Changing Inpatient Psychiatry: Moving from Control to Empowerment through Behavioral Activation

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Objectives

- Participants will be able to define Behavioral Activation Communication and its utilization on an inpatient psychiatric unit
- Participants will review BAC installation on inpatient unit
- Participants will review self-report tool designed to assist patients in identifying behaviors of avoidance or approach
Acute Inpatient Psychiatric Units

- Acute units treat complex patient populations with varied diagnoses.
- Psychiatric units strive to develop a central philosophy that is treatment focused versus structure focused (engagement versus containment).
- Behavioral Activation Communication (BAC) was identified as the inpatient treatment philosophy because of its applicability to diverse patient populations.

Why Have a Specialized Approach?

- Behavioral passivity and avoidance are prevalent in psychiatric conditions.
- Behavioral Activation as a milieu is tailored to reduce avoidance and passivity and improve the patients’ acceptance of care and treatment.
- Reducing unproductive avoidance should produce increased positivity and goal achievement.

Goals of Inpatient Treatment

- Goals of hospitalization are to accelerate recovery, independence, and functionality.
- In a well controlled context or social milieu, inpatients learn how to actively manage their illness.
- Behavioral activation skills reduce obstacles of health and increase competent self care.
Avoidance Linked with Health Indices

- Mortality
- Hypertension, cardiovascular mortality
- Substance abuse
- Depressive symptoms
- Quality of life
- Inefficient sleep
- Immunity


Working Model of BA

- Triggering Event(s): Job loss, shift change, breakups
- Daily hassles
- Increased stress, lost reinforcement
- Affective and Biological Arousal: Negative affect, low energy, sleep, demoralization
- Behavioral Inclination: Passivity, avoidance
  - "I'll figure this out tomorrow"
- Secondary consequences

An Evidenced Based Milieu

- A communication style that frames patients on-unit behavior within avoidance and approach paradigms
- Staff teach and practice principles of Behavioral Activation across all dimensions of the inpatient experience
- The goal of BAC is to create sustainable, healthy, and naturally reinforcing behavior routines
- Integrated into group meetings, education, nursing care, physician inquiry, discharge plans
- "BAC-Bone" of all unit activities
Elements of Behavioral Activation

- Reducing Avoidance Behaviors
  - Reduce withdrawal and passivity
  - Promote sense of accomplishment and satisfaction

- Increasing Targeted Activation
  - Focus attention on obtaining reward, increasing motivation
  - Improve methods of managing stress
  - Reduce symptoms (anxiety, depression, suicidality)

- Using Activation Skills to Improve Functionality
  - Adhere to the treatment plan
  - Coordinate discharge plans for aftercare

Advantages of BAC

- Flexible implementation
- Dynamic adjustment of goals
  - Level of functioning, treatment progress
- Guidance and feedback from multiple staff
- Sampling of BA skills
  - Worksheets offer strategies of principles
- Utility not limited by diagnosis

Implementation of BAC

- Behavioral Activation communication was implemented on an inpatient unit through strategic interventions
- Implementation done at staff level, which included specialized training and super users
- Patient level included specialized tools and teaching materials
- Program level included revision of patient groups
Checklist of Unit Behavior

- Central to the implementation of BAC was the development and implementation of the Checklist of Unit Behaviors or CUB
- The tool is to be used daily as a focal point for patients to identify their use of avoidance and approach behaviors in real time.

