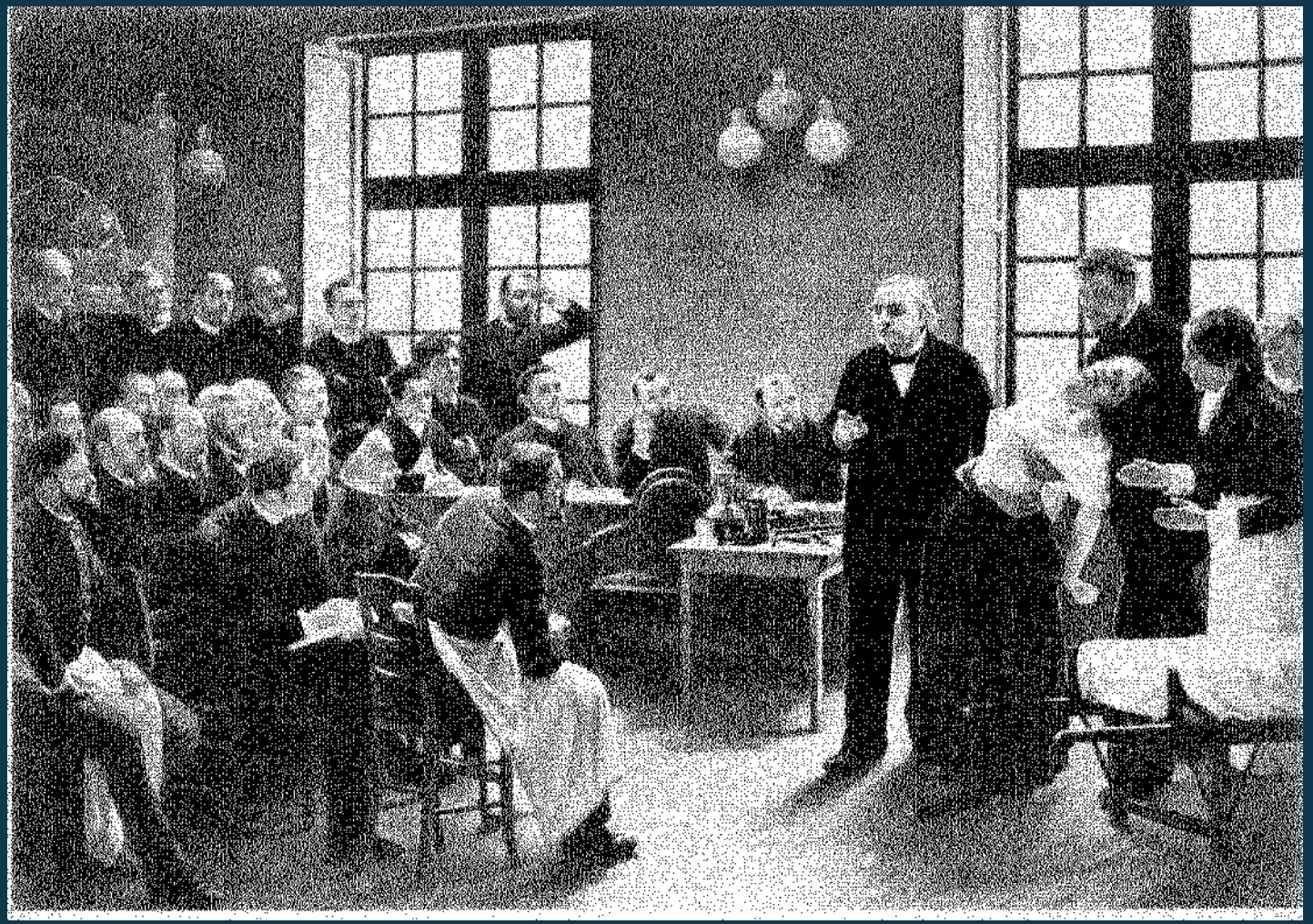
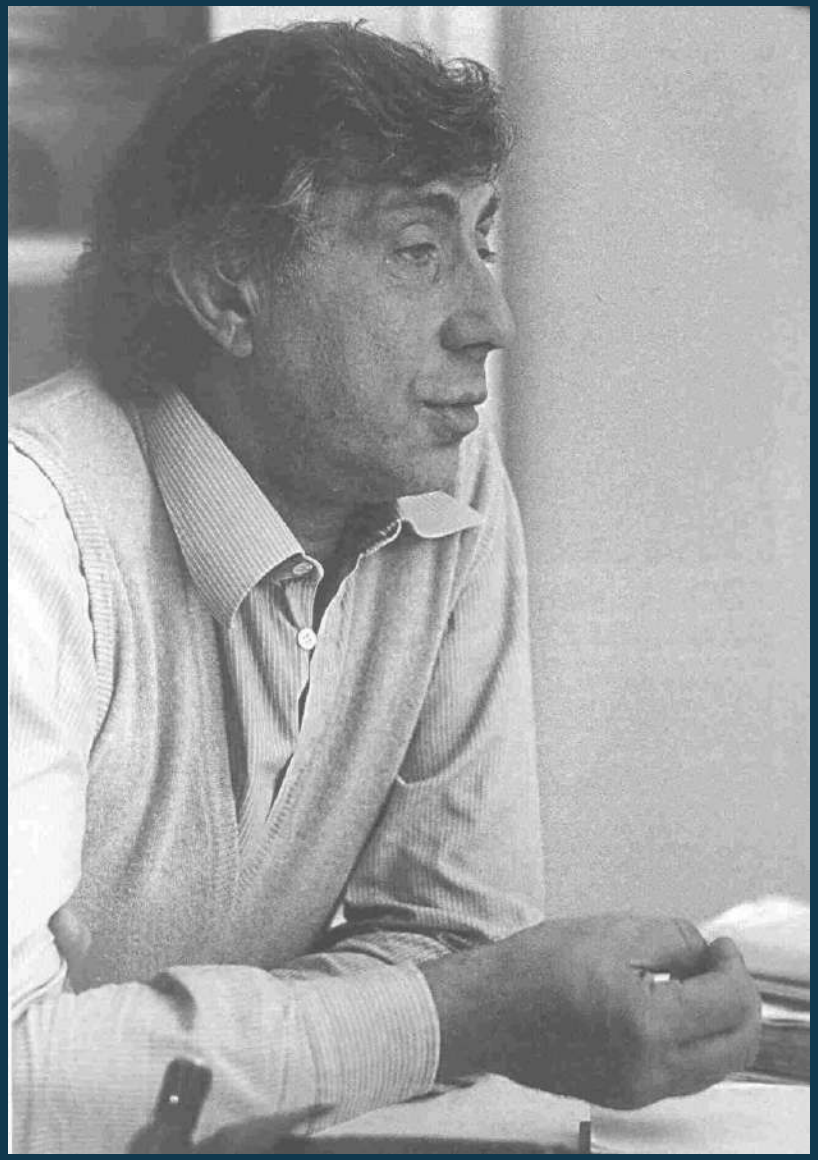
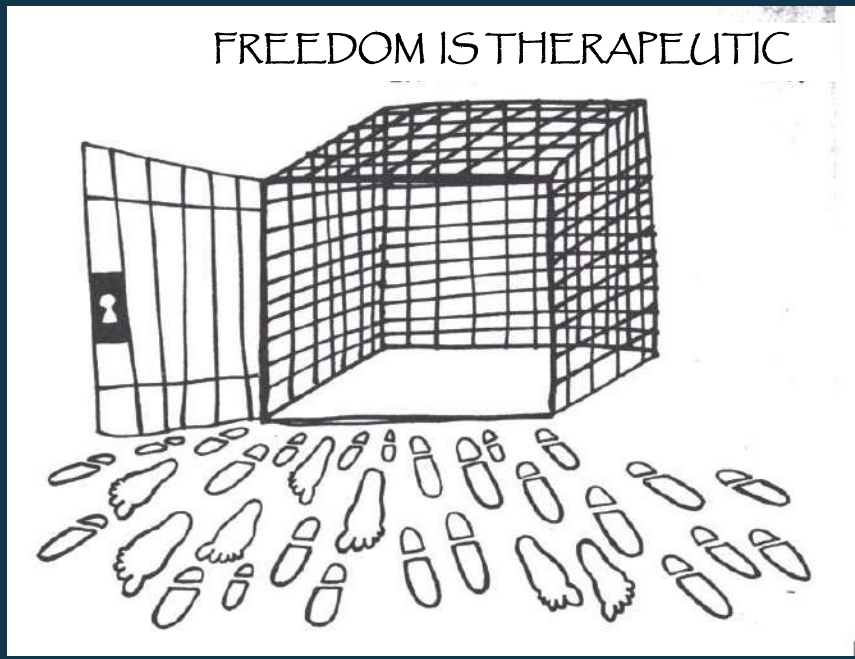
Soteria: a classical experience in the history of true psychiatry, still healthy today

