

# SSPHA

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# Southern States Psychiatric Hospital Association

## Spring 2005

### Message from the President...

by James E. Smith,  
 SSPHA President of the Board



### Congratulations and Best Wishes to our Friend and Colleague

The Southern States Psychiatric Hospital Association is a duly incorporated and financially viable organization. Our member hospitals continue to find new and innovative ways to make it even more successful. In the beginning however, it was simply an idea that seemed to hold promise. One of our members who played an important role in moving the dream toward reality has recently retired and it is fitting that we recognize and honor his career and accomplishments.

On Thursday, February 24, 2005, C. V. (Bud) Stotler retired after thirty-five years of service to the state mental health system in Florida, the last twenty-one years of which were served as the Administrator of Northeast Florida State Hospital (NEFSH) in Macclenny, Florida. Previously, he served as the deputy director of the Florida's Division of Mental Health.

When he assumed the Administrator's job at NEFSH in 1984, he faced many challenges including closure of the facility. During his tenure, many positive changes were effected in the areas of patients' rights and choices, individualized treatment plans, new medications, public awareness, environmental enhancements, customer satisfaction, recovery oriented services and outcome based objectives. The facility's improvements were noted in June 2000 when it was awarded the Governor's Sterling Award. The Sterling Award is given to Florida organizations or businesses that demonstrate high efficiency, high customer satisfaction, and a resolve to constant improvement.

Bud's long tenure as an administrator of a state mental health treatment facility is something that he attributes to "dedicated and hard-working employees. They rise to the challenge every day, and it has truly been an honor to work with them and to call them my friends."

As for his plans for retirement, he plans "to teach my grandson how to fish" and spend time with his family.

All of us in the SSPHA wish Bud the very best as he begins a new chapter in life. We hope it is the best one yet. We also extend our sincerest thanks for his service as a member of our Board of Directors.

## ***The Kentucky Call to Action: Eliminating the Use of Seclusion and Restraint***

*Creating Violence Free and Coercion Free Mental  
Health Treatment Environments  
For the Reduction of Seclusion and Restraint*

The use of seclusion and restraint continues to be a pressing issue for those who work in the mental health field. Using these interventions raises numerous challenges in the areas of patient safety, identifying and implementing alternative treatment measures including prevention and associated clinical and cultural consideration.

Central State Hospital was one of 20 hospitals selected nationally for piloting of the National Technical Assistance Center (NTAC) Seclusion and Restraint Reduction Project. CSH is now the lead hospital in the state of Kentucky for implementation of this project.

Central State Hospital (CSH) was notified on October 4, 2004 of the award of a grant by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to further the seclusion and restraint reduction initiative statewide. Funds in the sum of \$237,000 per year for three years (two years renewable) will be available to KDMHMRS (Kentucky Department of Mental Health and Mental Retardation Services) facilities statewide during the project period of September 30, 2004 through September 29, 2007. Application for the grant included participation of the Kentucky Consumer Advocate Network (KyCAN) as consumer coordinator and participation of the National Alliance for the Mentally Ill (NAMI) as family to family education coordinator.

The Kentucky Seclusion and Restraint Reduction Project represents Kentucky's implementation of the National Technical Assistance Center for State Mental Health Planning (NTAC) initiative of "Creating Violence Free and Coercion Free Mental Health Treatment Environments" in five inpatient psychiatric facilities, with Central State Hospital designated as the lead facility. Facility specific plans will now be developed/implemented for the Kentucky Correctional Psychiatric Center, Eastern State Hospital, Western State Hospital, and the Appalachian Regional Healthcare (ARH) Regional Medical Center in Hazard.

Central State Hospital Seclusion and Restraint Reduction Team has created a philosophy guiding seclusion/restraint use, has revised the seclusion/restraint standard of practice to reflect the philosophy and has added the philosophy to the patient handbook and Visitor's Guide. A "Best Practice" Conference was held to establish the initiative at the hospital. Existing education programs for staff have been reviewed and newer programs developed to further expand staff options for the treatment of aggression. An aggression treatment map indicating alternative treatment options is currently being piloted on one treatment unit. Included in the treatment map are assessment forms leading to development, with the patient, of a patient's personal safety plan.

