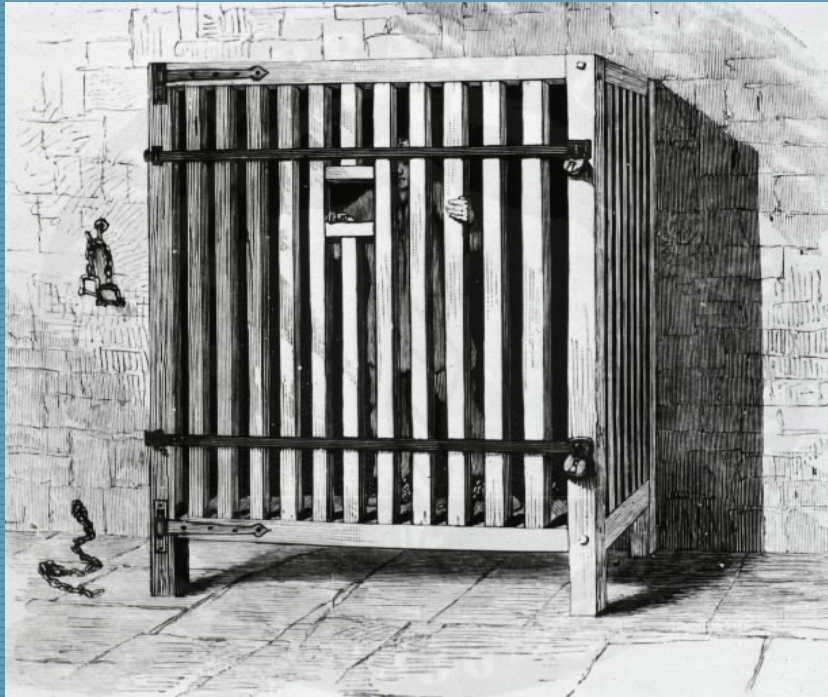


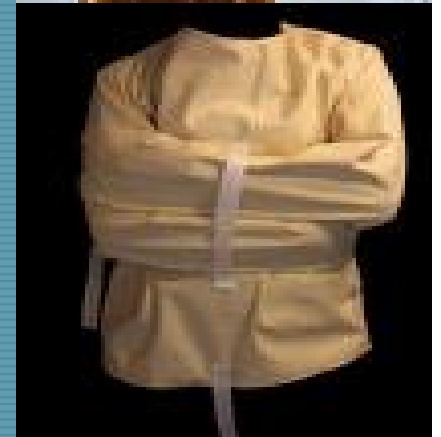
Subjective Experience in Community Treatment



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Can treatment be forced?

- ❑ Mental Illness is related to an increase in adverse outcomes (Eronen, Angermeyer & Schulze, 1998; Hodgins, 1992 in Mullen, 2006; Swanson, Holzer, Ganju & Jone, 1990)
- ❑ Treatment is coercive in its very nature (Scheid, 2001)
- ❑ Subjective Coercion has greater impact than legal status (Rain et al 2003, Monahan et al 1995)
 - Reactions to tmt and hospitalization
 - Coerced voluntarism
- ❑ Paucity of research + conflicting findings



A modicum of coercion

- ❑ Patients who voluntarily engage in treatment are Less likely to...
 - feel angry or forced
 - Actively participate in treatment & comply with meds (McKenna et al., 2006)

 - ❑ Mandated treatment may yield positive results
 - decrease in risk for violence (Swanson et al., 2000)
 - decrease probability of victimization (Hiday et al., 2002)
 - decrease in alcohol consumption (Miller and Flaherty, 2000)
 - greater medication compliance, and more frequent contact with treatment providers (McKenna et al., 2006; Swartz et al., 2001)
-

Room for Improvement

- ❑ Perceived experience and outcomes

 - ❑ Perceptions of procedural justice are associated with outcome satisfaction
(Poynthress et al., 2002)

 - ❑ Stability of PC & PNH
 - Gains in insight? (Gardner et al., 1999; Guarda et al., 2007)
 - Individuals who did not perceive a need for hospitalization reported ⬆ coercion and negative pressures
-

Perceived Coercion (adapted from MAE Survey)

