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Psychiatric Rehabilitation in a Secure Setting

Andrzej Axer, Robert Beckett, Les Garwood and Jillana Tappan

Josephine County Mental Health Department
Grants Pass, Oregon, USA

The authors describe the mission, goals and methods of one of Oregon's newly organized residential facilities for "hard to place" former state hospital patients.

Key words: psychiatric rehabilitation, involuntary treatment

Introduction

The painting showing Philippe Pinel ordering the shackles to be removed from the inmates at the Bicetre in 1793 symbolizes the humane approach to the treatment of the mentally ill in that time of the brutal custodial care [1]. Pinel is considered to be one of the pioneers of the era of "moral treatment". He believed that the mentally ill could regain their status as citizens of the society if they were treated with dignity and engaged in work or other normalizing activities. However, this humane treatment allowed for the use of coercion with those who resisted such treatment. Faucault points out in his "History of Madness in the Era of Enlightenement", that Pinel used cold showers at the Bicetre to overcome the inmates' refusal to eat and work, or to reduce their agitation. According to Faucault, the paradox of Pinel's "moral treatment" was bringing medicine closer to the penal system and converting therapy into repentance [6]. It seems that respect for the mentally ill as human beings could historically coexist with paternalism and coercion.

Contemporary psychiatric rehabilitation is deeply rooted in one side of the moral treatment that emphasizes compassion for persons with mental illnesses [9]. It shows the same optimism about their potential for acting responsibly. It stresses the importance of developing their individual capacities to the fullest extent possible. It also emphasizes the right of mentally ill persons to self-determination. In short, psychiatric rehabilitation calls for a collaborative relationship with the mentally ill treated as an adult. Methods of psychiatric rehabilitation include assisting clients in choosing meaningful life goals, assessing their strengths and resources, and providing them with practical skills to

meet their goal [10]. These values and methods are not compatible with treating the mentally ill person as someone who lacks good judgement and therefore needs someone else to make decisions on his or her behalf. However, the tendency of the mental health profession to act as " brother's keeper" is reflected in various common practices. One example of such a paternalistic procedure is the management of clients' financial resources by the community mental health centers, not only to protect their material needs but also to assure their treatment compliance [5]. Outpatient civil commitment is another example of the procedure that provides for protection of disabled individuals and protection of others by restricting clients' personal freedom [4]. The potential for the use of coercion with civilly committed clients is even greater if the same facility serves as both their place of residence and their treatment site [3]. It is relatively easy for the staff in such settings to use the threat of termination of the clients' residency as leverage to enforce their adherence to treatment recommendations.

Adhering to the principles of psychiatric rehabilitation in the restrictive setting of a secure treatment facility might seem like a contradiction. This paper presents a rehabilitation program in a locked facility for civilly committed mentally ill clients in Southern Oregon. The program attempts to reconcile the apparent contradiction between the clients' right to self-determination and their status as being "in the custody of the state." The authors will describe how the seriously mentally ill residents' right to make choices is linked to their demonstrable competencies in regaining control over their own lives.

Hugo Hills Secure Residential Treatment Program

Background

Since the early 1990s, the Oregon Mental Health and Developmental Disabilities Services Division (MHDDSD) has progressively shifted its services for severely mentally ill clients from large hospitals to a community-based system of residential care and mental health services [8]. Significant reduction in the population of two state hospitals in Salem and Pendelton was followed by the closure of the third large state hospital in Wilsonville near Portland in 1994. Unfortunately, as a result of this process some former state hospital patients with persistent psychotic symptoms, denial of their illness, medication noncompliance, violent outbursts and substance abuse move through a vicious cycle of acute psychiatric hospitalizations, criminal incarceration, and living on the streets. Others with a similar array of difficult and risky behaviors were precluded from transitioning to the community. They remained in the state hospital labeled as patients who were "hard to place" [2]. Hugo Hills was designed in 1995 as one of the first two locked facilities to provide long-term treatment for "hard to place" patients outside the state hospital setting.