DMSP-PSY

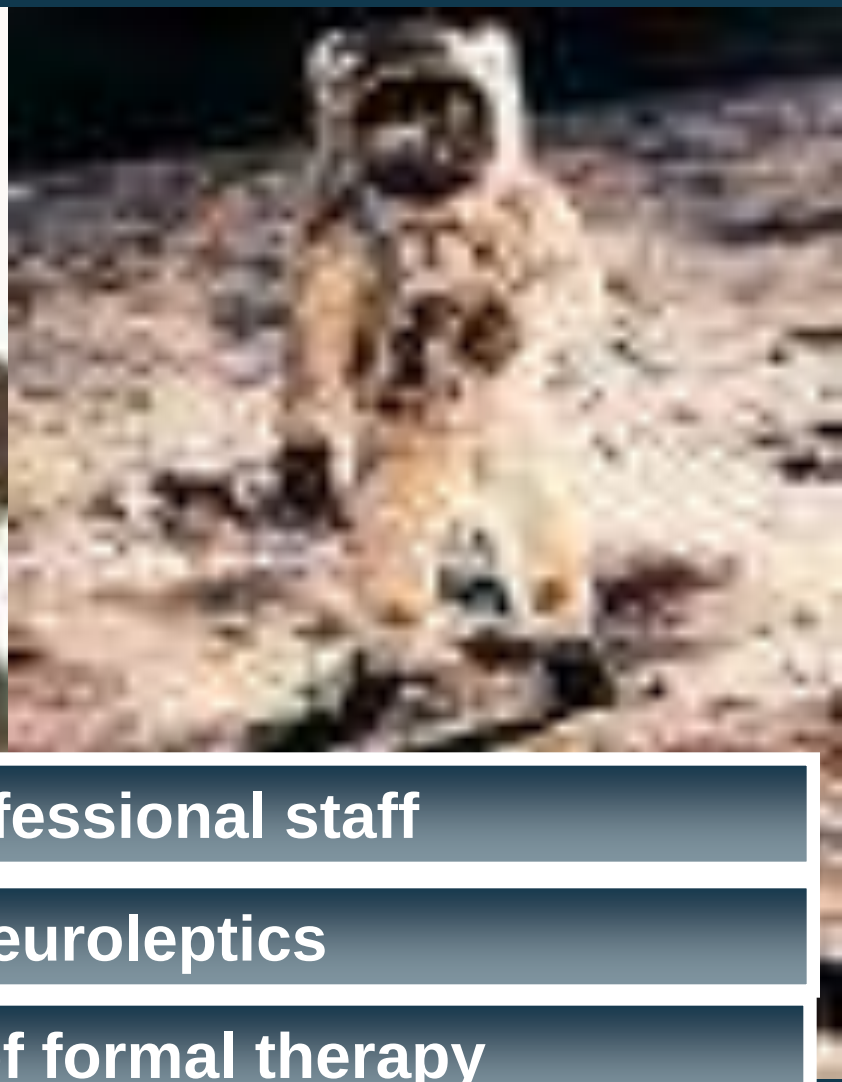


The Soteria Paradigm: Reframing schizophrenia. In Memoriam of Loren Mosher. Hamburg, Nov. 6-7, 2004




FREEDOM IS THERAPEUTIC

Dinosaur or astronaut? The



- non professional staff
- No neuroleptics
- Absense of formal therapy


MRI
555
MIDDLEFIELD RD.