Central has also pioneered a program that educates staff in the area of crisis management, verbal de-escalation, and alternatives to seclusion and restraint. Six specialized Mental Health Technician (MHT) positions were developed to allow for recruitment and intensive training in patient management and de-escalation techniques, and they now serve as experts in dealing with violent or aggressive patients. These MHT's received six months of training, including working with Central's Security Department, and were then transitioned onto the treatment units of the hospital, where they will provide education and serve as examples of how to implement the initiative to eliminate seclusion and restraint.

Central's Seclusion and Restraint Reduction Team already has reviewed data, and has made and implemented recommendations for improving the patient-centered staff debriefing form, as well as leadership oversight of seclusion/restraint events. Data demonstrates seclusion incidents and hours, and restraint incidents and hours have been reduced by 40%, excluding two special patient cases statistically identified as outliers in the data analysis. The data was presented at the 15<sup>th</sup> Annual Mental Health Institute, as a poster presentation on September 30, and in a formal presentation on October 1.

*Karen L. Henderson, Central State Hospital  
Louisville, Kentucky*

***Seizing the Opportunities  
for Change in the  
New Horizon in Mental Health***

*By Frezalia L. Oliver, LCSW*

Central State Hospital in Middle Georgia is one of the oldest State funded mental health hospitals in the country. It was founded in 1842. Some thirty years ago, it experienced the national mental health impetus to deinstitutionalize the facility and transition clients back into their home communities.

With the advent of deinstitutionalization came protest and often concern for the general mental health and welfare of these clients from citizens, advocates, clergyman, politicians and the general public. Georgia citizens feared for their own safety not realizing that by and large these consumers sought not to harm others. They also feared for the safety of the consumers because they felt that the consumers were so accustomed to being supervised in institutional settings for almost all aspects of daily living and too dependent on others to make appropriate decisions. Finally, there was the question of where would the consumer live. Many contended, not in my community, not next door to me, what about the safety of my family with “those” people. The stigma and the fear of mental health consumers weighed heavily on the minds and hearts of citizens at that time.

The deinstitutionalization began in the 1970’s with the discharge and transition of clients to the communities led to a major concern regarding the lack of safety nets and support systems to enable the consumers to transition successfully to community environments. This early movement created pockets throughout the nation where you have mental health consumers that are homeless or in county/municipal jails. In many instances you find small crimes were committed by “former” mental health consumer and led to their incarceration. This however does not represent the majority of consumers that were successfully transitioned into the community and remain there today.

States throughout the Nation tried different approaches and some more successfully than others. Yet we all knew that our facilities provided the necessary support and intervention when an individual was in a crisis but that consumers could and would fare better in their home communities where families, employment, behavioral health services as well as residential services could be provided.

Over the last twenty years, consumers, Advocates, politicians, family support groups as well as mental health professionals have worked to make things right. While it remains a struggle, it is a cause worth fighting for and worth the time and effort that it takes to make a difference in the life of others in order to enhance the quality of life for consumers.

In Georgia, the Olmstead Act (Supreme Court decision that states that clients must be in a least restrictive environment) has been a positive driving force to promote quality of life issues for consumers. We embrace that process at Central State Hospital and with additional community support, consumer support and budgetary initiatives, we are being successful in changing the mindset of a facility through education, planning, the development of safety nets along with Person Centered Planning which can successfully transition clients into the community.

One way we are accomplishing this goal is by becoming a provider of community residential placements for consumers. At first look, the concerned advocate would be suspicious and indicate that you’re creating mini-institutions in home-like settings in the community. This is not the case with Central State Hospital serving as a service provider. The residential settings created under the auspices of Central State Hospital through Central Care have no more than four consumers at a time and each consumer has a private room. They are able to experience a sense of independence in

*continued on page 4*

*continued from page 3*

which they have been unfamiliar with for a long time. They have neighbors, go out to dinner, go to work, go to a movie, go fishing and not necessarily as a group. It is an individual choice that determines what activities they participate in. In addition, employment opportunities and day programming is provided based upon the clients Person Centered planning needs. The consumer and his/her significant others decide if he/she wants the residential arrangement. This living arrangement is not the final arrangement for the consumer and is a transitional arrangement that enables the consumer to acquire more skills as they plan to someday move into an independent living arrangement. Their transition is much like our sons and daughters moving from one phase of life to another, i.e. from home to college, then to new jobs and subsequently new living arrangements. With all of this in mind, the key factor is that the consumer makes the decision. Decision making is a powerful tool for all individuals.

