The smell of the courtyard at Oregon State Hospital’s new facility in Salem is crisp, musky, and alive in a way starkly at odds with one’s impression of what a hospital should be—any hospital, let alone a psychiatric one. The bark dust forms a perimeter separating the clean pavement from the neatly manicured grass. The pride our two guides take in the facility is contagious, and one can’t help but be impressed with the countless programs and spaces designed to accelerate rehabilitation and de-escalate potentially violent situations. Throughout our time in Salem we are surrounded with evidence of a new design, of a new way forward for inpatient mental health. While many of the patients here were referred by the judicial system, their forensic roots are obscured by a greater focus on recovery and successful treatment.

Indeed, were it not for the locked doors, little would separate the new Oregon State Hospital from an affluent community college. Few community colleges even focus as intently on preparing their students for life outside of school. The Oregon State Hospital’s role in providing psychiatric care to the public has never been more vital. In this issue, we examine the state of OSH since its recent physical and clinical renovation. The Hospital has been employing techniques, such as Collaborative Problem Solving, which OHSU psychiatrists have been developing and implementing in other settings (see our Spring 2014 Newsletter). Furthermore, improvements and refinements to the Hospital itself have created an environment with long-term recovery and rehabilitation firmly in mind. Such innovations as the sensory room and the treatment mall are helping us improve patient outcomes and the quality of clinician interactions.

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charges for life outside of the ivory tower—or, in this case, redbrick in an organic, earth-toned style common throughout the Pacific Northwest. Making our way around the central courtyard, we are led into peaceful relaxation areas, such as the music room with its full complement of instruments, a pottery studio with two full-sized kilns, and the gym/theatre where we find a few staff members playing basketball. The social skills and therapeutic value of these activities cannot be underestimated. However, closer to the center of the quad we get to visit an example of more concrete rehabilitative therapy. In the library, our guides introduce us to L., a tall young woman who has worked there for several months, and also happens to be a patient at OSH. (Identifying characteristics have been changed to protect patient privacy.) L. is wearing loose-fitting pants, and a peach-colored shirt; she speaks deliberately and sincerely, becoming more and more relaxed as she describes her job to us. The librarian, a staff member, asks L. to tell us what she does there, to which L. begins to respond with “well, I was adjudicated guilty except insanity...” when the librarian stops her, and asks if she wouldn’t tell us about her job in the library, L. relaxes as she describes the thousands of volumes on the library shelves, and what she’s learned about their world-class collection of coffee-table books. One of her jobs is to monitor the patient-patrons so they don’t deface books or try to rip out pages. Rather than playing the role of enforcer—one which is inappropriate and uncomfortable for patients and professional librarians alike—L. can offer users up to three photocopies so they may take some of the exquisite volumes with them.

Renovation
Oregon State Hospital was founded in 1883, and has a long history of changing to fit the needs of its patients. The most recent renovation of OSH’s physical facilities and treatment model came about partly as a result of an investigation by the Department of Justice’s Civil Rights Division in 2008. The details of the investigation included allegations of overuse of “as needed” medications, seclusion, and other restraint tactics. While the hospital’s history is imperfect, the larger story is more complicated. It is important for outside observers to remember that despite the gravity of the report’s findings, conditions on the ground are not always as simple as they are portrayed by outside investigators. Dr. Stephanie Lopez arrived at OSH as a resident in 2008, and went on to complete a Forensic Fellowship and to work as an assistant professor at OHSU while serving until recently as the Director of the Forensic Evaluation Service in Salem, at Oregon State Hospital. She disputes aspects of the report, and points out that organizations like the Department of Justice “only have the information that they have, and sometimes it’s really incomplete.” Lopez continues, saying “I’ve read other kinds of investigative reports of other institutions and facilities where I’ve been, and I’ve read about things going on that simply are not true... Investigative bodies look at medical records
or they'll interview somebody, but they may not have the complete picture.” When Lopez arrived at the hospital it was still fairly close to the culture that had prompted action by both state and federal governments, yet she never witnessed patients who were over-sedated, for example, “on any kind of widespread, regular basis.”

