



Research Department Fact Sheet

Efficacious and Ethical Treatment for Psychiatric Patients

For many years, members of our Research team have studied the problems faced by patients admitted both to our hospital's forensic division and to nonforensic services. Although the individual problems that might be experienced by psychiatric patients are quite numerous, our research has showed that these many problems can be grouped together into a relatively small number of sets or factors. The benefit of doing so is that the services known to be effective for patients' problems tend to be very consistent within such sets. Thus, the psychosocial therapies known to be effective for depression are very similar (necessitating the same clinician skills, for example) to those known to be effective for the forms of severe anxiety that bring people to psychiatric hospital. Our research has also shown that designing and implementing treatment for psychiatric patients can be aided by taking advantage of similarities among patients in the pattern of problems that they face. Thus, although at first glance, patients seem to experience a multiplicity of complex problems, statistical analysis can discover commonalities within both problems and patients that greatly simplify the process of planning services.

Over the years, members of the Research Department have conducted several formal empirical evaluations of clinical programs and services provided at this hospital. In every case, the data have been used not just to determine the efficacy of treatment but also to motivate recommendations for improving therapeutic effectiveness. The most fundamental and important finding of all this research has been that the services provided have not always benefited from the knowledge that has accumulated. There is a lag, sometimes spanning decades, between what is known to help psychiatric patients and what is actually provided for them. Interestingly, this lag is primarily not due to lack of financial resources, partly because research shows that the most effective treatments are usually more cost-effective than routine custodial care. The gap between knowledge and delivery is clearly the most serious (and unnecessary) obstacle faced by patients of our, and most other, psychiatric hospitals.

In attempting to help, members of the Research Department have published several comprehensive reviews of the literature on the assessment and treatment for both forensic and nonforensic patients. Electronic copies of these extensive reviews may be obtained by sending us an e-mail. Very briefly, the evidence supports the use of systematic, standardized, formal assessments over unstructured, informal ways of characterizing the nature and magnitude of patients' strengths and problems. The services most clearly shown to be effective in ameliorating such problems and enhancing such strengths are those that embody teaching and learning. That is, broad based social learning programs are indicated for almost all psychiatric patients. The goals of such therapies are to improve functioning both within the institutional environment and, more importantly, within the community. For a small proportion of patients with very severe problems, very individualized behavioral therapies have considerable empirical support.

The role of drugs and other somatic interventions (e.g., electroconvulsive treatment) is also important. The evidence supports conservative treatment. Unfortunately, not all patients benefit from such treatments and those who have been inpatients the longest will generally benefit the least. These forms of treatment are known to have iatrogenic effects that, in many cases, limit effectiveness and even shorten life spans. For these reasons, ethical practice requires that the most efficacious psychosocial therapies always be offered as these do not present the same level of risk of harm. All psychiatric hospitals provide drugs but not all ensure that a full complement of psychosocial and behavioral treatments are provided.

Members of the Research team have also studied other aspects of the institutional environment in attempting to ensure that patients derive maximum benefit with the least risk. The largest effort here has been the study of violence and aggression within hospital. This research has shown that assaultive behavior and other aggressive incidents are not principally caused by psychiatric symptoms. Rather, such interpersonal conflicts within hospital have the same fundamental causes as those that occur anywhere else. Such findings focus attempts at reduction away from symptom management towards the institution's interpersonal environment. The best way to affect the interpersonal environment is with broad based social learning programs. But staff training is also important and Research staff created a staff training program and published the only controlled evaluation of such training in the literature. Our research has shown how altering staff behavior is associated with reductions in aggressive incidents and a safer workplace.

Research on other important aspects of the institutional environment has included studies of restraint and seclusion and other means to reduce violence. Optimal clinical service also depends upon ensuring that the specific clinician, manager, and administrator behaviors mandated by broad based programs actually occur as specified. This in turn requires that therapeutic activities be: well specified usually in manual form, measured at the level of the individual staff member, reported individually, and receive positive consequences for effective enactments. A model of this approach to program development, implementation, and evaluation is the Concurrent Disorders Program and is the subject of an article posted on this site.