United States
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Miles
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UNITED STATES
MEXICO
CUBA
BAHAMAS
PACIFIC OCEAN
ATLANTIC OCEAN
GULF OF MEXICO
Olympic NP
North Cascades NP
Seattle
Olympia
Tacoma
Mt. Rainier NP
Spokane
Mt. St. Helens
Coeur d'Alene
Glacier NP
Portland
Columbia Gorge
ROCKY MTS.
Great Falls
Salem
Helena
Theodore Roosevelt NP
Eugene
Bend
Hells Canyon
Billings
Bismarck
Grand Forks
Fargo
Voyageurs NP
Isle Royale NP
Lake Superior
Duluth
Apostle Is.
Crater Lake NP
Sawtooth NRA
Yellowstone NP
Boise
Minneapolis
St. Paul
L. Michigan
L. Huron
L. Ontario
Adirondack Park
Albany
Redwood NP
Grand Teton NP
Rapid City
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Jackson-Jackson Hole
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Dinosaur NM
Cheyenne
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Philadelphia
San Francisco
San Jose
Rocky Mtn. NP
Fort Collins
Des Moines
Peoria
Columbus
Baltimore
Dover
Annapolis
Monterey
Yosemite NP
Aspen-Vail-Breckenridge
Denver
Lincoln
Indianapolis
Shenandoah NP
Fresno
Bryce Canyon NP
Arches NP
Colorado Springs
Kansas City
Springfield
Richmond
Kings Canyon & Sequoia NP
Death Valley NP
ROCKY MTS.
Topeka
Jefferson City
Norfolk-Hampton-Virginia Beach
Bakersfield
Las Vegas
Mesa Verde NP
Great Sand Dunes NP
Wichita
Springfield
Mammoth
Greensboro
Raleigh
Cape Hatteras
Santa Barbara
Los Angeles
Grand Canyon NP
Hoover Dam
Taos
Tulsa
Oklahoma City
OZARKS
Memphis
Charlotte
Disneyland
Palm Springs
Flagstaff
Sedona
Santa Fe
Amarillo
Ft. Smith
Wilmington
San Diego
Albuquerque
Lawton
Little Rock
Myrtle Beach
Phoenix
ARIZONA
NEW MEXICO
Hot Springs
Huntsville
Charleston
Saguaro NP
White Sands NM
Lubbock
Wichita Falls
Birmingham
Macon
Augusta
Organ Pipe Cactus NM
Tucson
Carlsbad Caverns NP
Fort Worth
Dallas
Shreveport
Jackson
Columbus
Savannah
El Paso
Abilene
Montgomery
Golden Isles
Guadalupe Mts. NP
Tyler
Natchez
Tallahassee
Jacksonville
San Angelo
Killeen
Waco
Mobile
St. Augustine
Austin
Beaumont
Baton Rouge
Gainesville
Daytona Beach
Hill Country
Gulfport-Biloxi
Orlando
Kennedy Space Center
Big Bend NP
San Antonio
Houston
New Orleans
Galveston
Tampa
Walt Disney World
St. Petersburg
L. Okeechobee
Corpus Christi
Sarasota
Palm Beach
Laredo
Padre Island
Ft. Myers-Cape Coral
Fort Lauderdale
McAllen
Everglades NP
Miami
Brownsville
Florida Keys
Gates of the Arctic NP
Kotzebue
Kobuk Valley NP
Nome
Fairbanks
Denali NP-Mt. McKinley
Wrangell-St. Elias NP
Anchorage
Lake Clark NP
Skagway
Juneau
Kenai Penin.
Katmai NP
Glacier Bay NP
Kodiak I.
Sitka
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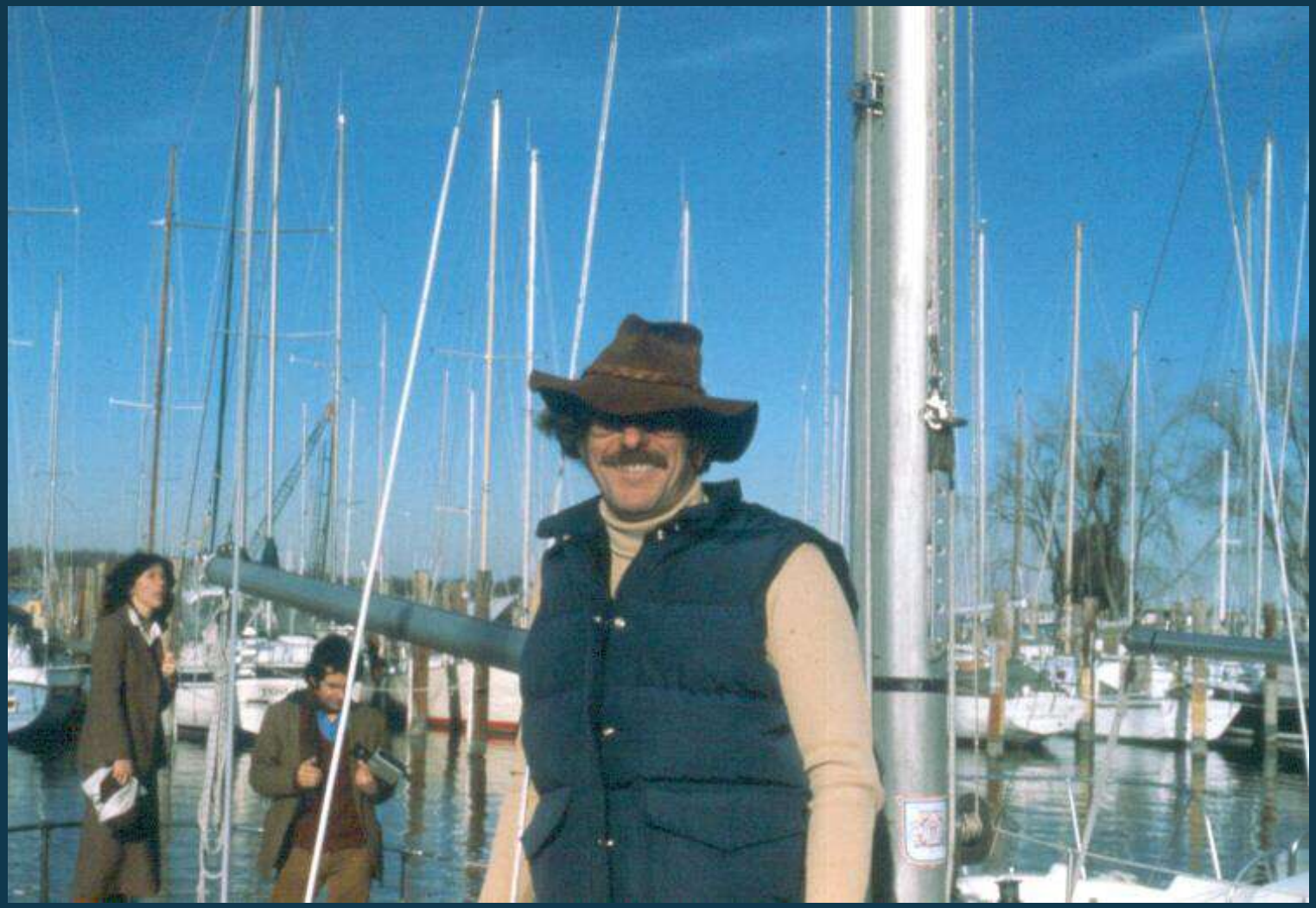
Miles
Kauai
Oahu
Honolulu
Maui
Hawaii
Hilo
Hawaii Volcanoes NP