However, the hospital has benefitted greatly from alterations made to its administration and treatment philosophy. One of the principle ways in which the Hospital has changed is in its attitude toward defusing potentially volatile patient interactions. De-escalation can be one of the psychiatrist's or nurse's most powerful tools; the new facility has taken a hard look at the necessity and rehabilitative utility of forced seclusion. Our guides showed us several preemptive alternatives: the “sensory room” allows patients to be enveloped in colored lights

(1) Oregon State Hospital courtyard. (2) Oregon State Hospital main lobby.
and music, and the use of kinesthetic therapies, which can be as simple as holding a “Koosh” ball, can help patients soothe themselves. According to a study in the *International Journal of Mental Health Nursing* “[one] of the most prominent experiences by the respondents [mental health providers] after implementing the sensory rooms was that the patients used it both as a tool for their emotional self-care when already feeling upset and as a preventive strategy when they felt there was a risk of increased stress and anxiety...” On our stop at the large exercise room, we learned that sometimes patients just need to spend some time running on the treadmill to calm down a bit. If kinesthetic play or exercise aren’t to one’s liking, there is a triangular parapet on each ward called the “air court,” where patients can take something as uncomplicated as fresh air.

Behind these deceptively simple improvements in patient quality of life is a highly sophisticated approach to clinical work. Dr. Sara Walker, Chief of Psychiatry at OSH, explained the biggest changes that have occurred since the DOJ investigation and the building of the new hospital: “Probably the most revolutionary thing was adoption of the treatment mall model,” Walker said, calling it, “a pretty hard sell for many clinicians. ... It was logistically challenging, and philosophically quite different.” Despite these challenges, the treatment mall model is highly regarded and has great potential for improving patient outcomes. Steven V. Riley, in an article for the website Behavioral.net written in advance of the new hospital’s construction, advocates for the value of the treatment mall approach: “The ‘house’ is where the patient lives. It includes his/her sleeping unit along with a multipurpose area... The ‘neighborhood’ is the area immediately adjacent to the ‘house,’ where patients from several living units receive treatment and meals and participate in recreational activities. Finally, the ‘downtown’ is comprised of unique treatment spaces such as the gymnasium, hair salon, and art therapy room. Access to the downtown is a privilege and provides patients with a goal as part of their treatment plan.

“In the treatment mall care model, staff and patients leave the house at the same time each day and proceed to the neighborhood. Because patients are

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separated from their house and all of the inherent distractions… that it brings during daytime hours, they are motivated to engage in treatment. This ‘patient as mall participant’ approach increases responsibility, provides choices, and promotes independence.”

Another major improvement to patient care was the conscious removal of correctional language: “We spent time as a leadership group clearly identifying that this is a hospital: not a residential facility, not a prison,” Walker said. Most people who do not have specific clinical training in psychology tend toward a “command and control,” or “parental” model of patient interaction. Walker wanted to effect a cultural change where all staff members would have the skills of collaborative problem solving, which was originally developed for children who have behavioral challenges. “It has not been implemented in an adult forensic setting before,” Walker said, “the reason we looked at collaborative problem solving is that it dovetails very neatly with the way most trained clinicians think about working with patients and are trained to work with patients, but it uses philosophy and language that is recovery oriented, trauma-informed, patient-centric, and overtly collaborative.”

The collaboration Walker describes is part of a broader holistic movement within the Oregon State Hospital to provide patient care for the long term. Reforming an institution of such profound history and complicated care dynamics has not been an easy task, but it is one the physicians and other staff members have taken to with great excitement; the role of the psychiatric facility in contemporary American mental health is still a vital one, and the Oregon State Hospital and its partners at Oregon Health & Science University are working tirelessly to implement the most innovative techniques for improving patient outcomes. As an organization, which is heavily invested in the forensic mental health system in the State of Oregon, OSH takes its role seriously. Oregonians of all stripes stand to benefit from an increase in long-term public safety brought about from the sustained improvements underway at Oregon State Hospital. Mental health professionals also benefit greatly from the opportunities which OSH provides.