Location

Hugo Hills is located in a beautiful, remote area of Southern Oregon. Perched dominantly on a hillside, it overlooks a forested valley that stretches fifteen miles south

to the city of Grants Pass. The main structure is an attractive, specially designed, and highly renovated former nursing home.

Staff

Hugo Hills has a total of twenty-eight staff. The main group consists of the mental health technicians who work on three shifts: an average of 3-4 people during the days and evenings and 2 people during the nights. Educational background of the mental health technicians varies from the high school diploma to the bachelor degree in psychology. In addition, Hugo Hills employs three nurses, one part-time psychiatrist (10 hours/week), a program director, a clinical supervisor, an office manager, two cooks and a maintenance specialist.

Residents

During the four years of the program's operation 30 persons with severe mental illness resided at Hugo Hills – 17 were diagnosed with schizophrenia, 6 with schizoaffective disorder and 7 with other psychotic conditions. There were 26 male and 4 female residents ranging from 33 to 64 years of age. Half of this group spent at least ten years in state hospitals prior to their admission to Hugo Hills. They shared a history of persistent symptoms, medication non-compliance, drug and alcohol abuse, frequent verbal outbursts and occasional physical assaults. In summary, this group shared the profile of risky behaviors that constitute the most common barriers to placement in the community. Out of the original 15-person group that arrived to Hugo Hills in September of 1995, seven residents still live here. During this time period, it took between six and twelve months for nine Hugo Hills residents to transition from the locked facility to more independent group homes and other community living accommodations. Four had to return to the state hospital after incidents of serious assault; one person required inpatient medical treatment.

Mission and goals of Hugo Hills

A comfortable co-existence of the staff and mentally ill persons under the same roof of the small residential facility is based on the assumption that both groups have the same basic human needs for safety, self-respect, and self-direction. The mentally ill persons simply have more difficulties than the staff in meeting these needs in a safe and socially acceptable manner. The mission statement of Hugo Hills emphasizes fostering self-reliance and assisting residents in regaining control over their own lives. The program consists of three stages reflecting changes in residents' level of social functioning and increased level of trust by and for the staff. As the residents move through these stages, the expectations regarding their independent functioning increase and the staff supervision gradually decreases. The first stage is focused on assessment and teaching of basic residential skills, including general house expectations for respectful behavior, personal hygiene, room care and communal tasks. The newcomers to Hugo Hills are

first encouraged to feel comfortable with their peers and staff. The staff slowly engage them in formulating the treatment plans that reflect their unique aspirations, abilities and interests. The second stage of the program is focused on developing new coping skills that may increase the residents' competency in dealing with common situations of the congregated living. These new skills may include, for example, conflict resolution or managing warning signs of mental illness. At this stage the residents are also offered the opportunity to perform paid services at the facility and to make small volunteer contributions to the community outside of Hugo Hills. The third stage of the program involves preparation for the transition to the community. At this final stage the residents are expected to demonstrate skills needed in their specific future living environment. They must prepare a relapse prevention plan and submit it for approval to their future community mental health provider. They also have to be able to manage their unstructured leisure time in a safe and responsible manner.

Building collaboration with reluctant clients

Efforts at building collaboration with the residents who have previously spent many years in state hospitals must take into account a myriad of difficulties which tend to inhibit their potential for success. As a by-product of their hostile dependency on psychiatric institutions, they have developed a general distrust toward the mental health profession. The authors describe below some of the non-coercive methods that the Hugo Hills staff have applied to overcome their residents' reluctance to accept help.

Skills training in real life situations

Former state hospital patients tend directly or indirectly to reject anything that reminds them of talking therapies. In the past they often repeated the same treatment groups a number of times and yet failed to retain and generalize skills being taught.