Alternatives to hospitalization

Reasons to limit the use of psychiatric hospitalization

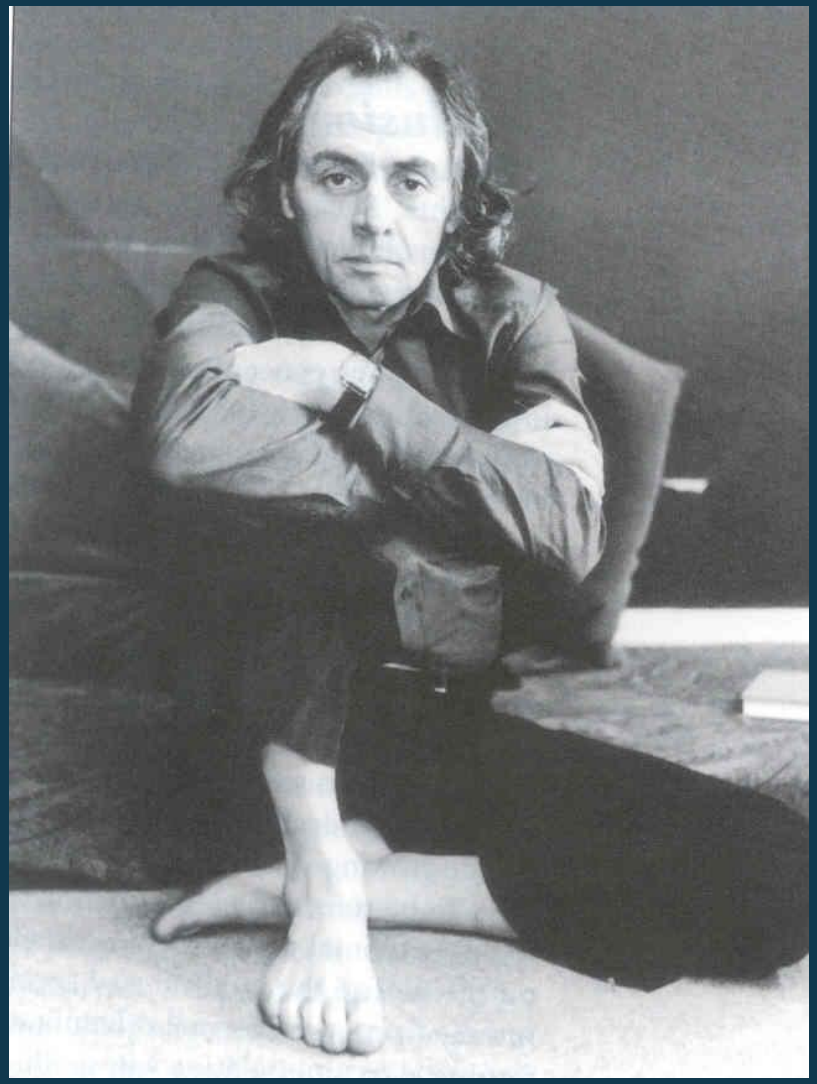
- **Decontestualization:** when the person is removed from his usual physical and interpersonal environment
- **Dehistorification:** the hospital routine violates the person's sense of individuality
- **Further decontestualization:** the diagnostic process trasforms the "problem" into a "disease"
- **Negative attributions:** the diagnostic and treatment process is based on negative attributions

Reasons to limit the use of psychiatric hospitalization

- **Humanitarian:** the institution treats persons like objects
- **Moral:** chospitals are known to cause the iatrogenic disease “institutionalism”
- **Economic:** inpatient care consumes 70% mental health dollars
- **Scientific:** 19 of 20 studies comparing inpatient psychiatric hospitalization with a variety of alternative forms of care found the alternatives as effective and less costly