The ability to make decisions is a valuable entity that we all treasure. We live in a time and age where the right to self-determination is paramount as we appreciate the values and worth of our fellow human beings. Central State Hospital currently has seven (7) community living arrangements with some 20 consumers. In July 2005, Central State Hospital will become a provider for eight (8) additional community living arrangements in the Middle Georgia area. It is exciting for the clients and the staff as we work with consumers, advocates, families and other behavioral health agencies to become a catalyst for change and to enhance the quality of life for others. After all just as we expect the best quality of services when we venture into the market place and search for medical and behavioral health services, so do our consumers.

## ***In The News***

### ***Jordan Named Among State's Top 40 Under 40***

Michael Jordan of Brandon, Director of Staff Education and Training Services at Mississippi State Hospital (MSH), was named among Mississippi business Journal's "Top 40 Under 40" for 2005, announced James G. Chastain, Hospital Director. This annual award recognizes outstanding young leaders throughout the state. Jordan has been employed at MSH five years. He has worked for the Mississippi Department of Mental Health since 1989. "Everyday Michael demonstrates his commitment and dedication to MSH", said James G. Chastain. "It is a privilege to have him as part of our team." According to the Mississippi Business Journal, recipients of the "Top 40 Under 40" award "are leaders in their fields, have won the respect of their peers and haven't forgotten the importance of giving back to their communities."

## ***Position Postings***

Mississippi State Hospital is actively recruiting for the following positions:

***Physical Therapist*** - Must be a licensed physical therapist in the state of Mississippi.

***Occupational Therapist*** - A bachelor's degree from an accredited four-year college or university with an accredited school of Occupational Therapy. Must be eligible for registration with the National Board of Certification for Occupational Therapy (NBCOT) and licensed by the Mississippi State Department of Health in Occupational Therapy.

***Speech Language Pathologist*** - A master's degree in Speech Pathology and/or Audiology is required and possession of a valid Mississippi AA teaching certificate in the subject area as required by the Mississippi State Department of Education.

Direct all inquiries to:  
Mississippi State Hospital  
Personnel  
P.O. Box 286, B-61  
Whitfield, MS 39193  
(601) 351-8020  
[www.msh.state.ms.us](http://www.msh.state.ms.us)

## ***Mississippi State Hospital Provides Care and Support For Patients Suffering From Polydipsia***

David\*\* drinks a lot of water. Not just a little more than the recommended eight glasses a day, but a lot more. He drinks when he is thirsty, and he continues to drink even when not. David suffers from a disease called psychogenic polydipsia - a disease that the medical staff at Mississippi State Hospital (MSH) are working hard to understand and treat.

Polydipsia means "excessive thirst." It is common among chronic psychiatric patients, especially those with severe schizophrenia. A patient with polydipsia may rapidly drink three to 10 liters of fluid at a time. Although the fluid of choice is normally water, a patient may try to drink any type of liquid, including large pitchers of iced tea, toilet water and household chemicals that are hazardous to their health.

"Polydipsia affects the most seriously mentally ill, most of them men," said Michael Stept, MD, MSH Medical Staff. "These patients are unable to function on their own and often suffer from symptoms like delusions, poor motivation and irrelevant speech."

There is no medication to adequately treat polydipsia, so the staff at Mississippi State Hospital have created a specialized treatment program that is considered to be one of the best in the United States. Designed in 1990 by Dr. Skip Brister and MSH psychologist Fred Hall, the objective of the program is to educate patients about the nature and maintenance of their fluid consumption and weight control.

Staff working in the specialized program are extremely involved in the treatment process as the patients require more monitoring than others being treated at MSH.

Patients on the water drinking program are

weighed four times a day to ensure that they are not drinking excessive amounts of liquid. They are also kept under constant supervision in the presence of any liquid - including when in the shower or restroom. On wards where polydipsia patients reside, faucets in patient restrooms are turned off; only one water fountain in a secure, monitored location is in use.

These restrictions help provide a safe environment for patients. It would only take five to 10 minutes for a person with polydipsia to drink enough liquid to lower their body's sodium content to a level low enough to cause nausea and vomiting, muscle tremors, seizure, coma or even death.

