

Oregon State Hospital: A Case Study of Institutional Betrayal Trauma

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INTRODUCTION

· Betrayal Trauma Theory (BTT) posits that individuals who are maltreated by a caregiver or a close other on whom they depend to meet their physical or emotional needs may become blind to, or unaware of the trauma in order to preserve the attachment relationship (Freyd,

http://dynamic.uoregon.edu/

· While BTT typically focuses on a victim's interpersonal traumas, betrayal can also be experienced when an institution that is created to provide aid fails to protect or support victims' needs (Freyd, 1996).

Dvnamics Lab

- · If the needs of an individual in an institution are ignored, or abuses within the system are tolerated, a victim may either develop feelings of mistrust and a lack of safety or the victim may respond with betrayal blindness in order to protect their survival within the system (Platt, Barton, & Freyd, 2009).
- · The state assumes care for psychiatric inpatients, who have the right to a safe and therapeutic environment for recovery.
- · This case study will explore institutional betraval at Oregon State Hospital (OSH) by
- · OSH history
- · Society's perceptions of mental illness
- · Patient treatment at OSH within the last decade
- · The potential impact of institutional betrayal on patient recovery

METHOD

OSH Salem Campus-Current Population

- The Salem campus of OSH houses approximately 334 forensic inpatients.
- · Inpatients have been convicted of a criminal charge, and are either currently unable to aid or assist in their defense during trial, or have a guilty conviction by reason of insanity.

Materials & Personal Experience

- · The United States Department of Justice (2008) report documents patient safety and civil rights violations that occurred at OSH as early as the late 1980's and up to the investigation ending on November 16, 2006.
- In August 2010 LM and CGM attended a OSH 7-day employee training required for all new employees and details hospital policy and procedure regarding mental health treatment, crisis intervention, and patient rights.

OSH HISTORY

- •The original architecture, designed by Dr. Thomas Story Kirkbride, was intended to create a serene environment conducive to moral treatment and patient recovery (Tomes, 1994).
- · In the mid-1950's, patient treatment in psychiatric institutions shifted towards the medical model.
- · The medical model is still widely practiced in the majority of psychiatric institutions, and it focuses on the increased use of medications for patient treatment as opposed to psychological therapy (Whitaker, 2010).
- . Overcrowding and movement toward the medical model led to a decline in the quality of life and treatment of psychiatric inpatients living in OSH (Luchins, 1988).
- · The transition from the moral approach to treatment to the medical model enabled the possibility of institutional betrayal by the distancing between inpatient and therapists, giving the mentally ill an overarching diagnosis of having deficits in the brain that can be primarily treated through medical management.



SOCIETY'S PERCEPTIONS OF MENTAL ILLNESS

- · Society has long advocated putting the mentally ill in institutions where they will be out of sight from the community (Pescosolido et al., 1999).
- · The stigma of mental illness is generally negative; mental health patients are frequently perceived as dangerous, violent, and unpredictable (Hinshaw & Stier, 2008).
- · Society's marginalization of this group has contributed to institutional betrayal by maintaining an environment where an often "voiceless" and vulnerable population cannot speak out against abuses, neglect, or an overall low quality of life.

PATIENT TREATMENT AT OSH WITHIN THE LAST DECADE

INADEQUATE PROTECTION FROM HARM

- High rates of patient-against-patient assault and environmental hazards within the hospital such as asbestos, buildings that reach temperatures up to 90 degrees Fahrenheit, fail to protect inpatients and ultimately conflict with the goal of providing a safe environment for recovery (USDOJ, 2008).
- · High incidents of self-harm were also documented in the USDOJ report (2008), with one patient in particular having been able to harm her self on 26 different occasions over a 9-month period, seven of which were on either 1:1 (one-to-one) or 2:1 (two-to-one) monitoring by staff.

FAILURE TO PROVIDE ADEQUATE MENTAL HEALTH CARE

- · Inadequate mental health intake information, inappropriate psycho-pharmacological practices, and the absence of personalized treatment plans deny patients the right to a timely recovery plan and pose a threat to overall mental
- · Much of the employee training was devoted to restraint tactics and "evasion" opposed to treatment and recovery

INAPPROPRIATE USE OF SECLUSION AND RESTRAINTS

- . The 2006 investigation revealed that staff had been "controlling" dangerous inpatient behavior with seclusion and restraint, as opposed to "treating" the behavior, providing the opportunity for change.
- · Several training staff members disclosed details of such unsafe environments to the incoming employees. Training staff reported having to use restraint and seclusion often and each had been physically harmed while on shift.
- · A failure to provide protection from harm, including inappropriate use of seclusion and restraint, as well as a failure to provide adequate mental health care is likely to betray the trust that the patient has in the Hospital's promise of his or her recovery.

THE POTENTIAL IMPACT OF INSTITUTIONAL **BETRAYAL ON PATIENT RECOVERY**

- . The goals of OSH are to provide a safe environment in which patients will receive high-quality care with the ultimate goal of recovery and reintegration back into society.
- · Failure to pursue these explicit goals are likely to betray the trust that the patient has in the Hospital's promise of his or her treatment and recovery.
- · Overuse of seclusion and restraint interfere with the promise to protect patient liberty and increases the incident of patient physical and psychological harm (Hammer et al., 2011).
- . Existing practices and current employee training encourage the role of the "caring security guard", opposed to a more therapeutic relationship between staff and inpatient.
- · Blindness to the betrayals within OSH may be perpetuated among inpatients and staff alike, in order to maintain their status (e.g., social, dependent, monetary, etc.) within the institution (Zurbriggen, 2005).

CONCLUDING THOUGHTS

- . Major changes are being made to improve this facility and the commitment to change was expressed by many of the staff members within the hospital.
- · However, enacting this change is the responsibility of the treatment staff that work on the front lines every day. The disparity among the administrative ideals and reality is vast.
- · Without cooperation between administration and treatment staff, the inpatients will continue to be susceptible to many of the dangerous controversies of the Oregon State Hospital's sordid past.
- · Educating the community about inpatient needs and the deficits in treatment that remain, may increase support and work to reduce the stigma of mental illness. Encouraging a community relationship with the hospital may increase awareness of the needs of inpatient as well as increasing the importance of investing healthy therapeutic treatment for eventual recovery.
- An "overhaul" made to the current system is currently being made in the new OSH; encouraging ethical and individualized treatment is likely to increase recovery and reduce traumatic experience (Hammer, 2011).

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