Background culturale

- Trattamento morale del XIX secolo
- Tradizione psicanalitica della terapia interpersonale intensiva (Sullivan, 1931; Fromm-Reichmann, 1948)
- Esperienze di terapeuti che hanno descritto la crescita attraverso la psicosi (Perry, 1962)
- Tradizione di Philadelphia Association (Laing, 1967)



Kingsley-Hall of Philadelphia Association: therapeutic community established by Ronald Laing int

the 1960s

Type of intervention:

Essentially psychosocial

Principi e pratiche della comunità terapeutica

(Daniels, 1975)

- La comunicazione tra staff e pazienti è aperta e diretta;
- I pazienti sono incoraggiati a partecipare attivamente al proprio trattamento;
- L'organizzazione gestionale offre a staff e pazienti l'opportunità di partecipare alle decisioni amministrative e terapeutiche;
- Benché lo staff continui a mantenere la responsabilità ultima, gran parte delle decisioni operative sono nelle mani dei pazienti;
- Spesso esistono organismi rappresentativi ed esecutivi dei pazienti, modellati secondo i principi della società democratica;
- Il reparto e l'ospedale rimangono in stretto contatto con la comunità esterna, con frequenti comunicazioni e relazioni tra il dentro e il fuori;
- di solito, il reparto ha la porta aperta e i pazienti godono di libera circolazione all'interno dell'area dell'ospedale.

Soteria: results

- Comparable reduction of psycopathology at 6 weeks in both groups
- Psychosocial adjustment at 2-year follow-up. Experimental subjects:
  - Higher occupational status
  - More independent living arrangements
  - Fewer hospital admissions
  - Considerably lower neuroleptic drug treatment
- Comparable costs

1: J Nerv Ment Dis. 2003 Apr;191(4):219-29. Related Articles, Links

Treatment of acute psychosis without neuroleptics: two-year outcomes from the Soteria project.

Bola JR, Mosher LR.

The Soteria project (1971-1983) compared residential treatment in the community and

Newly diagnosed DSM-II schizophrenia subjects were assigned consecutively (1971 to

Multivariate analyses evaluated hypotheses of equal or better outcomes in Soteria on

Endpoint subjects exhibited small to medium effect size trends favoring experimental

Soteria treatment resulted in better 2-year outcomes for patients with newly diagnosed schizophrenia spectrum psychoses, particularly for completing subjects and for those with schizophrenia (when considering schizophrenia subjects separately, results indicate even more favorable outcomes in the Soteria-treated group).

In addition, only 58% of Soteria subjects received antipsychotic medications during the follow-up period, and only 19% were continuously maintained on antipsychotic medications

Therapeutic process at Soteria: results

- **Therapeutic environment: Soteria resulted superior to the hospital in involvement, support and spontaneity (Was and Copes scales)**
- **Staff attitude: Soteria staff were more intuitive, flexible and tolerant, and paid more attention to residents' feelings,**
- **Therapeutic relationship: at Soteria it allowed the discovery and understanding of meanings in one's psychotic experience; residents were encouraged to recognize precipitating events and emotions and reframe them in the continuity of their lifes**

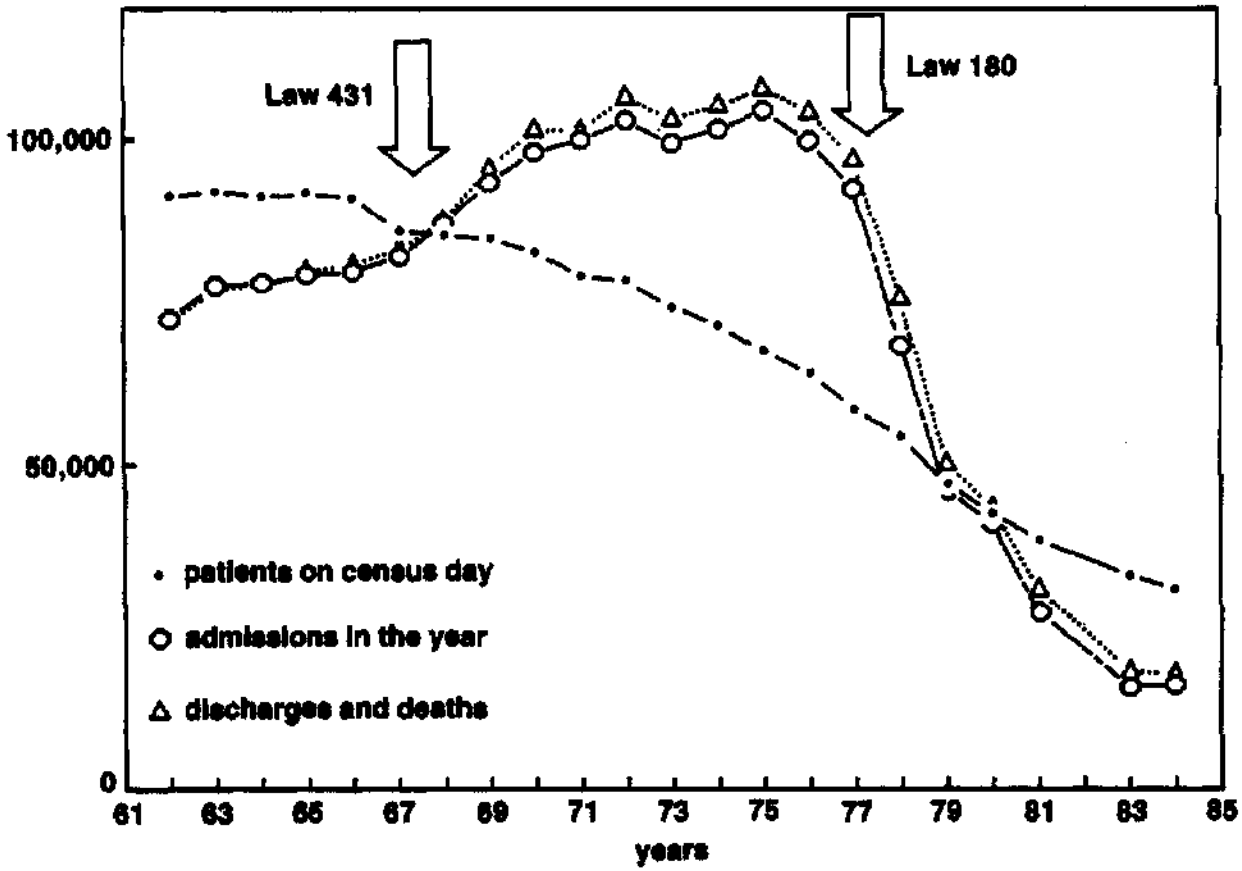
Essential therapeutic ingredients: Soteria