"We watch our patients closely for their own safety," said Stept. "They are unable to care for themselves, so it is up to us to make sure that they never put themselves in any danger."

Often, these patients only have MSH staff to look after them. While the families of patients may have been involved in their treatment initially, over time family involvement tends to get less and less.

"Most family members are unable to accept that their loved one is so seriously ill," said Stept. "Many of our patients have college degrees and have been productive, successful members of society. Seeing their brother, son, husband or father so sick is usually too hard for a family to take."

A sad fact, but this is something very common, and so MSH staff take their roles as surrogate family very seriously. Staff celebrate birthdays, Christmas and many other special days with patients, making life as enjoyable as they can while providing the highest quality of care.

"Our patients are our first priority," said Stept. "Although little is known about polydipsia, we will continue to develop our treatment program to provide our patients with the best care."

North Texas State Hospital  
Proudly presents

## The 2005 Texas Forensic Mental Health Conference

**May 23 & 24, 2005**

**Vernon, Texas**

***J Reid Meloy, PhD, ABPP***

### ***Violence Risk And Threat Assessment***

Reid Meloy, Ph.D., A.B.P.P. is a diplomat in forensic psychology of the American Board of Professional Psychology. He was formerly Chief of the Forensic Mental Health Division for San Diego County, and now devotes his time to a private civil and criminal forensic practice, research, writing and teaching. He is an associate clinical professor of psychiatry at the University of California, San Diego, School of Medicine; an adjunct professor at the University of San Diego School of Law; and a clinical associate professor of psychology at the California School of Professional Psychology. He is also a Fellow of the American Academy of Forensic Sciences, and is a past President of the American Academy of Forensic Psychology. In 1992 he received the Distinguished Contribution to Psychology as a Profession Award from the California Psychological Association; and in 1998 he received the first National Achievement Award from the Association of Threat Assessment Professionals. He is also President of Forensics, Inc., a nonprofit, public benefit corporation devoted to forensic psychiatric and psychological research. Dr. Meloy has authored or co-authored over one hundred twenty papers published in peer-reviewed psychiatric and psychological journals, and has written or edited seven books: *The Psychopathic Mind* (1988), *Violent Attachments* (1992), *Rorschach Assessment of Aggressive and Psychopathic Personalities* with Dr. Carl Gacono (1994), *Contemporary Rorschach Interpretation* (1997), *The Psychology of Stalking: Clinical and Forensic Perspectives* (1998), *The Mark of Cain* (2001), and *Violence Risk and Threat Assessment* (2000). He is a sought after speaker and psychological consultant on various civil and criminal cases throughout the United States, including the Madonna stalking case, the Polly Klaas murder case, and the Oklahoma City bombing cases. He is currently a consultant to several federal law enforcement and intelligence agencies, including the Behavioral Analysis Program, Counterintelligence Division, FBI.

*For registration information contact: NTSH Competency Training & Development Department  
**Vernon Campus 940 - 552 - 4116**  
sandra.martin@mhmr.state.tx.us*

### **Conference Sessions**

- Introduction to violence risk and threat assessment and its foundation.
- Detail the foundation and the two major schools of violence risk and threat assessment.
- Analysis of actuarial and structured instruments and how to determine which ones to use.
- The criteria for differentiating modes of violence and their risk management and treatment implications.
- In depth discussion of the largest contributor (P) to violence risk.
- The PCL-R in the hospital setting.
- Case study.
- The PCL-R criteria for factor II.
- Assessing treatment possibilities and those who should not be treated.
- How violence risk also occurs in individuals without psychopathy and other attachment pathologies.
- The psychiatric and violent nature of such patients.
- Discern differences among those who stalk and attach.

*The following article is from Steve Wiggins, Executive Director, Western State Hospital of Kentucky and was taken from The Western Statement Newsletter*

### *Who is winning?*

There is a friendly competition at Western State Hospital in Kentucky. Each of the treatment programs are competing to try to have the longest period of time without using seclusion or restraint as a last resort for patients. A number of actions are in place to assist each Treatment Team and the Program Staff. Staff training has begun and will continue until all have been trained and educated about the benefits of eliminating the use of seclusion and restraint completely. Members of the Executive Staff are reviewing each incident with the Clinical Treatment Staff when it is used. The Treatment Teams are having clinical conferences after each episode to find alternatives for the future. Finally, the Seclusion and Restraint Subcommittee of the Medical Staff is working to implement training and improve clinical techniques in all program areas.