- I felt free to do what I wanted about coming into the hospital
 - I chose to come into the hospital
 - It was my idea to come into the hospital
 - I had a lot of control over whether I went to the hospital
 - I had more influence than anyone else on whether I came into the hospital
-

Procedural Justice (McKenna, Simpson & Coverdale, 2006)

- ❑ I have enough of a chance to say what I want to say about my treatment *(voice)*
 - ❑ Those involved in my treatment really listen to what I have to say *(validation)*
 - ❑ The decisions made about my treatment are fair and just *(fairness)*
 - ❑ Those involved in my treatment do so out of concern for me *(motivation)*
 - ❑ Those involved in my treatment treat me with respect *(respect)*
 - ❑ Those involved in my treatment provide me with enough information about what is happening *(information)*
 - ❑ Those involved in my treatment try to trick me, or fool me into being treated *(deception)*
-

Negative Pressures (adapted from MAE Survey)

- People tried to force me to participate in treatment
 - Someone threatened me to get me to participate in treatment
 - Someone physically tried to make me participate in treatment
 - I was threatened with commitment
 - They said they would make me participate in treatment
 - No one tried to force me to participate in treatment [reverse scored]
-

Questions

- ❑ How are PC, PJ and NP related to one another?
 - ❑ Are perceptions at admission related to outcomes?
 - Clarify (e.g. which perceptions predict which outcomes)?
 - ❑ Are perceptions during treatment related to outcomes?
 - Clarify (e.g. which perceptions predict which outcomes)?
-

Method: Participants

- ❑ Civil Psychiatric inpatients approaching discharge age 18+
 - ❑ Baseline assessment prior to discharge
 - ❑ Semi-structured interviews and record reviews
 - Self-report measures incorporated, collateral informants optional
 - ❑ Target predictors at admission and post-discharge
-

Procedure: Predictors

- Perceived Coercion at admission (Monahan et. al, 2001)
 - Perceived Coercion during treatment (Monahan et. al, 2001)
 - Procedural Justice at Admission (McKenna, B.G., Simpson, A., & Coverdale, J.H., 2006; Monahan et. al, 2001)
 - Procedural Justice during treatment (McKenna, B.G., Simpson, A., & Coverdale, J.H., 2006)
 - Negative Pressures at admission (Monahan et. al, 2001)
 - Negative Pressures during treatment (Monahan et. al, 2001)
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Outcomes

- ❑ Violent Perpetration, Victimization and SRB
 - COVR, MacArthur
 - ❑ Psychiatric Sx & Fx
 - COVR, MacArthur, BPRS
 - ❑ Substance Use
 - MAST and DAST
 - ❑ Treatment involvement & compliance
 - CALPAS, URICA, MacArthur
-

