When the client is an institution: Interdisciplinary consulting and research opportunities at the Oregon State Hospital

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Oregon State Hospital History and Overview

- 1883-Oregon Insane Asylum opens
- 1955-Last building was constructed
- 1950s- hospital population over 3,000
- Today-675 budgeted beds: 439 Forensic, 122 Adult Civilly Committed and 114 Geropsychiatric
- 2003- New Superintendent led to new focus on the hospital
- 2006 -Master Plan and legislative approval for building a new hospital
- 2007- US DOJ highlighted many problems in facilities, staffing, and patient care
- 2008- the bad publicity and public scrutiny can be turned to a force to bring the OSH into the forefront of modern facilities with modern, evidence based practice
The Oregon State Hospital as it looked in 1885.
Women’s Ward 1905
36 /Dome Building
An institutional dilemma: How to evolve gracefully

Shift in treatment philosophy from ‘medical model’ to:

Recovery based, person centered treatment focused on discharge to community.
Anticipated Changes

• Design and build a new hospital
• Treatment service delivery
• Organization and management structure
• Roles of staff
• Hiring, orienting and retaining new workforce
• Curriculum development & implementation of evidence based practices
• Assessment & Treatment Care Planning
• Information systems changes-medical record, pharmacy, data
• Outcome measurement
Research and evaluation needs noted by OSH

- Impact of new facility
- Impact of new treatment delivery system
- Effectiveness of: dual disorders treatment, sex offender treatment, community integration programming, vocational and educational services, etc
- Fall reduction strategies
- Impact in changes in psychopharmacology
Consultation as a professional activity

- Identifying the client
- Who are the stakeholders
- Understanding the context
- Short, intermediate, and long term projects
Occupational Therapy: Building Clinical and Academic Partnerships
Re-Connecting in New Ways

Background:

• Oregon State Hospital has been an existing clinical training site for Pacific University occupational therapy students, however now new bridges have formed in this collaboration.
Academic Shifts:

• Syllabus expanded by using OSH clinical staff as educators, this includes training at hospital and through guest lectures.
• Beginning March, two courses in first year occupational therapy will be piloted.
• Occupational therapy students will do case study including chart review, treatment plan writing, assessment and group work with patients at the hospital.
• OSH therapists are seen as partnered educators with academic educator.
Second and third year occupational therapy students:

• Opportunities for continued collaboration while designing masters research projects.

• Opportunities for innovative practice ideas that include new models being implemented at the hospital.

• Student, therapist and faculty collaboration for evidence based practice projects to evaluate effectiveness of occupational therapy treatment in the setting.
Organizationally:

- Work force shortages
- Meets needs of practice shortage in Oregon by training more occupational therapy students in mental health practice.
Research in cognitive assessment:
Heidi Meeke
Measures / Assessment Tools

Psychometrics
Measure  
Rel/Val

• Assessment of Motor and Process Skills (AMPS)  
  – Excellent reliability (r = 0.86 to 0.93)

• Behavioural Assessment Scale (BAS)  
  – Normative age tables  
    • 60 – 69  
    • 70 – 79  
    • 80 – 89  
  – Regression-predicted percentile ranks

Goals/Constraints

Characteristics of use

• Evaluates M & P skills + impact on complex/instrumental & ADL behaviors  
  – 16 motor skills, 20 process skills

• Gauges safety, independence, ease, and efficiency in task performance of goal-directed actions

• Documents functional status of older people with moderate to severe dementia/cognitive impairment  
  – Sensitive to varying levels of adaptive behavior deficits  
  – 32 items (23 scaled, 9 dichotomous)  
  – Predicts Global Functioning and Daily Living Skills
Measures / Assessment Tools

Psychometrics

Measure
Rel/Val

- Barthel Index (BI)
  - Excellent reliability ($r = 0.89$ to $0.94$)
  - Modified 10-item version (Functional Independence Measure) also excellent reliability ($r = 0.89$ – $0.96$)

- Montreal Cognitive Assessment Scale (MoCA)
  - Excellent reliability ($r = 0.92$)

Goals/Constraints

Characteristics of use

- Originally measured dependence, now often measure of ADLs and personal disability
- OK for both neurological disorders and physical disability

- Rapid screening detection of mild cognitive impairment
  - Differentiate between mild impairment and normal subjects who have memory complaints
  - Attention/concentration, executive functioning, memory, language, visuoconstruction skills, conceptual thinking, calculations, orientation

- Everyday cognitive functioning tool
### Measures / Assessment Tools

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<tr>
<th>Psychometrics</th>
<th>Goals/Constraints</th>
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<tr>
<td><strong>Motor Assessment Scale (MAS)</strong></td>
<td><strong>Characteristics of use</strong></td>
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<tr>
<td>- Excellent reliability ($r = 0.92 - 0.99$)</td>
<td><strong>Assesses everyday motor functioning in patients with cognitive impairment</strong></td>
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<td><strong>Daily Living Activities Scale (DLA)</strong></td>
<td><strong>Task-oriented, performance based tool for functional tasks (as opposed to isolated patterns of movement)</strong></td>
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<tr>
<td>- Validity: Concurrent, convergent, discriminant</td>
<td><strong>To assess needs, plan services, and evaluate outcomes for serious mental illness</strong></td>
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<td>- Sensitive to change</td>
<td><strong>Easy to use, minimal training needed</strong></td>
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<td>- Adequate internal consistency and interrater reliability</td>
<td><strong>Complement client self-rated measures</strong></td>
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# Measures / Assessment Tools