1. Positive expectations of recovery and learnig from psychosis
2. Acceptance of psychotic persons' experience of themselves as real-event if not conesensually validatable
3. Tolerance of extremes of human behavior without need to control it except when there is imminent dange
4. Staff's primary task is to be with the disorganized client; it must be specifically acknowledged that staff need not do anything
5. Flexibility of roles, relationships and responses
6. Normalization and usualization of the experience of psychosis by contextualing it, framing it in postive terms, and referring to it everyday language
7. Sufficient time in residence (one to three months) for development of surrogate family relationships that allow imitation and identification with positive characteristics of staff and other clients
8. Sufficient exposure to positively valued for problem-solving that provide a new sense of efficacy, mastery and competence
9. Readily available post-discharge peer-oriented social network with which contact is begun while in residence

The Italian psychiatric reform: Law 180

- Prohibition of all admissions to state
- Implementation of community-based
- Voluntary and involuntary hospitalisations only in emergency situations, in small units (no more than 15 beds) in general hospitals.

Effects of Law 180 (1)

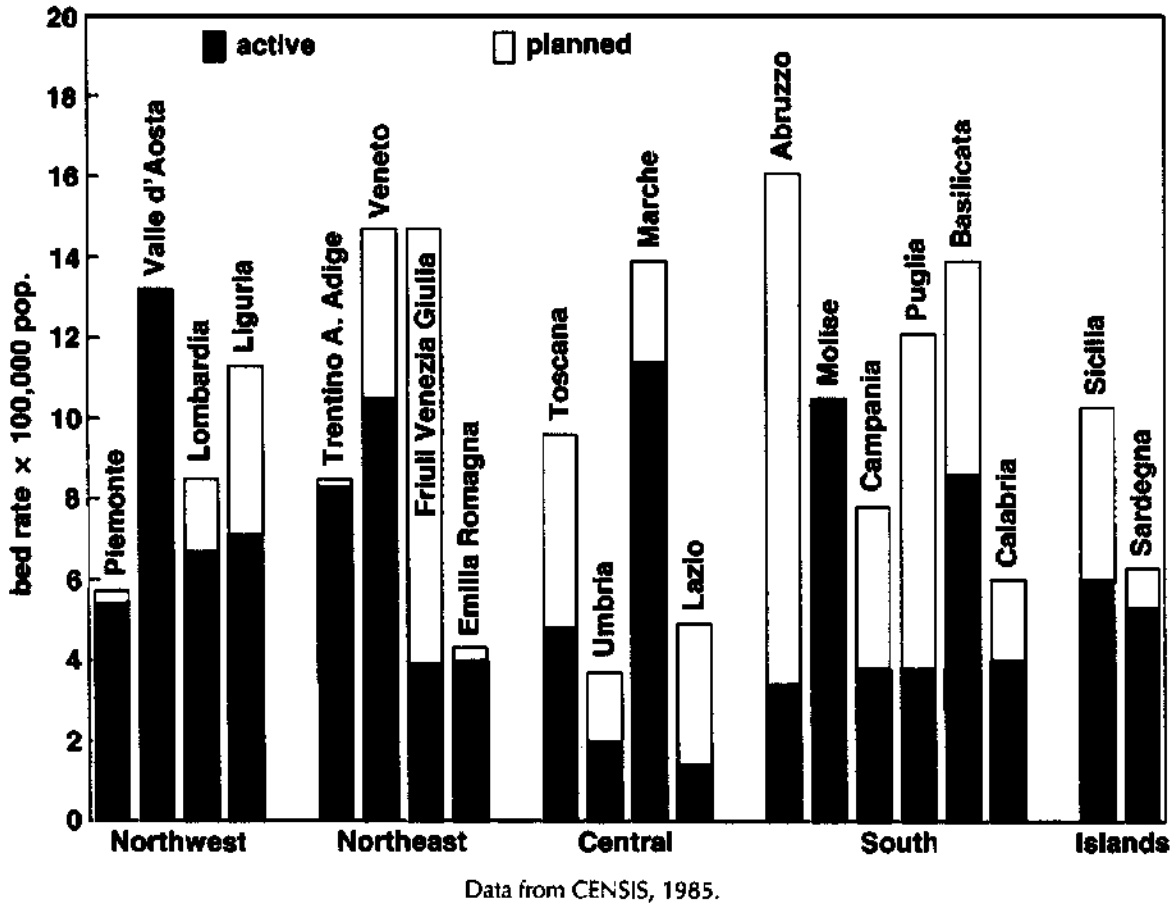


Data from ISTAT, 1964–1986.

FIGURE 13.3
Italy: State Mental Hospitals (1962–1984)
Indices of Hospital Activity

DMSP-PSY

Effects of Law 180 (2)



Data from CENSIS, 1985.

