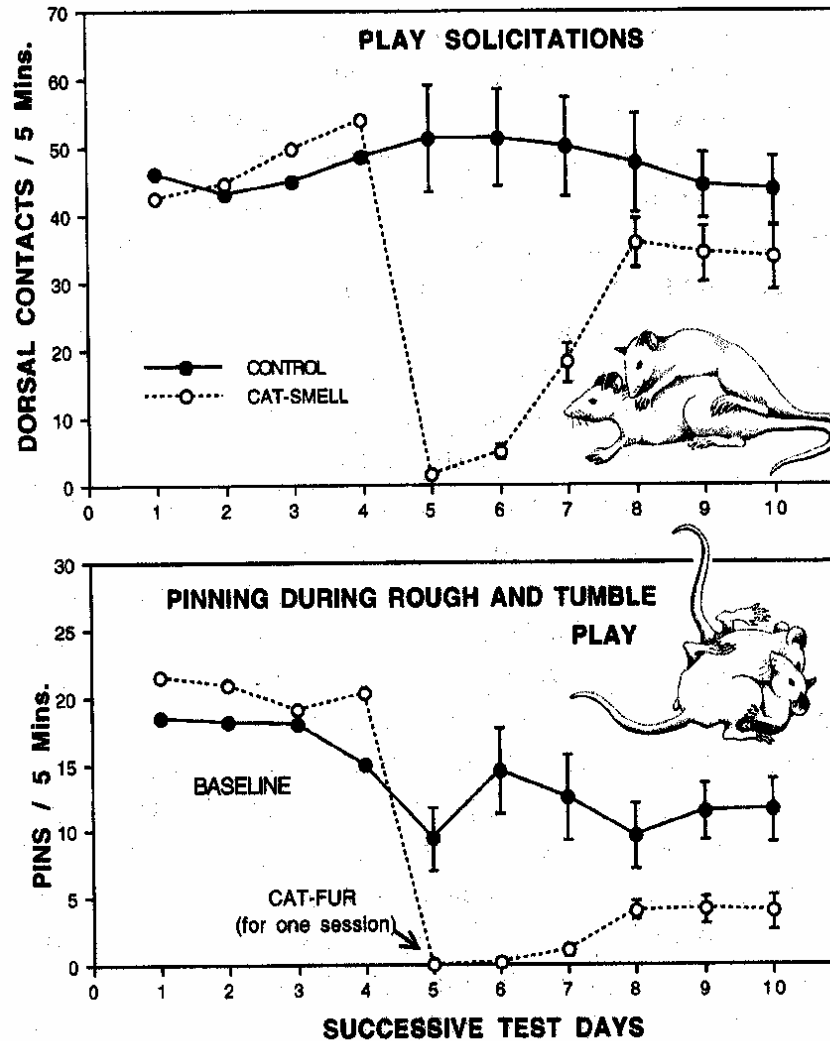
**DORSAL
CONTACTS**



PINS

In Panksepp JP (1998): *Affective Neuroscience: The Foundation of Human and Animal Emotions*,
Oxford, New York

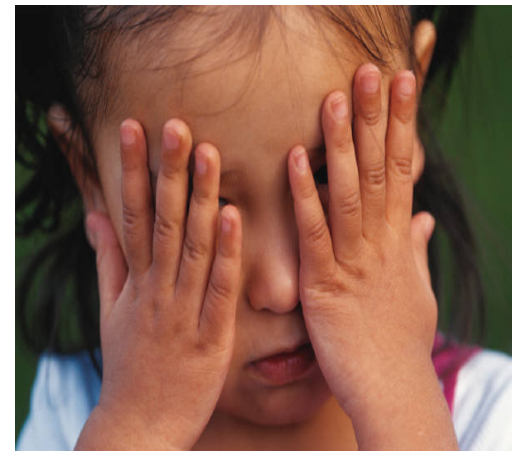
Play and Fear



In Panksepp JP (1998): *Affective Neuroscience: The Foundation of Human and Animal Emotions*, Oxford, New York

What you'll see

- **Aggression and low impulse control in new situations or with new people**
- **Power struggles and fear in the context of rule enforcement**
- **Disengagement as means of defense**
- **Interpretation of safety enforcement as predatory**
- **“Minor” events precipitating catastrophic reactions**



Treaters

- Often have their own traumatic histories
- Seek to avoid re-experiencing their own emotions
- Respond personally to others' emotional states
- Perceive behavior as personal threat or provocation rather than as re-enactment
- Perceive client's simultaneous need for and fear of closeness as a trigger for their own loss, rejection, and anger

Seclusion and Restraint in Traumatized Individuals

- **Re-traumatizing**
- **Learned helplessness**
- **Reinforces mistrust**
- **Experienced as punishment**
- **Disrupts therapeutic alliance**



Avoidance of Shame and Humiliation

The basic psychological motive or cause of violent behavior is the wish to ward off or eliminate the feelings of shame and humiliation - a feeling that is painful and can even be intolerable – and replace it with a feeling of pride.

Hodas, 2004

Coercion... overt and covert [aka cat hair]

- Rules, rules, rules
- Strip searches
- Visible or audible keys
- Isolation from family
- Our vocabulary
- Controlling personal property
- Privileges and contingency level-systems



Welcoming

- **Admission process as an opportunity for engagement**
- **Consider the circumstances**
- **Offer amenities**
- **Early engagement TAKES time**
- **Early engagement SAVES time**



Risk Assessment

- History of triggering events
“What happened to you”



Bloom, 1997

Risk Assessment

- **History of violence and trauma**
- **History of exposure to childhood abuse**
- **History of seclusion or restraint**
- **History of stigmatization**
- **History of forced hospitalization or medication**
- **History of catastrophic medication side effects**

Community Meeting

Establishes social norms

- **Shared experience**
- **Leveling the hierarchy**
- **Airs concerns and disputes**
- **Solves problems**
- **Keeps safety and relationship at the forefront**
- **Makes use of social conformity**



Do you remember Therapeutic community?