## Psychometrics

**Measure**
- Independent Living Scale (ILS)

**Rel/Val**
- Excellent reliability ($r = 0.86$ to $0.98$)

## Goals/Constraints

**Characteristics of use**
- Assesses likelihood of successful independent community living
- Use to gauge competence with psychiatric illness (incl. schizophrenia) and with cognitive impairment
  - 5 subscales, 2 factor-analyzed subscales
    - Memory orientation
    - Managing money
    - Managing home and transportation
    - Health and safety
    - Social adjustment
    - Problem solving
Measures / Assessment Tools

Psychometrics

Measure

- Resident Assessment Instrument – Mental Health (RAI-MH)
  - Convergent validity
  - Excellent reliability (r = 0.70)

- UCSD Performance-Based Skills Assessment (UPSA)
  - Interrater reliability excellent
  - Correlated significantly with negative symptoms and cognitive impairment

Goals/Constraints

Characteristics of use

- Emphasizing personal functioning, through:
  - Psychiatric, social, environmental, medical issues at intake
  - Supports care planning, quality improvement, outcome measurement

- Assesses everyday functional capacity in mentally ill adults
  - Gauged through standardized role play
  - 5 domains of functioning:
    - Household chores
    - Communication
    - Finance
    - Transportation
    - Planning recreational activities
Selected References


Working with low-functioning/less verbal patients

Short-term goals:
1. promote therapeutic alliance
2. encourage attachment to treatment program
3. motivate for longer-term treatment
4. symptom relief and develop personal goals
5. reduce acting out and clinical stabilization
6. develop plans for rehabilitation to work/training/education
7. reduce sensory and social deprivation/isolation
8. collaborative psychopharmacology

Long-term goals:
1. rehabilitation/assertive community treatment/supported employment
2. psychological maturation/illness management and recovery skills
3. work through intrapsychic and interpersonal conflict
4. promote autonomy, independence, and skills acquisition
5. family psychoeducation/significant others involvement
Selected References


Interdisciplinary Opportunities

• Severe psychopathology is characteristic of patients in OSH, but many patients in OSH suffer from multiple medical, physical, and psychological problems.

• These are manifested in several ways. Management issues include:
  – Falls: some patients experience prolonged periods of risk for falls (OT, PT, PA)
  – Need for a variety of medications administered to individual patients (PA, Pharm, bioinformatics issues)

• New approaches to treatment care planning process and format

• Changes in staff roles: nursing staff as group leaders, trained in CADC certification

• Use of ACL for group placements: OT & Psych possible collaborations
Addressing long term change

- State hospital and long term changes
  - New treatment models
    - Federal, State, and Professional standards
  - New organizational structures
Research and consultation needs noted by OSH
Organizational Change

• Move to centralized services (“Treatment Mall”)
• Move to new hospital
• Leadership changes
  – New Superintendent and Chief Medical Officer
  – General leadership throughout for successful transition
• Transition to Evidence Based Practices
New challenges, new opportunities

• Integrating culture of patients into treatment.
• Evaluating the success of new risk assessment, intakes, and other processes
• Evaluating programs for discharge readiness & community reintegration, dual diagnosis, medication management & psychopharmacology.
What is needed to create the changes?
Leadership

Leaders need:
• Character
• Vision
• Strategic and tactical thinking
• Ability to inspire others
  – To challenge the status quo
  – Model new ways of thinking and doing
  – Inspire and empower others
• Expertise and credibility
• To earn the respect of others
Leadership is not enough ("You can lead a horse to water but you can’t make him drink")
Teamwork

To convert a group into a team, you need:

• Shared vision
• Common performance standards and reward system that encourages teamwork
• Mutual accountability
• Proper balance of procedure and opportunity to use ingenuity
  – Resources, environment, training, support
• Mutual respect and support
• Common working approach
A set of identified mechanisms of change

The mechanisms of change are the means through which interventions actually create the intended results. To identify the applicable MOCs you need:

• Theory of the MOC and of the system
• Information
• Logic relating activities to outcomes
Understanding the forces for and against change
What is the direction of change?

• Top down
• Bottom up
• Outside in
• Inside out
What would you do?

• What consultation strategy would:
  – Create the most buy-in?
  – Meet new standards of care?
  – Create a culture open to future changes?
  – What is the mechanism of change involved in your strategy? How is it linked to the goals of the intervention?
Special problems with interdisciplinary consultation

• Different ethical standards
• Different conceptualizations of evidence based practice
• Different relationships with clients