FIGURE 13.6
Psychiatric Units in General Hospitals by Region Italy (Dec. 31, 1984)

Assuming responsibility for a Catchment area

DMSP-PSY

Essential therapeutic ingredients: South-Verona

1. Multi-disciplinary team-work: the team model is peer-oriented. Hierarchy is minimized and personal competence is valued irrespective of role
2. Continuity of care: same staff remain in charge of the same users through different treatment environments
3. Long-lasting personal relationships between staff and users are hightly valued and encouraged
4. Ongoing responsibility towards users: *once in charge, in charge forever* policy
5. Commitment to the more disturbed users in the least restrictive environment: community services *replace* the mental ospital; they are not an add-up to treat less disturbed users
6. Meeting users' needs: all needs, including basic ones
7. Contextualization: a family and ecological approach is used
8. Crisis intervention to prevent hospitalization: community team-work, home visits, community mental health center
9. Crisis prevention through ongoing follow-up: users are seen on a regular basis and assertive community treatment is used when needed

Essential therapeutic ingredients in community mental health: South-Verona

1. Multi-disciplinary team-work: the team model is peer-oriented. Hierarchy is minimized and personal competence is valued irrespective of role
2. Continuity of care: same staff remain in charge of the same users through different treatment environments
3. Long-lasting personal relationships between staff and users are hightly valued and encouraged
4. Ongoing responsibility towards users: *once in charge, in charge forever* policy
5. Commitment to the more disturbed users in the least restrictive environment: community services *replace* the mental ospital; they are not an add-up to treat less disturbed users
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8. Crisis intervention to prevent hospitalization: community team-work, home visits, community mental health center
9. Crisis prevention through ongoing follow-up: users are seen on a regular basis and assertive community treatment is used when needed

DMSP-PSY

Therapeutic ingredients of Soteria relevant for community mental health

1.
2.
3.
4.

Only indirect influence on the model used in Verona. Commitment to the more disturbed

Continuity of care: same staff remain in charge of the same users through different treatment environments

5. Meeting users' needs: all needs, including basic ones
6. Contextualization: a family and ecological approach is used
7. Crisis intervention to prevent hospitalization: community team-work, home visits, community mental health center
8. Crisis prevention through ongoing follow-up: users are seen on a regular basis and assertive community treatment is used when needed
9.

DMSP-PSY

Am J Psychiatry. 1982 Feb;139(2):199-203.

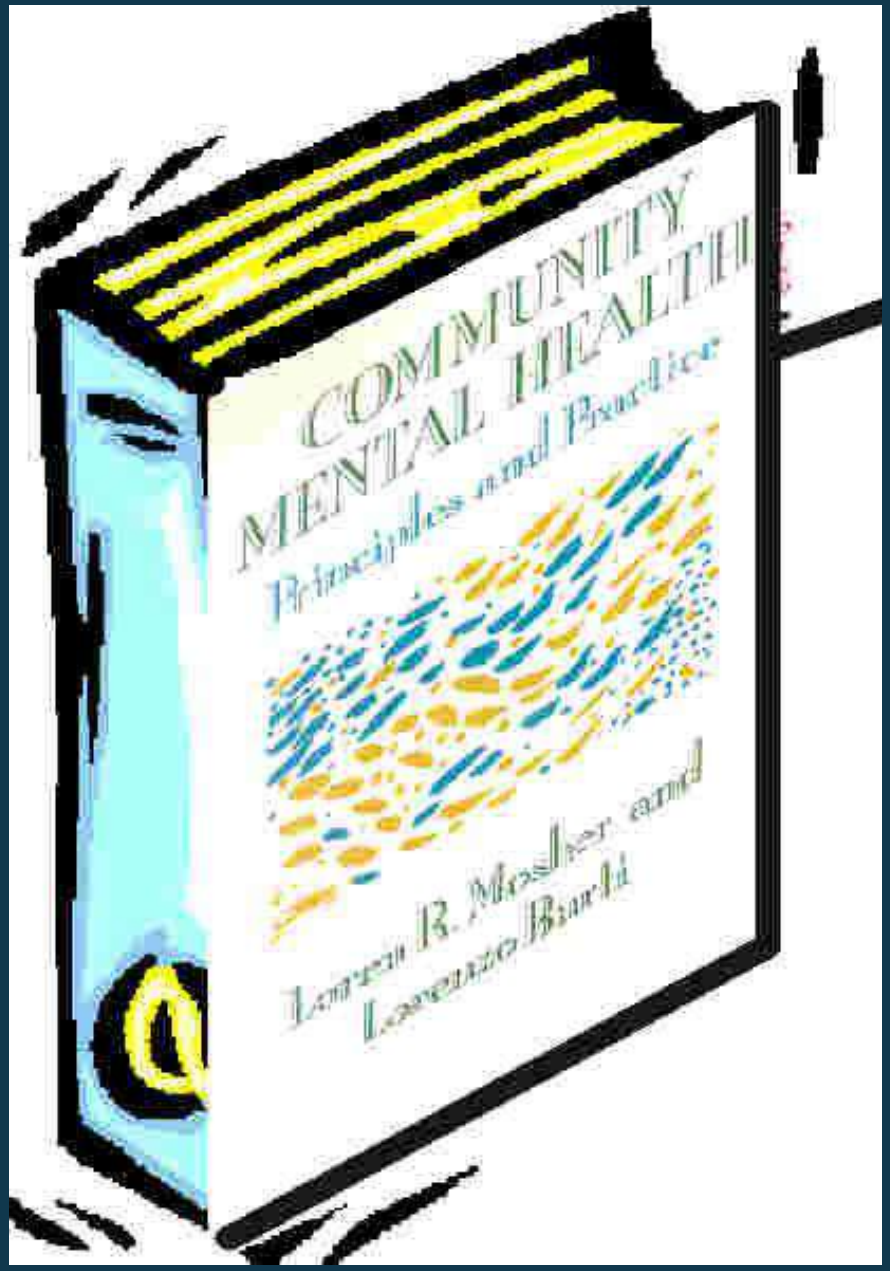
Am J Psychiatry. 1986 Dec;143(12):1580-4.