Demographics N=54

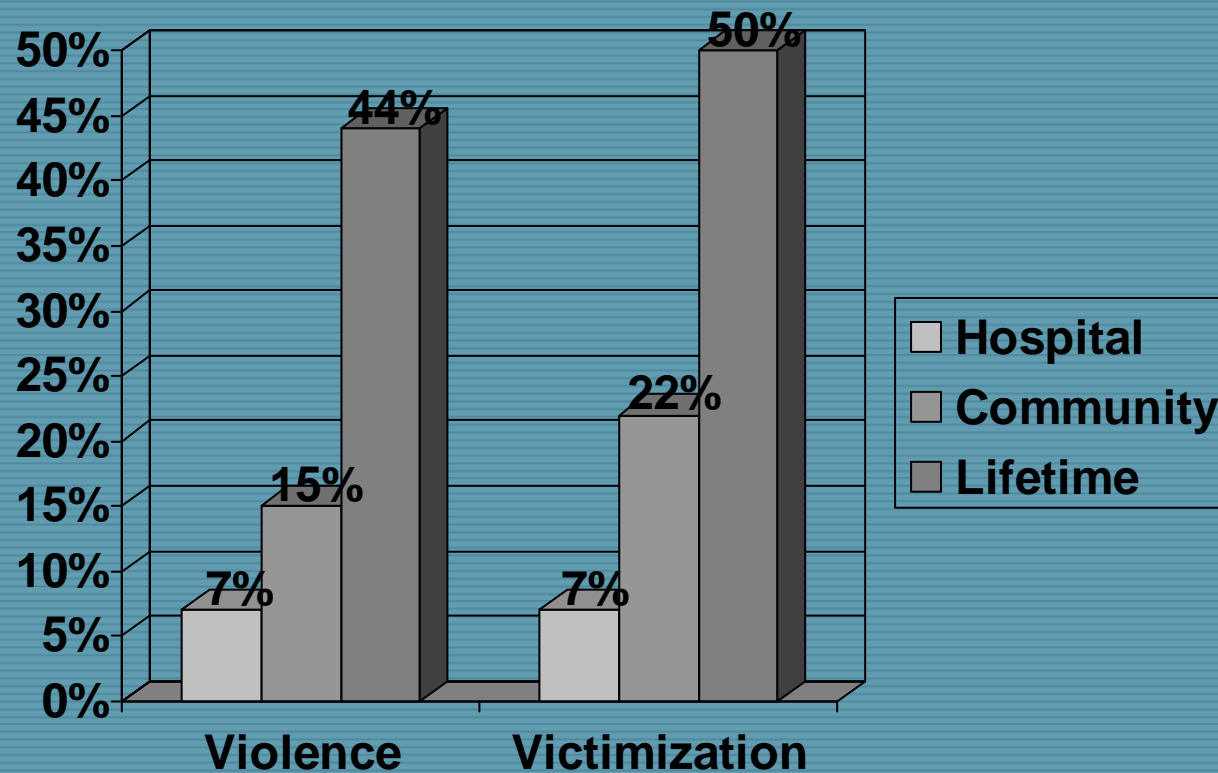
- Age: $M= 35$, $S.D.= 12$
 - Race: 73% White, 12% Asian, 1% Aboriginal
 - Gender: 52% Male
-

Results: symptoms and Functioning

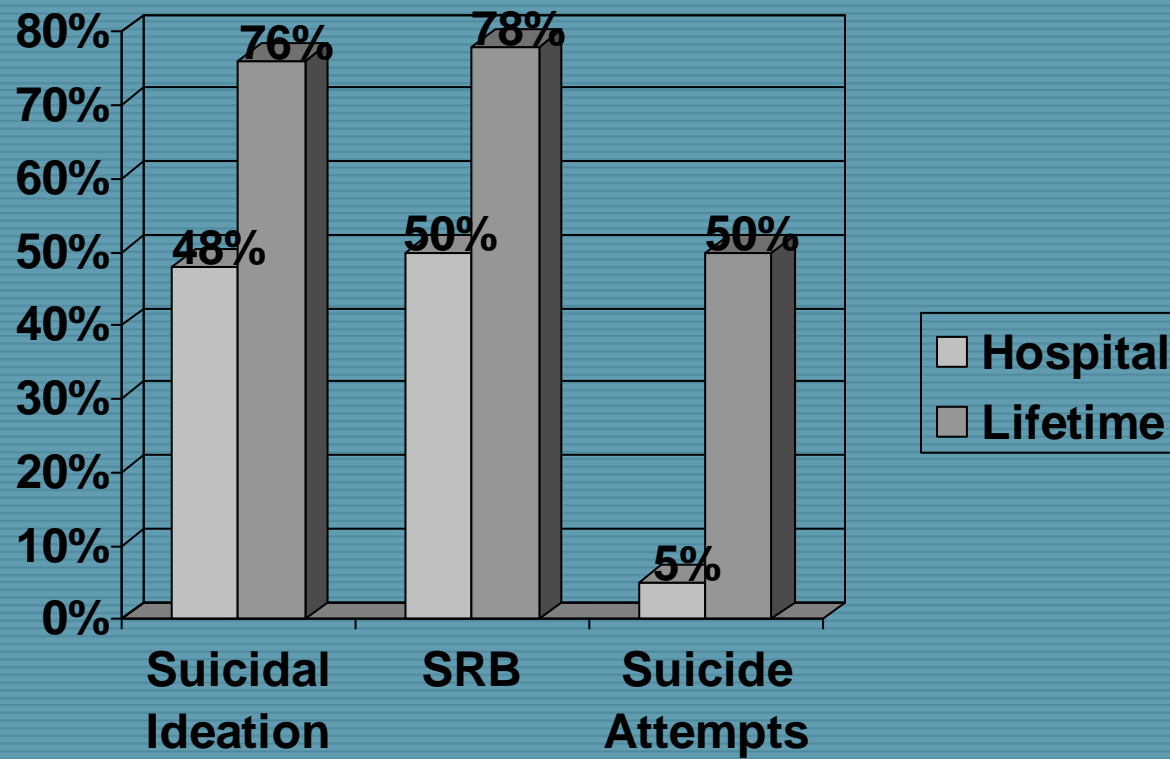
- Sx at admission: delusions, hallucinations, agitation, confusion/disorientation, hostility, mania
 - N=39, 72%