Breaking Bread



- **Staff and those they serve eating together**
- **Meals are a high tension time**
- **“Normal” conversation**
- **Ancient ritual of communion**

Feng Shui and the Milieu


Response to the environment

- **Starbucks approach to physical space**
- **Clients notice when staff aren't there**
- **People notice when staff members treat one another well**
- **“It is the relationship that heals...”**



Customer Service

[Walmart and the airlines]

- **Serving ALL guests the best we can**
- **Respecting ALL guests' wishes as primary to our jobs**
- **Appreciating all our guests  do**
- **Constantly searching for new ways to impress and engage our guests**
- **Service mitigates violence**

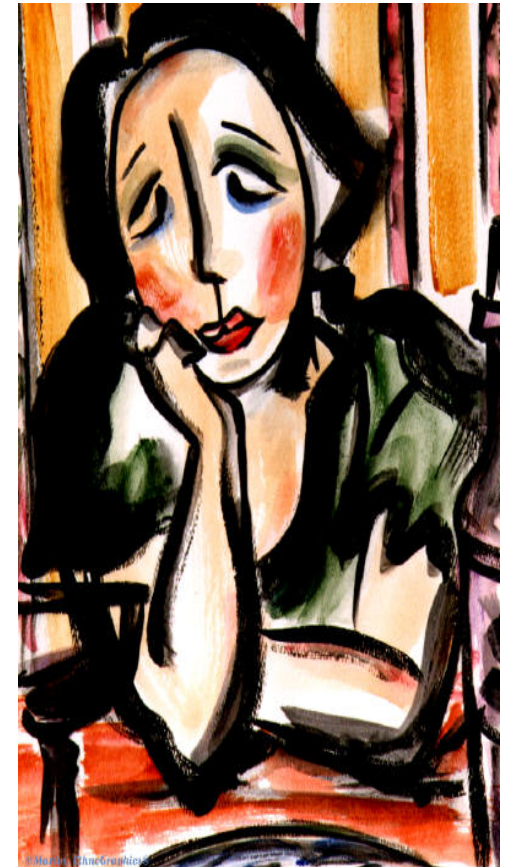
On Stage: Treating each other well [Disney]

- **Make eye contact with every person**
- **Caring about each other... take a moment**
- **Respect is contagious**



Debriefing Seclusion and Restraint: A Big Deal

- To those who experience it
- To those who apply it
- To those who witness it
- To those who hear about it
- To those who lead



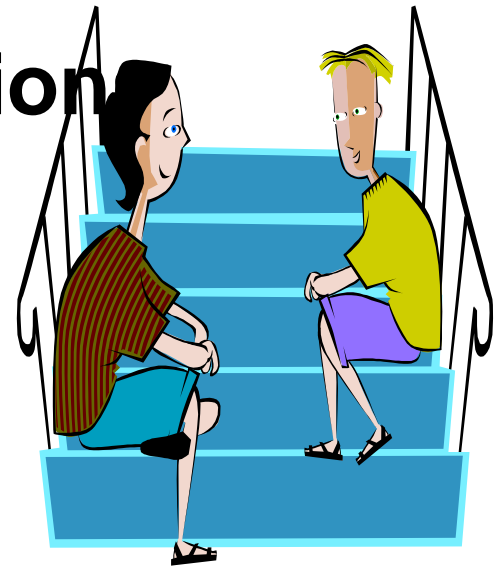
Debriefing occurs in Context

- **Organizational vision**
- **Trauma-informed care**
- **Non-coercive environment**
- **Assumption that seclusion/restraint is traumatic (both patients and staff)**
- **Systems-approach and learning community**
- **Leaders assume responsibility**



Listening to Those We Seek to Serve

- **“Nothing about us without us”**
- **Leaders of treatment planning**
- **Advisors of the system**
- **Consultants in difficult situations**
- **Experts in the experience**



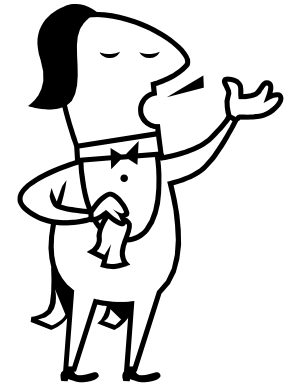
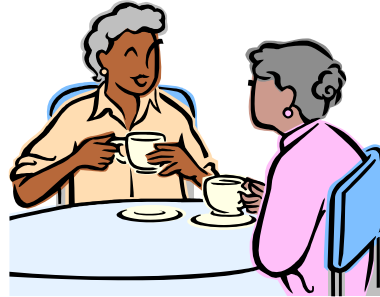
Celebration and Support: Engagement of Staff Members

- **Choose wisely**
- **Provide education, expectations, and feedback**
- **Include in planning**
- **Discover small victories**
- **Celebrate milestones**
- **Credit with successes**



Alternatives to Coercion

- **Empathy**
- **Hope**
- **Community Expectations**
- **Respect**
- **Compassion**
- **Service**
- **Skillful prediction, early identification and prevention**





Becoming Healers

- **Trauma-informed**
- **Less coercion means more time for therapy**
- **The relationship is healing for everyone**
- **When hope is present, engagement begins**

**Please contact us if
you have questions
or ideas**



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