The Hugo Hills program provides residents with natural skill building opportunities. Demonstration and role modeling in a real life setting are considered more important than giving residents verbal instructions in a clinical setting. The opportunities for skills training are linked to the real needs of the facility and the local community. The main premise of the Hugo Hills prevocational program is involving the residents in all operational tasks in the facility that they can safely perform. Positions currently filled include "dishwasher assistant", "housekeeping assistant", "purchasing assistant", "landscape maintenance assistant" and "recycling specialist". Job openings are posted on the bulletin board. Applicants have to fill out applications and are later interviewed by the staff. The wages are paid in tokens called "Hugo Bucks", which can be exchanged by the residents for goods in the local store. Once hired for a position each resident receives a monthly evaluation on his or her job performance. The periodic evaluation takes into consideration skills critical for successful work performance, such as following through with tasks, asking for information, accepting directions or responding to criticism. The periodic evaluation also includes expectations for common courtesy, personal hygiene and occupational safety. Raises are given according

to merit for improved performance.

Residents of Hugo Hills are also involved in various community actions. For example, they participated twice in the March of Dimes fund raising event to support local families of children with birth defects. In order to participate in this fundraising, the residents of Hugo Hills had to complete a course focused on assertiveness skills, with a special emphasis on making firm but polite requests for donations. After completion of this assertiveness training, the group of residents went with the staff to the city of Grants Pass to set up a table in front of the shopping center and collect funds. The same residents also participated in a physical fitness program to increase their ability to meet the demands of a six-mile march at the conclusion of the fundraising event.

Another example of skills training in a real life situation was the residents' involvement in volunteer work at the county fairgrounds. Each year residents who want to go to the local county fair are given the option of having their admission tickets paid for by the program in exchange for their commitment to participate in the cleanup efforts after the fair. Every year between three and six residents make such an agreement with the staff. They live up to the bargain and often surprise staff by working as a cohesive team with the most disorganized resident demonstrating the most competent skills in cleaning out a horse stable.

Another form of skills training fashioned after real life circumstances is involving the residents in the Community Enhancement program. Staff and residents of Hugo Hills are organized as the crew that periodically cleans the access road to the facility. The road sign at the nearby crossroads informs everyone the Hugo Hills residents "adopted" this section of the highway. This allows the residents to play an active role in breaking down barriers of the stigmatization of the mentally ill in the local community.

Such factors as cognitive impairments, persistent psychotic symptoms, medication side-effects, and simple boredom have been considered the obstacles to teaching social skills to severely mentally ill persons. The staff of Hugo Hills attempts to overcome these obstacles by using an elective college–like curriculum that allows residents to make choices and assist with the development and facilitation of the training. The program offers a selection of eighteen to twenty-two different classes within each 10-week term. Each resident is encouraged to sign up for four classes for each term. At the end of the term there is a graduation party to celebrate the accomplishments of all residents who did something constructive for themselves or others. Those who attended at least 2/3 of class sessions receive a graduation certificate and go for a reward outing together with other graduates from each class. The graduation ceremony and reward outings occur during a 3-week break period before the new class term begins. The topics taught in our program vary from basic daily living skills (doing laundry, personal hygiene) through communication skills, health education and personal safety to such issues as spirituality, sexuality issues or human rights. Certain classes are co-led by the staff and residents. For example, the class on the American Constitution was prepared and taught jointly by a staff member and one of the residents particularly interested in this topic. The elective class format has also allowed the staff to bring their various talents, creativity and interests in designing the training curriculum. Camping preparation and teaching fishing skills have become the standard elements

of our program thanks to the enthusiasm for outdoor activities of the Hugo Hills staff. In summary, the college-like format in which staff and residents work together and later play together has increased a sense of purpose in life for the residents. It has also increased the staff's morale and their commitment to the program.

