



Implementing PE in a Forensic Hospital: Adapting a proven treatment for complex clients

Presented by

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The Setting

Fulton State Hospital consists of four treatment units including maximum-security (Biggs Forensic Center, 186 beds), intermediate security (Guhelman Forensic Center, 91 beds), developmentally disabled (Hearnes Forensic Center, 24 beds) and the Sexual Offender Rehabilitation and Treatment Service program (SORTS, 75 beds)

Service recipients come to Fulton State Hospital on both a voluntary and involuntary basis, sometimes being committed by the courts for evaluation or treatment. Fulton State Hospital also serves as a statewide treatment facility for persons found not guilty or unable to stand trial by reason of mental disease or defect..

Fulton State Hospital treats an individual population that is both clinically and demographically quite diverse. Our current individual population is 60% Caucasian and 38% African-American, with the remaining 2 % comprised of individuals from Latino and Asian-American and other backgrounds. Most individuals are male (85%).



Fulton State Hospital, authorized in 1847 and opened in 1851, is the oldest public mental health facility west of the Mississippi River. The hospital is certified by the Centers for Medicare and Medicaid Services (CMS), and has been accredited by The Joint Commission (TJC) since 1984.

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Why a Treatment for PTSD?

- ✓ **Comorbidity of PTSD is high:** 80-90% of individuals with PTSD have a comorbid mental health condition – 2/3rds have more than one
- ✓ **Most Common Comorbidities:** Major Depression, Anxiety Disorders, Substance Use Disorders, Borderline Personality Disorder, and Psychotic Disorders
- ✓ **Trauma-informed Care:** Fulton State Hospital is a leader in Trauma-Informed Care
- ✓ **High Restraints/Attacks/Etc:** Conceptually, exposure to traumatic experiences can cause severe behaviors to protect and maintain safety.
- ✓ **Treat PTSD:** by treating PTSD, the person will no longer need to engage in extreme behaviors to ensure safety



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Prolonged Exposure for PTSD

- ✓ **1st Line Treatment for PTSD:** the International Society for Traumatic Stress Studies & National Institutes of Health and Clinical Excellence Guidelines recommends PE as 1st-line treatment
- ✓ **PE Has the Most Research:** PE as a treatment has the most research, across the most diverse types of trauma exposures, and includes early, repeat/chronic, complexity, gender, and socioeconomic class showing similar success
- ✓ **PE is Relatively Easy to Learn:** PE can be easily learned, is manualized, and is a very robust



Fear has kept us away from addressing PTSD in multi-disordered, complex individuals for we fear that we will make them worse.

As it turns out, research is suggesting that by concurrently addressing PTSD, specifically for SUD and BPD, that people actually get better across both problem areas

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Components of PE

- ✓ **Psychoeducation on Trauma Responses:** by providing psychoeducation on typical responses to trauma exposure, and accurately diagnosing PTSD, we can begin normalizing the experiences of individuals
- ✓ **Imaginal Exposure to Trauma Memory:** repeated exposure to the memory of the trauma experiences allows for emotional processing to occur, corrects problematic beliefs about the experience, and allows the person to create new meaning out of the experience, while teaching the person that memories are not dangerous
- ✓ **In-Vivo Exposure to Feared Situations:** through repeated exposure to feared (but safe) situations, the individual will begin to learn that they are competent and capable of dealing with situations, helps them to differentiate real and perceived danger, and allows them to live in the world again without fear

Emotional Processing Theory:

- Suggest that when "processing" is interrupted, PTSD symptoms develop
- Symptoms are maintained through avoidance of current negative emotional experiences (neg. reinforcement)
- Avoidance strengthens negative and problematic associations- effectively maintaining PTSD symptoms

To effectively "emotionally process" a traumatic experience, *the treatment must mimic that of natural recovery – Edna Foa*

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Adapting PE for a Forensic Setting

- ✓ **Consent**
- ✓ **Recording sessions**
- ✓ **Ongoing Behavioral Concerns**
- ✓ **Medication Usage**
- ✓ **Staff Comfort (exposure vs. comfort)**



Adapting PE for a forensic setting took coordination, commitment, and intentionality

In 2013 staff received 20 hours of training in PE

Ongoing consultation with trainer to support implementation twice per month or as needed

Collaboration of treatment staff, planning, and anticipation of brief increase in symptomology

Full administration support- though skeptical at first (will this really work?)

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Pilot Implementation Outcomes

- ✓ 3 clients have completed full PE treatment
- ✓ Behaviors of concern
- ✓ PTSD symptoms
- ✓ Results
- ✓ 3 additional clients will begin PE





The implementation of PE at Fulton State Hospital has been very successful for those clients who completed the treatment.

Given practice fears and the potential for exacerbation of symptoms, particularly when beginning treatment - caution, collaboration, and close monitoring are necessary

<p>Lessons Learned</p> <ul style="list-style-type: none">✓ Aggressive symptoms may be symptoms of PTSD✓ PTSD is underdiagnosed as a standard✓ Repeat admissions should be carefully screened for PTSD- we may be missing it✓ PE may take longer, having to address multiple trauma exposures✓ Clients often normalize their experiences (institutionalized)✓ PTSD can be treated successfully 	<p>There is hope for individuals who experience complex presentations, who are multi-disordered, and are being treated in a forensic setting.</p> <p>PTSD is often missed in this population due to the severity of other symptoms taking precedence, aggressive behavior being labeled as antisocial, the lack of awareness/protectiveness of the client, and the frank complexity of symptoms</p> <p>Our hope is that everyone is carefully screened for PTSD and given the opportunity to receive treatments that work.</p>
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The image displays four book covers related to PTSD treatment. From left to right: 1. 'Treating the Trauma of Rape: Cognitive-behavioral Therapy for PTSD' by Edna B. Foa, Barbara A. Cashman, and Barbara Osofsky Rothbaum. 2. 'Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences Therapist Guide' by Edna B. Foa, Elizabeth A. Hembree, and Barbara A. Cashman. 3. 'Reclaiming Your Life From a Traumatic Experience: Workbook' by Barbara Osofsky Rothbaum, Edna B. Foa, and Elizabeth A. Hembree. 4. 'Effective Treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies' by Edna B. Foa, Terence M. Keane, and Michael J. Friedman, with a foreword by Judith A. Clore.