OHSU’s Healer in Chief

Dr. Karl Mobbs, Assistant Professor at OHSU and OHSU Chief Psychiatrist at OSH, frames State Hospitals as “the intensive care units for the mentally ill nationally.” Mobbs, who is also Supervisor of the Competency Restoration Program at the hospital, states “Irrespective of the program you work in at Oregon State Hospital, you will gain valuable experience treating the severely mentally ill. The forensic programs also provide an opportunity to master key unit management skills required when working with patients presenting with a wide range of mental disorders.” Furthermore, the length of patient stays can afford a unique opportunity among inpatient mental health environments today, allowing the psychiatrist to observe behavioral changes and improvements over a longer period of time. This “provides an opportunity to see patients improve dramatically from initial total dysfunction progressing to being functional.” Oregon State Hospital is, in many ways, unique in its ability to provide intensive early career training for psychiatrists: “This is a rare opportunity in the modern era of medicine where length of stay and pursuit of reimbursement are pressures that do not allow for academic endeavors.” Furthermore, Mobbs says the dozens of peers available to mentor and consult with less-experienced doctors at OSH provide a nurturing and exciting educational environment. Unusual challenges, and unusual opportunities to bring about significant recovery for patients, make Oregon State Hospital an excellent choice for psychiatrists looking for a unique learning and professional growth environment.
Unity Center for Behavioral Health

Unity Center for Behavioral Health is an unprecedented collaboration between Legacy Health, Oregon Health & Science University (OHSU), Adventist Health and Kaiser Permanente NW.

Located on the Legacy Holladay Park campus in the center of Portland, it will be an innovative, trauma informed patient-centered care environment for adults and adolescents experiencing a mental or behavioral health crisis. Patients will receive immediate psychiatric care, may be assessed and treated onsite short-term and will be introduced to continuing care options. Following models nationwide, the Unity Center will be a first in Oregon: a Psychiatric Emergency Service (PES) that stands alongside acute-care adult and pediatric inpatient units. We aim to provide the best emergency psychiatric care yet in the State of Oregon and we aim to provide the best training for learners of all disciplines in the pursuit of providing better mental health care to our friends and neighbors.

Medical Safety
Everyone from the participating hospitals involved in creating Unity have medical safety and quality of care as top priorities. Unity will be a service of Legacy Emanuel Medical Center under its current license. However, it will be located on a separate campus without a medical emergency department or intensive care unit.

Our team of medical leaders have created admission criteria which assures medical safety in a freestanding psychiatric hospital. Practicing psychiatrists with OHSU, Kaiser Permanente NW and Legacy Health have developed the criteria for Unity. We are in discussions with the emergency department Medical Directors, from all participating hospitals, regarding which patients can be safely admitted to Unity.

There will be patients who do not meet medical safety admission criteria. The majority of patients, based on an OHSU retrospective review, are patients presenting with delirium and dementia. These patients will be stabilized in the referring emergency departments and medical units.

Other patients without delirium and dementia who do not meet medical safety criteria will be treated in medical emergency departments and in-patient units. Once medically stabilized, patients will be transferred to Unity if they still need psychiatric admission.

Chief Medical Officer and Pediatric Medical Directors Hired
The leadership team has hired Greg Miller, M.D., M.B.A. to serve as chief medical officer of Unity Center for Behavioral Health. Dr. Miller will report to both Unity leadership and the Chair of the Department of Psychiatry at OHSU. Dr. Miller will be the leader for quality of care at Unity. He will begin on June 1, 2016.

We have also hired Dr. Kathryn Flegel, M.D. to serve as the Medical Director of the Pediatric Unit. She will also begin her service on June 1, 2016 at the unit...
currently housed in Randall’s Childrens Hospital at Legacy Emanuel campus and will help transition that unit to the Unity Center for Behavioral Health.

