Subjective Experience in Community Treatment

Eliza A. Nicholson, M.A. & Kevin S. Douglas, LL.B., Ph.D.
Department of Psychology
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 (Poythress 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)
- Negative Pressures at admission (Monahan et. al, 2001)
- Negative Pressures during treatment (Monahan et. al, 2001)
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

- Violence
  - Hospital: 7%
  - Community: 15%
  - Lifetime: 44%

- Victimization
  - Hospital: 0%
  - Community: 5%
  - Lifetime: 10%

Legend:
- Hospital
- Community
- Lifetime
Results: Self Harm and SRB

<table>
<thead>
<tr>
<th></th>
<th>Hospital</th>
<th>Lifetime</th>
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<tbody>
<tr>
<td>Suicidal Ideation</td>
<td>48%</td>
<td>50%</td>
</tr>
<tr>
<td>SRB</td>
<td>76%</td>
<td>78%</td>
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<tr>
<td>Suicide Attempts</td>
<td>50%</td>
<td>50%</td>
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</tbody>
</table>

Hospital and Lifetime percentages are shown for Suicidal Ideation, SRB, and Suicide Attempts.
Results: Treatment Non-Compliance

- Current: 11%  
- Past 2 mo.: 27%  
- Ever-Excl'd: 54%  
- Lifetime: 57%
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 $p = 0.026, r = -0.405$
- PJTP & CALPAS - total $p = 0.047, r = 0.348$
- PCTP & CALPAS - total $p = 0.088, r = -0.301$
- PCHA & URICA - readiness $p = 0.072, r = -0.292$
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 $p = 0.032$, $r = 0.332$
- NPHA & SA in hospital $p = 0.090$, $r = 0.251$
- NPHA & SI ever $p = 0.099$, $r = 0.251$
- NPTP & SI ever $p = 0.059$, $r = 0.327$
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, $p = .055$, $r = -.354$
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
Limitations

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

- Potential alternative explanations e.g. personality characteristics
References


References


Measures: Psychometric Properties

- Perceived coercion, procedural justice and negative pressures scales were taken from the MacArthur Admission Experience Interview
  - internal consistency \( r = 0.38-0.73 \)
  - reliability (alpha = 0.54-0.90)

- Perceived coercion in every day life, a new measure developed by Steadman et al. (2006) included to assess subjective quality of life
  - internal consistency \( r = 0.36-0.57 \)
  - and reliability (alpha = 0.83)

- 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)