Integration of psychology milieu therapy as an important component to treatment and discharge planning in Medical Respite Program

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Disclosures

- None of the presenters have any disclosures
Objectives

- Review milieu therapy and how milieu therapy can be conducted in a medical respite setting.
- Discuss how milieu therapy is utilized in the Santa Clara Medical Respite Program (SCMRP)
- Examine how milieu therapy can help in process of transitioning medical respite clients to other treatment settings.
- Explore enhancement of Medical Respite team partnership as a result of milieu therapy.
• A place for homeless folks to heal after they have been in the hospital. MRP coordinates the medical, social and mental health services in hopes of breaking the cycle of homelessness.
  ▪ Takes referrals from 9 Santa Clara County Hospitals
  ▪ Integrated staff: medical/nursing, social work, psychology, pharmacy, psychiatry, community health worker
  ▪ 20 bed unit located in the county’s largest homeless shelter
  ▪ On-site federally qualified health center where clinical care is provided
  ▪ Average length of stay approximately 4 weeks.
• 20 semiprivate beds located in a shelter
Tell me about you

How many of you have mental health services in Medical Respite?

How many of you are mental health providers?
Multidisciplinary care model

• Strong culture of providing multidisciplinary care
  ✅ Integrated weekly group visits with all respite clients
  ✅ Weekly case conferences to develop integrated care plan
  ✅ Team meetings to address concerns with clients and develop behavioral plan
  ✅ Frequent informal huddling and collaboration
  ✅ Bullpen (open office plan)
Overview of conceptualization and implementation

Culture of integrated team care and group visits at Medical Respite

Increase Client engagement

Availability of multidisciplinary team

Design of Psychology rounds

Patients engaged while at respite, often entering period of early recovery, but lost to follow up after discharge

Meaningful assessments to track goals for discharge

Increased referrals to transitional programs post MRP
What is Milieu therapy

“A scientific structuring of the environment to effect behavioral changes and to improve the psychological health and functioning of the individual.”
Utilization of Milieu therapy

“Milieu treatment format focuses on the specific therapeutic factors in the environment that contribute to the success of treatment.”

“Milieu is the physical environment, the culture that is created and maintained by the attitudes and behaviors of the staff and clients, the policies and procedures of the program, the rituals and daily programmatic structure and the rules for promoting safety and healing.”

“The combination of these factors results in a “milieu experience” that has a primary goal of both supporting and educating clients about specific treatment issues, coping skills and encouraging participation through a safe, stable, predictable, consistent, positive, and caring environment.”
The therapeutic milieu has long been considered an important healing tool in the treatment of:

- Individuals with serious mental illness in acute psychiatric settings, including inpatient and day treatment settings
- Waiting rooms (ex. “chat room” at the homeless clinic)
Utilization of Milieu therapy

- Consistency
- Presence in patients’ space without agenda
- Safe space to discuss coping skills
- Captures patients who do not like structured therapy visit
- Framing overall symptoms to patients in language that they understand.
- Feedback for the team
Utilization of Milieu therapy in SCMRP

- Help with behavioral management and identifying clients with risk for behavioral issues
- Engage clients with treatment and post discharge options during their MPR stay
- Extending recovery time by transitioning to a variety of treatment settings
- A chance to alert team if patients are starting to decompensate (substance relapse, medical, and/or emotional difficulties)
Utilization of Milieu Therapy in SCMRP (cont.)

- Milieu therapy can help with de-escalation of potentially problematic situations, prevent individual and/or Medical Respite team crisis, and engage clients in treatment during their respite stay and in discharge opportunities following their respite stay.
Since the establishment of milieu therapy at the MRP, referrals to longer term discharge options, specifically to transitional mental health programs, increased from 21% to 42% and decreased a short-term discharge option, such as shelter referrals, from 62% to 39%.

* Data based on SCMRP matrix from September 2017- September 2018
Respite team dynamic

- Closer as a team
- Shared responsibilities
- Pt becomes a “team member”
- Team collaborates on discharge plan, takes pressure and responsibility off one person
1st week: Welcome (within first few days of admission)

- Introduce Psychology services (offer individual therapy, group therapy (currently Respite group, Vivitrol, new groups TBD), NP testing, check-ins (milieu))
- Brief check ins- how’s pt adjusting, current stressors, goals
- *Daily rounds*- AM and PM going around patients’ rooms and checking in. Reminding of any appointments with psychology for the next day and leaving appointment slips
Formal Psychology Intake at SCMRP

- SCMRP psychology intake: MOCA screen and history on substance use, head injuries (including TBI), medical and mental health history
- Identify current problem list (e.g. substance use, medication adherence) and use MI, as a brief intervention
SCMRP team’s perceptions

“Milieu therapy by our psychologist has been an indispensable part of my psychiatric assessment of patients. It helps me get a clearer sense of patients’ baseline function and their unfiltered behaviors when not being clinically observed, which can be quite different from how they appear in clinic. For example, subtle symptoms of psychosis like mild paranoia can be missed in a psychiatric interview, and milieu therapy can help illuminate the patients’ underlying diagnoses. The only limitation I see is its time investment – we heavily rely on our psychologist who is very dedicated and passionate about her work.”

–Dr. Yoshimatsu, Psychiatrist
Case #1: Jesse

- Mid 50s, hispanic, male, homeless 30+ years, EtOH abuse
- S/p foot fracture, wheelchair bound
- No history of mental health treatmnet
- Initially mistrustful of staff and not engaged with team.
- By the end of 6-8 weeks stay was working on “sleep” with PCP and engaged with psychiatry later
- His goal: Stay indoors
- Treatment plan: shelter based transitioning MH treatmnet

Take away skill: Allowing patients to engage when ready (time and space).
Case #2: Robert

- 60s, hispanic, homeless for 5 yrs, polysubstance use
- s/p bowel obstruction?
- no formal MH treatment, 2x MRP
- Initially mistrusting of staff, started working on anxiety around medical issues; over time open to psychiatry
- Goal: hernia surgery
- Treatment plan: shelter based transitioning MH treatment

*Take away skill: defining tangible and meaningful goal for pt*
Case #3: Von

- 30s, African American, meth abuse
- Major medical issues- Crohn’s disease, recent surgery with colostomy
- Mental health not seen by providers in formal setting
- Conceptualizing through combining symptoms, and verbalizing the gap to patient and the team.

- Take away skill: noncompliant vs poor insight
Summary of Milieu Therapy in SCMRP

- Building rapport
- Preventing patients falling through the cracks
- Increasing long term discharge options
- Conceptualizing the patients through all aspects of care
- Introducing MH services (psychoeducation)
- Building willingness for Psychiatry (spread of milieu treatment to other providers; model of Psychiatry and Psychology in a milieu)
- Managing challenging clients
Limitations of Milieu Therapy

• When milieu becomes formal session (the limitations of space and time)
• Patients’ expectations moving to a different treatment setting:
  1. Ongoing patient engagement
  2. Sustained involvement of multidisciplinary team
Discussion

Questions/ Comments