**Physician Training**
OHSU Psychiatry residency and fellowship programs will continue to train competent, compassionate psychiatrists to serve Oregonians. The OHSU psychiatry training program will assure residents meet or exceed all the training requirements of the American College of Graduate Medical Education.

**Physician Recruiting**
Unity needs 22 psychiatry full-time equivalents to run the Psychiatric Emergency Service and inpatient units. We expect to have a mix of both full-time and part-time psychiatrists, as well as, psychiatric nurse-practitioners to cover these needs.

We are currently on task to open Unity Center in January 2017. For more information, please visit our website at [www.ohsu.edu/unity](http://www.ohsu.edu/unity) or contact Liz Stevenson at steveeli@ohsu.edu.
We are entering a golden age of neuroscience; clinical and technological breakthroughs have made the study of the brain and human behavior more precise and more exciting than ever before. The National Institute of Mental Health recently announced its Strategic Plan for Research, placing emphasis on supporting and conducting research on mental illnesses and the underlying basic science of brain and behavior, supporting the training of scientists to carry out basic and clinical mental health research, and communicating with scientists, patients, providers, and the general public about the science of mental illness. Our research endeavors at OHSU have expanded immensely in recent years, and we are uniquely positioned to continue our world class efforts into understanding such issues as autism, ADHD, addiction, and the developing brain, among many others.

At OHSU we value collaboration with our colleagues in all departments, and we have a special connection with our neurodevelopment partners, Neurology, Behavioral Neuroscience, Neurological Surgery, and the Vollum Institute. Together with Psychiatry, this group of specialties is known as the OHSU Brain Institute (OBI). The OBI sponsors an annual Brain Awareness Lecture Series, which, like many of our lectures and educational programs, is available online. One of the most-watched videos currently is “Marijuana and the Brain,” which informs the timely discussion of the legalization of marijuana and our concerns about its effects on the developing brain. – see it at see it at www.ohsu.edu/lecture-recordings.

As one of the nation’s leading centers for the study of psychological development and disorder, OHSU is privileged to be one of twenty-one research institutions chosen to collect information and DNA from individuals with autism through the SPARK online initiative. Autism is known to have a strong genetic component, and by helping to collect and analyze data from a broad range of people with this disorder, we will help to better understand this condition. SPARK allows us to create a large scale DNA database of people with autism, and it also provides an opportunity for individual participants to impact the future of autism research by joining any of the multiple studies offered through the program. For more information, see www.OHSU.edu/SPARK.

Another area of research in which OHSU’s unique variety and profundity of talent shines is in our ADHD Research Program. Joel T. Nigg, Ph.D., directs the Program, which combines several different approaches to study the causes and treatments of ADHD. Our longitudinal research program has enrolled more than 600 families in the Portland area, and we continue to learn and publish our findings, including our view that ADHD, as such, is not one diagnosis, but an umbrella term for a myriad of clinical manifestations. The ADHD Research Program encompasses research into genetic, neurobiological, and nutritional components of attention disorders, and will ultimately inform diagnosis, prevention, and intervention efforts.

At the Developmental Brain Imaging Lab, my colleagues and I study the brains of healthy and at-risk youth using cutting edge tools like functional MRI (fMRI). Through tireless efforts to improve the quality and precision of our data collection...
and analysis, we aim to provide understanding of the developing brain and risk factors for mental illness, including addiction. At OHSU, we are fortunate to be a part of several National longitudinal investigations supporting these goals, including the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA) and the largest ever NIH effort to study the adolescent brain, the Adolescent Brain Cognitive Development (ABCD) study. By examining problems like adolescent decision-making with regard to drugs and alcohol, we have been able to make progress in determining what leads young people to make destructive decisions, and how we might intervene to treat substance abuse and mood disorders, which often manifest during this time of life.