 - Impairments in functioning in previous week
 - N=22, 41%
-

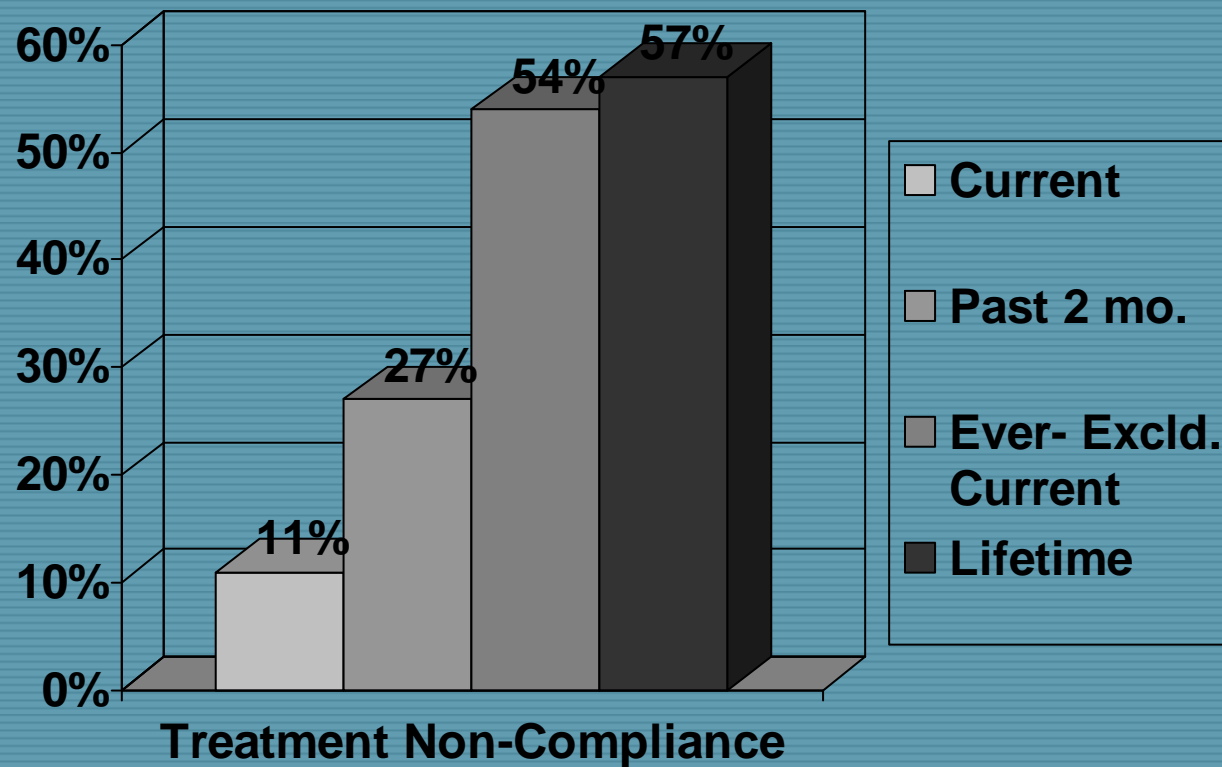
Results: Violence and Victimization



Results: Self Harm and SRB



Results: Treatment Non-Compliance



Reliability

- PCHA $\alpha = .84$
 - NPHA $\alpha = .81$
 - PJHA $\alpha = .49$
 - PCTP $\alpha = .89$
 - NPTP $\alpha = .74$
 - PJTP $\alpha = .82$
-