February 2005 was the first full month of competition. Four of the program areas tied for first place. Each of these programs had a stretch of 17 days without the use of seclusion and/or restraint. They were the Admission Unit, the Acute Unit, the Intensive Treatment Unit and the Multiple Needs Unit. This is a remarkable achievement and deserves recognition.

The real winners are the patients and staff in this competition. When seclusion and restraint are not used the chances for people getting injured are significantly reduced. When a patient who has a history of physical or sexual abuse is spared the experience of being secluded or restraint, they enjoy avoiding reliving the trauma of past experiences. When staff avoid the experience of physically controlling a patient, they enjoy not being injured physically and for some not reliving past psychic trauma of their own. It is truly a win-win for everyone.

I have every confidence that we can obtain significant reduction in the use of seclusion and restraint at Western State Hospital. Reducing and eliminating its use is the best practice that we have embraced. Our treatment staff are the best that I have ever known. I praise you for your efforts in this most important endeavor.

**SSPHA Welcomes its  
Newest Board of Director  
Member to the SSPHA Board  
of Directors!**

**Steve Kennedy  
of  
Northeast Florida  
State Hospital**

### **ONTARIO ACT 2005 CONFERENCE**

*October 5-7, 2005  
Inn on the Park Hotel,  
1100 Eglinton Avenue East, Toronto,  
Ontario*

**Overview:** *This conference will serve as a forum for various ACT stakeholders to explore: 1) The opportunities and challenges in implementing system-wide ACT standards across diverse provincial settings, and 2) The creative and innovative contributions made by Ontario ACT clinicians, consumers, researchers, administrators and policymakers to the field of ACT*

**Contact Information:** *Patricia Cavanagh, MD, FRCEP(C), Clinical Director, Impact Program, Toronto Western Hospital, University Health Network, 489 College Street, Suite 304, Toronto, Ontario, CANADA M6G 1A5*

## HOSPITAL HIGHLIGHT

### Big Spring State Hospital



Ground was broken for Big Spring State Hospital in January 1938 after Governor James V. Allred facilitated the placement of a psychiatric in West Texas. The hospital officially opened in June 1939 and was erected on 577 acres which was donated by the city of Big Spring, Texas. The original hospital when constructed consisted of eight buildings. The campus today following continual improvements over the years, consists of 25 buildings. Big Spring State Hospital's staff has also grown since 1939. In the early years, approximately 100 employees tended to the needs of more than 400 patients. At that time most of the employees lived on hospital property working 12-hour shifts. At the height of the hospital's population, more than 1,100 patients were cared for at the psychiatric hospital. In the 1940s the hospital housed a dairy, hog unit, cotton farm and a training program for mules. Patients raised the animals with staff supervision. Community members often left the animals for three

years and returned to pickup mules whom had "broke to plow". Cotton raised at the hospital was sold to fund hospital programs. Patients made mattresses for all the state's hospitals at a mattress factory on campus. As laws and standards in patient care changed, and the length of hospitalization decreased, most of these work programs ended.

More than 600 employees currently work for BSSH, serving people in 58 counties through eight community mental health centers with an average daily census of 146. Presently the emphasis is placed on quality treatment to shorten the period of illness, to rehabilitate, and to return the patient to the community as quickly as possible. Treatment modalities have expanded to include a full range of rehabilitation therapies, education, individual and group psychotherapy, and family intervention as an adjunct to medication.

Big Spring State Hospital was the first hospital in Texas to cooperate with the local school district piloting an on-campus educational program for patients leading to an accredited school program on campus. BSSH also piloted the ombudsman program for patients, which has developed into the present day Public Responsibility Committee and was one of the first hospitals in the state to have an organized volunteer program.

BSSH has a rich history and has been heralded in Texas for being first in many advances made in mental health. Big Spring State Hospital is a proud member of the Southern States Psychiatric Association.



*This document was printed by the resident Print Shop at Northeast Florida State Hospital in Macclenny Florida.*



Address Correction Requested

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