Emphasis on self-control

In every work setting personnel have a natural tendency to exert a certain degree of control over their own work environment. In residential settings staff's work environment happens to be the living space for clients who generally prefer to be free from external constrains. Both sides show some flexibility in adjusting mutual expectations so an overt power struggle can be averted. The key issue in any residential setting is who sets "the rules of the game" on common territory. Complex and restrictive house rules often cause frictions between staff and residents. The program expectations at Hugo Hills were devised jointly by the residents and staff in a series of house meetings held over a period of several weeks. The staff set up four general expectations for respectful behavior, personal hygiene, room care, and communal tasks. The residents developed specific criteria for meeting these expectations. The threshold for meeting the house expectations is set up so low that everyone has a chance to be successful. For example, criteria for personal hygiene are as follows: (a) fully dressed, (b) clean clothes and (c) no body odor. As far as respectful behavior is concerned, the residents included in their operational definition the following criteria: (a) no fighting, (b) no swearing, (c) arms length rule, (d) no stealing, and (e) no interrupting others. This last item was added on the special request of the residents who, as it turned out, were stricter than the staff in defining the limits of respectful behavior. In the reality of Hugo Hills infractions from the house expectations occur daily. However, in most cases a person committing an infraction has no doubt concerning the nature of the expectation that was broken. Therefore, the residents are more likely to get involved in a reparatory process that typically involves making an apology to the victim or the repair of property damage. The Hugo Hills staff strives to apply consequences that are logically connected with the nature of a particular problem behavior. For example a resident who in angry acting out behavior broke his bedroom door was asked to assist with the repair of the door and set up a payment plan to aid in its restoration. Similarly, residents caught stealing are expected to make restitution for their act.

The Hugo Hills staff make a fundamental distinction between disruptive behaviors (e.g. yelling, calling names) and truly dangerous acts (physical assaults, suicide attempts). Incidental disruptive behaviors tend to be ignored by the staff. Alternatively, the staff may calmly remind a resident about the specific expectation for respectful behavior that was broken. Persistent disruptive behaviors become targeted in residents' individual treatment plans. For example one resident received one token for each day free from verbal aggression. After collecting twenty tokens, he was able to go for a fishing trip with his favorite staff member. In the case of more serious infractions involving dangerous behaviors, the staff's immediate objective is to restore safety in the facility. Use of physical restraints is forbidden at Hugo Hills. Verbal

crisis intervention is generally effective in preventing further escalation of aggression. In most cases of physical assault the staff can verbally persuade the attacker to stop the assault. During four years of the program operation, the police ambulance was called only four times when the situation caused by dangerous behavior was no longer considered manageable, and a violent resident had to be transferred to a local hospital. The Hugo Hills program conveys a general expectation toward all residents that they must demonstrate self-control in order to gain other people's trust. A resident involved in a physical altercation, after making a public apology to the victim, is expected to develop with the staff a plan to manage safely their own aggressive impulses. For example, a developmentally disabled and psychotic resident with a long history of pulling the hair of vulnerable victims, learned after one of his incidents to inform staff each time he felt an urge to strike again. His self-control plan included asking staff for a PRN medication and/or seeking privacy in own room.

The Hugo Hills program allows the residents to earn passes for unsupervised time outside the facility. On the other hand, their attempts to walk away from the facility without staff knowledge create a significant security problem. On one occasion, a resident who gained the privilege of a two-hour unsupervised outing after two months of consistently respectful behavior, did not return to the facility. Apparently he believed that there was a conspiracy among his peers to take his life. After wandering in the countryside for several hours, he returned to Hugo Hills voluntarily. Once recovered from his exhaustion and temporary symptom exacerbation, he publicly acknowledged the break of trust to his peers and staff. He also began monitoring his early warning signs on a special chart and reviewed it with the staff on a regular basis. After the period of symptom stability as measured by his warning signs charting, he regained his pass privileges, starting with fifteen minutes and rapidly increasing his unsupervised time back to two hours. He graduated from the program to a semi-independent apartment in December of 1996.