Relationships among predictors

- Within constructs
 - PCHA and PCTP ** $r = .48$
 - NPHA and NPTP ** $r = .50$
 - At Admission
 - PCHA and NPHA ** $r = .51$
 - During Treatment
 - PCTP and NPTP ** $r = .59$
 - PCTP and PJTP ** $r = -.45$
 - NPTP and PJTP * $r = -.38$
 - Across constructs and contexts
 - PCHA and PJTP * $r = -.40$
-

Outcomes: Treatment Involvement

- ❑ NPTP & URICA-maintenance $p = .026$, $r = -.405$
 - ❑ PJTP & CALPAS- total $p = .047$, $r = .348$
 - ❑ PCTP & CALPAS –total $p = .088$, $r = -.301$
 - ❑ PCHA & URICA- readiness $p = .072$, $r = -.292$
-

Outcomes: Psychiatric Sx

- ❑ PCHA & TCO harm past week $p=.005$, $r=.421$
 - ❑ PJTP & COVR fx past week $p=.049$, $r=-.499$
 - ❑ PCTP & Dx of schizophrenia or mania $p=.068$,
 $r=-.343$
 - ❑ NPTP & Decompensation a reason for
admission $p=.065$, $r=-.347$
-

Outcomes: Non-Compliance

- PJTP & current non-compliance $p = .002, r = -.504$
-

Outcomes: SHSRB

- NPHA & self harm in hospital $p=.032$, $r=.332$
 - NPHA & SA in hospital $p=.090$, $r=.251$
 - NPHA & SI ever $p=.099$, $r=.251$
 - NPTP & SI ever $p=.059$, $r=.327$
-

Outcomes: Violence

- ❑ PCTP & presence of violence $p=.044$, $r=.371$
 - ❑ PCHA & presence of violence $p=.086$, $r=.265$
 - ❑ NPHA & frequency of violence $p=.075$, $r=-.278$
 - ❑ PCTP & presence of hospital or community violence (narrow) $p=.072$, $r=.333$
 - ❑ PCTP & ever fight with spouse, $p=.055$, $r=-.354$
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Findings so far

- ❑ Perceptions during admission are related to perceptions during treatment
 - ❑ Both perceptions during admission as well as perceptions during treatment are related to outcome
 - ❑ Procedural justice during treatment participation is of specific interest re: treatment compliance and TA as well as increased fx
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Limitations

- Preliminary results: data collection ongoing
 - Bivariate associations
 - Past community and current hospital fx

 - Potential alternative explanations e.g. personality characteristics
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References

- Cascardi, M., & Poythress, N. G. (1997). Correlats of perceived coercion during psychiatric hospital admission. *International Journal of Law and Psychaitry*, 20 (4), 445-458
- Dawson, J., Romans, S., Gibbs, A., & Ratter, N. (2003). Ambivalence about community treatment orders. *International Journal of Law and Psychiatry*, 26, 243-255.
- Eronen, M., Angermeyer, M.C. & Schulze, B. (1998). The psychiatric epidemiology of violent behaviour. *Social Psychiatry and Psychiatric Epidemiology*, 33, 13-23.
- Guarda, A. S., Marinilli Printo, A., Coughlin, J. W., Hussain, S., Haug, N. A., & Heinberg, L. A. (2007). Perceived coercion and changed perceived need for admission in patients hospitalized for eating disorders. *American Journal of Psychiatry*, 164(1), 108-114
- Hiday, V., Swartz, M. S., Swanson, J. W., Borum, R., & Wagner, H. R. (2002). Impact of outpatient commitment on victimization of people with severe mental illness. *American Journal of Psychiatry*, 159, 1403-1411.
- Hodgins, S. (1992). Mental disorder, intellectual deficiency, and crime: evidence from a birth cohort. *Archives of General Psychiatry*, 49, 476-483.
- Lidz, C., Hoge, S., Gardner, W., Bennett, N., Monahan, J., Mulvey, E., & Roth, L. (1995). Perceived coercion in mental hospital admission. *Archives of General Psychiatry*, 52, 1034-1040
- McKenna, B. G., Simpson, A. I. F., & Laidlaw, T. M. (1999). Patient perception of coercion on admission to acute psychiatric services: the New Zealand experience. *International Journal of Law and Psychiatry*, 22(2), 143-153
- McKenna, B. G., Simpson, A. I. F., Coverdale, J. H., & Laidlaw, T. M. (2001). An analysis of procedural justice during psychiatric hospital admission. *Journal of Law and Psychiatry*, 24, 573-581
- McKenna, B. G., Simpson, A. I. F., & Coverdale, J. H. (2006). Outpatient commitment and coercion in New Zealand: A matched comparison study. *International Journal of Law and Psychiatry*, 29, 145-158
-

