Transforming Inpatient Psychiatry:

Enhancing Engagement
Reducing Coercion

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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

![Graph showing the number of seclusion events and the implementation over years from 2001 to 2006. The graph indicates a significant decrease in the number of events post-implementation.]
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
• 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

Felliti and Andis, 1998
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

NETI, 2005
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

NETI, 2005
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 adrenocorticotropic hormone
  – Increase in locus ceruleus and ventral tegmental nucleus activity

Bruce Perry, 1995
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!

Bruce Perry, 1995
Evolving characteristics

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

Bruce Perry, 1995
Play

Play and Fear

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
Components of Culture

- Shared vocabulary and language
- Shared beliefs and values
- Shared rituals and traditions
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

NETI, 2005
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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