Another process reinforcing the residents' ownership of the house rules has been a disciplinary meeting. The purpose of this meeting is to address behaviors posing serious safety risks for the entire community of Hugo Hills. For example, a resident caught smoking in his bed in the middle of night was subject to this process. He and other residents were encouraged to voice their opinions about the situation in a respectful manner. Following open discussion, the resident was requested by the Hugo Hills safety committee to smoke only under staff supervision for thirty days. After this period of time he was eligible to take the fire safety class again. Upon successful completion of this class, he could resume unsupervised smoking outside the building like most of his peers.

Emphasis on Compromise

For any caregiver, it is always a risk to slip into a "knowing what is best for you" attitude. Having clients who are in the legal custody of the state can only reinforce this paternalistic trap. Negotiating a reasonable compromise is always favored as the general program approach. The program psychiatrist models this attitude by listening

to residents who request changes in their medication regimen. These contacts also have an important educational value as the residents learn about the benefits and negative effects of their medications. Through such an adult dialogue, the Hugo Hills psychiatrist has been able to make significant decreases in most of the residents' medications since their arrival from the state hospital. Taking medications is a source of resentment for many residents who in the past were often forced to comply with their pharmacological treatment. The Hugo Hills program attempts to make the medication regimen more acceptable by offering a " Juice Bar" rather than the traditional medication line-up. The medications are also given in a span of time for greater flexibility. The nursing staff use this time for socially rewarding interactions with the residents as they select their favorite juice with which to take their medications. The call is often made by one of the residents informing others that "the juice bar is open." This gives a much less stigmatized aura to this essential treatment intervention. Temporary refusals to take medications are dealt by the nursing staff with patience. They take time to allow for their gentle persuasion to work. They explain to the reluctant clients what could be delayed negative consequences of rapid discontinuation of the medication treatment. However, in assuring medication adherence the power of these rational arguments is less important than the strength of the nurses' therapeutic relationships with their reluctant clients.

Dietary issues provide another example of a reasonable compromise. While emphasis is placed on providing a healthy, low calorie, low fat diet for mostly overweight residents, they are still given the opportunity to make limited changes in a weekly menu. Once a week, during Wednesday's house meetings with the facility cooks, the residents review the menu for the next week, and can substitute up to three items for other meals with a similar dietary value. Training in dietary skills also occurs during outings to the grocery store when the residents are taught how to make healthy choices rather than be restricted in their choice of food items.

Occasionally, the Hugo Hills team lacks patience. Sometimes it occurs following one serious incident, on other occasions it is a result of several small therapeutic failures. When the staff morale is temporarily diminished, we observe certain characteristic symptoms. Some team members suddenly spend excessive amount of time away from the residents documenting their work. Others are involved in private conversations and tend to be annoyed when the residents approach them with various requests. Occasionally, some staff members become grumpy and irritable in response to the residents' small infractions. In general, when under stress, the team tends to seek quick and often punitive solutions to persistent clinical problems. At Hugo Hills there are mechanisms preventing this temporary decline in the staff morale from becoming a long-term problem. One such mechanism is the clinical supervision of the staff that underscores the importance of measuring residents' progress in months rather than in days or weeks. In addition, house meetings serve as a forum to recognize publicly the staff and residents for their small accomplishments and to encourage their mutual kindness. An important role in keeping the staff on their toes is played by the Hugo Hills consumer advocate – herself with a long history of psychiatric treatment – who systematically surveys residents' opinions about various aspects of their daily life at

Hugo Hills. Sometimes the results of the survey become a true warning signal, when for example an anonymous respondent calls for the staff to "cool their jets". Generally speaking, the consumer advocate provides an invaluable feedback to the staff and helps us maintain our mutual trust and respect with the residents.

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Address for correspondence:
Andrzej Axer,
1287 Orchid Street
Ashland, OR 97520
haxerh0812@aol.com