Comparing BAC with TAU

- Compare BAC Unit with Treatment as Usual Unit
  - Two identical residential units, with nested staff
  - Minimal staff and patient exchange across units
  - Ordinary patient assignment to units to minimize disruption to setting and improve external validity of the design
- Measures at Admission and Discharge
  - Brief Symptom Inventory: 9 symptom scales, inpatient norms
  - Positive and Negative Affect Schedule: 20 single-word items, implicit reaction to stimulation
  - Behavioral Inhibition/Activation Scale: Two scales, motivational substrates of activation and inhibition
  - Checklist of Unit Behaviors: approach/avoidance on the unit

BAC on the Unit

- Programmatic activities structured through the day
- Monday: BAC is Collaborative
  - Communicating with Staff - Use the CUB
  - Increasing Mastery and Positivity Feelings
- Tuesday: Context Matters
  - Tracking Mastery and Pleasure - Collect Data
  - Add It Up: Situation and Behavior = Mood
- Wednesday: Identify and Replace Avoidance
  - Avoidance has a function
  - Avoidance and Negative Moods are Linked
  - Practice with 2-Day Scheduling Sheet
**BAC on the Unit**

- **Thursday: Strategies to Increase Targeted Activities**
  - Create Natural Rewards
  - Let the data speak (GEM: Goals are to Enjoy and Master)
  - Climb Your Ladder (smallest step first)
- **Friday: Ways to Sustain Behavioral Changes**
  - Purpose of avoidance
  - Methods of reducing avoidance
  - M-A-P to find your destination

Consolidated learning over the weekend

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**Behavioral Activation Communication**

- Checklist of Unit Behaviors (CUB): Excellent psychometric properties, good clinical tool for patients and staff, measures avoidance and approach of treatment milieu, correlates with affect, distress
- BAC significantly increases positive affect and reduces negative affect for patients with major depression
- BAC patients reporting significantly greater engagement with the treatment milieu
- Staff enthused about approach

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**Summary**

- Behavioral Activation Communication is an evidenced based milieu approach that assists patients in making targeted behavioral changes
- BAC can easily be incorporated into inpatient treatment
- BAC focuses the nurses interaction with the patient as collaborative and one of engagement versus control
References


References (cont.)


Key Facts About Northwestern Memorial Hospital
Northwestern Memorial Hospital
Chicago, Illinois

- 894-bed Academic Medical Center Hospital
- Primary Teaching Affiliate of Northwestern University Feinberg School of Medicine
- Nationally Recognized for Clinical Excellence
- Magnet Recognition for Nursing Excellence
- Honored with the National Quality Health Care Award
- Strong Tradition of Community Service
- Major Employer in City of Chicago
- World-Class Inpatient/Outpatient Facility Opened in 1999
- World-Class Women’s Hospital Opened in October 2007
- One of five Healthcare Institutions in the U.S. with a AA+ Bond Rating
- Affiliated with Northwestern Lake Forest Hospital, a community hospital serving northern Illinois, in February 2010

Northwestern Memorial is Widely Recognized for Excellence

"America's Best Hospitals"
We continue to be ranked the No. 1 hospital in the Chicago Metro area and we are ranked nationally in 13 medical specialties by U.S. News & World Report.

Magnet Recognition
Redesignated with Magnet status, the gold standard for nursing excellence and quality of care. First achieved Magnet in 2006.

University HealthSystem Consortium
Ranked No. 3 in the University HealthSystem Consortium 2011 Quality and Accountability rankings of academic medical centers.

"100 Top Hospitals"
Recognized as one of the nation’s “Top Hospitals” for 2011 by Thomson Reuters, an assessment that examines the overall performance of more than 3,000 hospitals nationwide.

National Quality Health Care Award
Sole recipient of the prestigious National Quality Award, presented by the National Committee for Quality Health Care.

"Consumer Choice"
Sole winner for seven consecutive years of the “Consumer Choice” award from Chicago-area consumers in market research. Named “most preferred” Chicago-area hospital for 17 consecutive years.

"Most Wired"
Named 10 times to Hospital & Health Networks magazine’s list of the “100 Most Wired” hospitals and healthcare systems.

Key Northwestern Memorial Hospital Statistics
Fiscal Year 2011

- 49,777 Inpatient Admissions
- 12,211 Deliveries – Largest Birthing Center in Illinois
- 82,473 Emergency Department Visits
- 642,647 Outpatient Registrations
- 6,769 Employees
- 1,705 Physicians on the Medical Staff