THE ELEPHANT IN THE ROOM:
RECONCILING RECOVERY PRINCIPLES WITH FORCED TREATMENT

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The speakers have no conflicts of interest to disclose.

THE ISSUE

Recovery Principles (RP) have become a treatment standard in psychiatric nursing:
• Pittsburgh APNA Annual Conference
• Recovery “camps” are forming
• Conflicting views of recovery
• Definitions are in flux
• Involuntary patients
• RPs and forced treatment

LEARNING OBJECTIVES

• Describe 2 ways that RPs can be incorporated into forced treatment.
• List 3 positive outcomes that can result from incorporating recovery-inspired treatment into involuntary care.
• Discuss how political, economic, and social conditions have influenced the recovery paradigm.
### RECOVERY

- Deinstitutionalization
- Consumer movement began in the 70’s
- Alcoholics Anonymous
- Research: Harding et al. (1987)
- SAMSHA, NAMI, APA, APNA

(Anthony, 2000; Moller & McLoughlin, 2013)

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### RECOVERY TIMELINE

- 1970: Women’s, gay rights, & disability rights movements
- 1970: Insane Liberation Front
- 1978: *On Our Own: Patient Controlled Alternatives to the Mental Health System*
- 1979: NAMI (WI)
- 1981: 1st National Consumer Conference (WA)
- 1992: Mary Ellen Copeland-WRAP
- 2004: SAMHSA Consensus Statement

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### RECOVERY CONCEPTS

- Hope
- Self-Determination
- Strengths-Based
- Choice
- Collaboration
- Compassion
- Personal Responsibility
- Social Context
- Consumer Involvement
THE DETRACTORS

- Recovery is a white, middle-class, Western construct
- Marginalizes those who don’t fit
- Recovery and psychiatric symptoms are mutually exclusive
- Not evidence-based
- Gives false hope to those who don’t recover
- RP’s allow patients to avoid needed treatment
- Ignores economic realities

(Davidson et al., 2006; Fernando, 2008)

POLITICAL & ECONOMIC FACTORS

The “Perfect Storm”
- Billions cut from state mental health budgets
- More individuals seeking care
- Decreased number of psychiatric beds
- Washington State in crisis
- Voluntary admissions more difficult
- Increased patient acuity

(Glover, Miller, & Sadowski, 2012; Honberg, Kimball, Diehl, Usher, & Fitzpatrick, 2011; Smith, 2011; Whitaker, 2013)

THE NEWS, THE MEDIA, AND RECOVERY

- Should patients guide their own care?
- When is treatment necessary?
- Patient rights vs. community safety
- Legal considerations
- Ethical considerations
- Case study: Cafe Racer

(Geode, Kovaleski, Healy, & Frosch, 2012; Gordon, 2013; Halbfinger, 2012; Santora, & Hartsook, 2012; Stueckel, 2013)
SAFETY AND SECURITY

- Self-determination vs. community safety
- Balance goals of person and community expectations
- Treatment focus is on preventing harm
- Patient-centered care

PHILOSOPHIES OF FORCED TREATMENT

- Mental Health America
- SAMHSA
- National Alliance on Mental Illness
- Bazelon Center for Mental Health Law
- Treatment Advocacy Center

FORENSIC OR CIVIL COMMITMENT

Do individuals with mental illness belong in jail?
- Laws vary by state
- Involuntary medications
- Lack of treatment
- Victimization
- Community safety
- Recovery in forensic settings
**ETHICAL CONSIDERATIONS**

Involuntary treatment:
- First step to recovery
- Moral obligation
- Prevent human suffering
- Respect for persons
- Human dignity
- Restraints and recovery

“If a person with serious mental illness becomes psychotic and dangerous, how can one honor the principles of recovery-oriented practice to achieve recovery goals without use of involuntary interventions?” (Geller, 2012)

**RECOVERY ON AN INVOLUNTARY UNIT**

- Recovery as process
- Staff training
- Strengths-based
- Incorporates patient goals
- Focus on teaching skills
- Patient education
- Increase tolerance for aberrant behavior
- Think “outside the box”
CARE AND COLLABORATION

• There is always a choice
• Provide opportunities for collaboration
• Involuntary hospitalization offers treatment opportunities
• "No" is an option
• Raise the bar—expect more

ADELLE

• 30 year-old transgendered woman
• Jumped from a bridge breaking both legs
• Schizoaffective & borderline personality disorders
• Easily agitated
• Persecutory delusions
• Disruptive to the milieu
• Patients have threatened to harm her

HOPE

• Each hospitalization is an opportunity for recovery
• Share patient stories
• Provide perspective
• Lead by example
• Use peers
PEER BRIDGER PROGRAM

- Works collaboratively with patient and providers
- Treatment team member
- Involved in discharge planning
- WRAP
- Support 30-90 days after discharge
- Medication support
- Illness self-management

OUTCOMES

- Conveys respect
- Improves therapeutic alliance
- Empowers patient
- Decreases power struggles
- Increases patient & staff satisfaction

MATT

- 36 year old male
- Homeless
- Paranoid schizophrenia
- Selectively mute
- Refusing PO medication
MANY VOICES, ONE GOAL

- Different facilities, different patients, same goal
- Involuntary hospitalization can be first step to recovery
- Involuntary treatment can be patient-centered
- Involuntary treatment often requires more provider involvement
- Basic recovery principles are the same

POST TEST

1. Recovery principles can be incorporated into forced treatment by:
   a. Offering choices
   b. Collaborating
   c. Providing peer support
   d. All of the above

2. Caregivers should refrain from using principles of recovery when:
   a. Compelling medications
   b. Secluding or restraining a patient
   c. Discussing mandated treatment
   d. Never

POST TEST CONT’D

3. Current political, economic, and social influences have made the application of recovery principles more challenging because:
   a. Increased social acceptance for patient self-determination
   b. There has been a decrease in psychiatric beds
   c. Decreased funding has resulted in fewer community-based resources
   d. Both b and c

4. Positive outcomes from using recovery principles in involuntary treatment are:
   a. Improves the nurse-patient therapeutic relationship
   b. Empowers patients
   c. Shows respect
   d. All of the above
REFERENCES


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REFERENCES, CONT’D
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