References

- Miller, N. S., & Flaherty, J. A. (2000). Effectiveness of coerced addiction treatment (alternative consequences) A review of the clinical research. *Journal of Substance Abuse Treatment, 18*, 9-16
- Monahan, J., Hoge, S.K., Lidz, C., Roth, L., Bennett, N., Gardner, W., & Mulvey, E. (1995). Coercion and commitment: understanding involuntary mental hospital admission. *International Journal of Law and Psychiatry, 18*(3), 249-263.
- Mullen, P.E. (2006). Schizophrenia and violence: from correlations to preventive strategies. *Advances in Psychiatric Treatment, 12*, 239-248.
- Poythress, N. G., Petrila, J., McGaha, A., & Boothroyd, R. (2002). Perceived coercion and procedural justice in the Broward mental health court. *International Journal of Law and Psychiatry, 25*, 517-533
- Rain, S. D., Williams, V. F., Robbins, P. C., Monahan, J., Steadman, H. J. & Vesselinov, R. (2003). Perceived coercion and hospital admission and adherence to mental health treatment after discharge. *Psychiatric Services, 54*(1), 103-105.
- Scheid, T.L., (2001). Coercion in mental health services: International perspectives. *Mental Health Services Research, 3*(2), 115-117.
- Steadman, H. J., Mulvey, E. P., Monahan, J. (1998). Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighbourhoods. *Archives of General Psychiatry, 55*(5), 393-401
- Steadman, H. J., & Redlich, H. D. (2006). A scale to measure perceived coercion in everyday life: A concept to inform research on the legal issues of coerced treatment. *International Journal of Forensic Mental Health, 5*(2), 167-171
- Swanson, J.W., Holzer, C., Ganju, V.K. & Jone, R.T. (1990). Violence and psychiatric disorder in the community. Evidence from the Epidemiologic Catchment Area surveys. *Hospital and Community Psychiatry, 41*, 761-770.
- Swanson, J. W., Swartz, M. S., Borum, R., Hiday, V., Wagner, H. R., & Burns, B. (2000). Involuntary out-patient commitment and reduction of violent behaviour in persons with severe mental illness. *British Journal of Psychiatry, 176*, 324-331.

References

- Swanson, J. W., Swartz, M. S., Elbogen, E. B., Wagner, H. R., & Burns, B. (2003). Effects of involuntary outpatient commitment on subjective quality of life in persons with severe mental illness. *Behavioral Sciences and the Law, 21*, 473-491
- Swartz, M. S., Swanson, J. W., Wagner, H. R., Burns, B., Hiday, V., & Borum, R. (1999). Can involuntary outpatient commitment reduce hospital recidivism?: Findings from a randomized trial with severely mentally ill individuals. *American Journal of Psychiatry, 156* (12), 1968-1975
- Swartz, M. S., Swanson, J. W., Wagner, H. R., Burns, B., & Hiday, V. (2001). Effects of involuntary outpatient commitment and depot antipsychotics on treatment adherence in persons with severe mental illness. *The Journal of Nervous and Mental Disease, 189*(9), 583-592
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Measures: Psychometric Properties

- ❑ Perceived coercion, procedural justice and negative pressures scales were taken from the MacArthur Admission Experience Interview
 - internal consistency ($r = .38-.73$)
 - reliability ($\alpha = .54-.90$)
 - ❑ Perceived coercion in every day life, a new measure developed by Steadman et al. (2006) included to assess subjective quality of life
 - internal consistency ($r = .36-.57$)
 - and reliability ($\alpha = .83$)
 - ❑ Base rates for outcome measures in similar populations range from 41% to 72% and are expected to be adequate for statistical purposes (Steadman et al., 1998)
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