Building upon what has been learned about the developing adolescent brain in health and disease, Dr. Sarah Feldstein Ewing (recently recruited to OHSU last year and also an investigator on the ABCD study) bridges the neuroscience research with treatment for adolescent health risk behaviors, including alcohol and drug use. Her cutting-edge research examines how effective treatments for risky behavior changes the brain in ways that may impact long-term behavioral change.

We have felt the scourge of methamphetamine abuse across this country, and at OHSU, we are proud to be a part of research to help understand and one day end this disease. In partnership with the Portland VA Medical Center, we have created the Methamphetamine Abuse Research Center (MARC). Led by Dr. Aaron Janowsky, the MARC is a National Institute on Drug Abuse center which seeks to understand methamphetamine abuse in a holistic, “translational” manner. Our researchers work “from bench to bedside,” that is, from our laboratories where we study the molecular bases of drug abuse, to the patient seeking treatment. Understanding the powerful and long-lasting effects of methamphetamine abuse on the brain will play a critical role in successfully treating people recovering from addiction.

Our research at OHSU is truly leading the way toward better understanding the brain and the causes of a wide spectrum of human behavior. I invite you to visit our website www.OHSU.edu/Psychiatry to learn more about the work we do every day.

Kind regards,
Bonnie Nagel
Interim Vice Chair of Research, Psychiatry
Message from the Chair
Continued from page 1

There has never been a more critical moment in our contemporary history, as a treatment community, for addressing the needs of patients. Our partnership with the Oregon State Hospital has led to many unique challenges and learning opportunities. We believe our partnership with OSH will continue to be deeply rewarding for all involved.

Our mission continues to expand with the opening of Unity Center for Behavioral Health this fall (see page 6). As Portland's population has grown, the need for comprehensive mental health care for its residents has increased dramatically. Unity will provide emergency and inpatient care, as well as robust transitioning services for outpatient treatment.

In this edition of the Newsletter we present an update from our researchers on page 8.

Thank you for your interest in the OHSU Department of Psychiatry. I hope you enjoy the Newsletter.

George A. Keepers, M.D.
Carruthers Professor and Chair
Department of Psychiatry

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Training is Complex!

At OHSU we have a four year Psychiatry residency program, a two year Child and Adolescent Psychiatry Fellowship, and, along with the Portland Veterans Affairs Hospital, Addiction, Forensic, Geriatric and Psychosomatic Fellowships.

The biggest change for the residency program is the upcoming Unity Center project. Our training program, which used to be centered on our ward (known as 1NW) will move to a rotation at a brand new facility near Lloyd Center. We’re so excited with the change; not only is the building substantially better equipped for training, everything will be state of the art and patient-centered, a significant improvement from the
facility issues we have struggled with over the years at OHSU.

We had the most successful recruiting season in many years, filling with all our top candidates in the match. We’re very excited to welcome our PGY1s, and will have a hard time saying good-bye to our PGY4s. The good news is that most of our graduates stay in Oregon – and we often welcome our graduates to the ranks of our faculty.

Both Unity and OSH feature opportunities to learn, and for faculty to teach! We will teach all levels of learners in these facilities and we treasure our relationships with the community that make this possible.

With the addition of Unity, we will expand our faculty to include expertise in Psychiatric Emergency Services. All the licensed providers at Unity will be OHSU Faculty, and we are madly recruiting faculty from all over North America to join us in this adventure.

If you want to join us, we would welcome it. If you have a question about the residency or how you might fit into our training program as a teacher, please feel free to contact me.

Best wishes,
Mark Kinzie, M.D. Ph.D.,
Director, Psychiatry Residency at OHSU.

Projected to open in late 2016, the Unity Center for Behavioral Health is an innovative patient-centered care environment for adults and adolescents experiencing a mental or behavioral health crisis. Patients will receive immediate psychiatric care, may be assessed and treated onsite short term and will be introduced to continuing care options.
Do you have items of interest, honors, awards, people announcements or newsletter ideas? Send them to steveeli@ohsu.edu