Training psychiatrists in the community: a report of the Italian experience.

Burti L, Mosher L.

They describe a model program and training design of a 4-year residency in which psychiatrists learn the skills for community work while actually working in the community. The residency differs from most U.S. residencies in having trainees responsible for patients wherever they are being treated (residents are not rotated between services), its strong team orientation, and the value placed on community work.

PMID: 3789212 [PubMed - indexed for MEDLINE]


COMMUNITY
MENTAL HEALTH
Principles and Practice

Nonspecific factors in psychosocial treatment

1. Healing context: the client perceives the helper and the facility as helping or providing context where the client can help himself
2. Confiding relationship with helper: building a working alliance
3. Plausible causal explanation: clinician and client evolve a shared definition of how and why ghe problem developed. This should lead to consensus about goals and strategy to achieve them
4. Therapist personal qualities generate positive expectations: therapists conveys clear, consistent, realistic, postive expectations
5. Provision of success experiences: the helping process starts by remoralizing the client and provide opportunities of success

Relational principles

(in parenthesis the paired nonspecific factor/s)

1. *Atheoretical Need to Understand* (Plausible Causal Explanation): to encourage relationships that are open, non-judgemental, tolerant, and respectful
2. *Continuity of Relationships* (Confiding Relationship): a team of three or more persons should be each client's primary therapeutic case manager/consultant
3. *Response Flexibility* (Confiding Relationship, Success Experiences): workers alert and responsive to changes in the client/situation
4. *Being With* (Confiding Relationship): positive, attentive presence without an expectation of doing something *to* the client.

Relational principles (2)

(in parenthesis the paired nonspecific factor/s)

5. *Concrete Problem Focus* (Success Experiences. Plausible Causal Explanation): it will also provide successes that are remoralizing and relationship building through gratitude (“doing with”)
6. *Consultation* (Healing Context. Positive Expectations): focus is on a return to functioning rather than a “cure”; it is collaborative, self-help, and peer-oriented
7. *Partnership* (Success Experiences): to develop *reciprocal* relationships over time. It preserves client power and minimises the staff's role as “experts.”
8. *Expectation of self-help* (Healing Context): clients are encouraged to evolve problem-solving strategies themselves and are helped to try them

Schizophr Bull. 2002;28(4):559-75.

At issue: predicting drug-free treatment response in acute psychosis from the Soteria project.

Bola JR, Mosher LR.

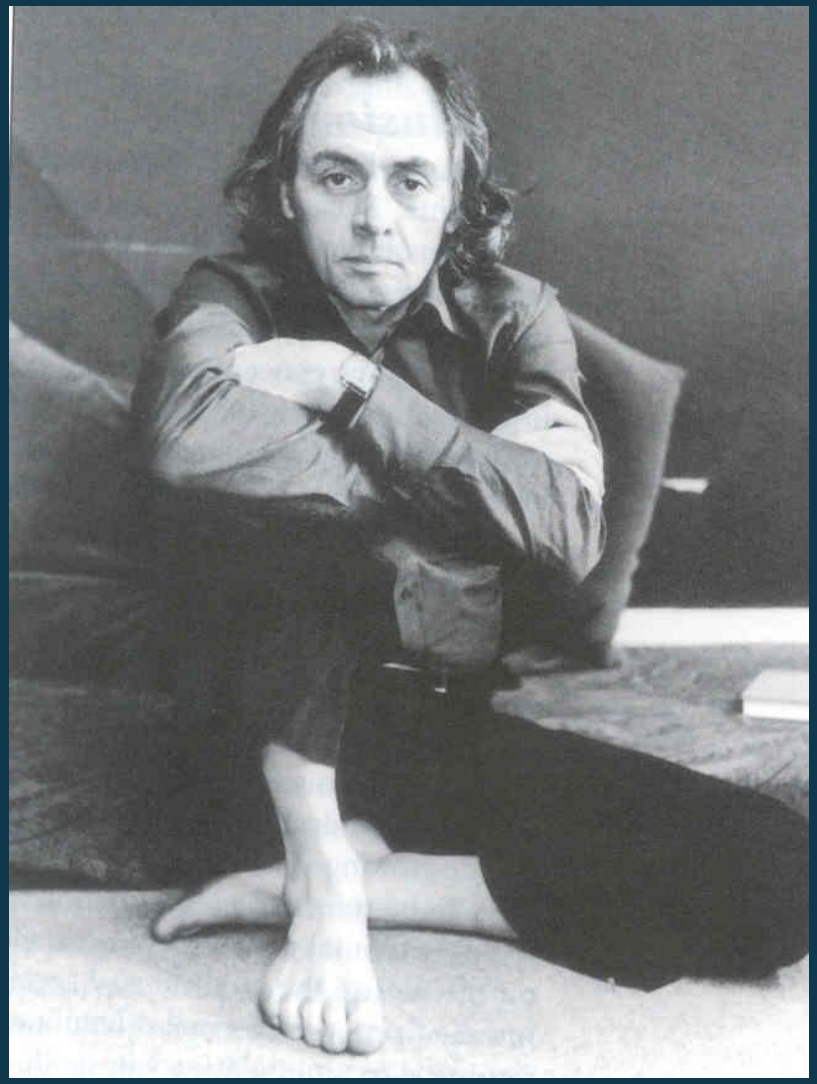
Although an estimated 25 to 40 percent of acute psychoses remit without antipsychotic

This retrospective exploratory study uses baseline information from the Soteria project

Forty-three percent of experimentally treated subjects received no antipsychotic

A predictive model using three variables (age, the Goldstein Adolescent Social Competence Scale score, and number of diagnostic symptoms) correctly identified this subgroup 79 percent of the time (boot-strapped 95% confidence interval [CI], 65-90%).

These data advance the hypothesis that an identifiable subgroup of individuals with early episode psychosis might fare better when receiving specialized psychosocial intervention and minimal or no use of antipsychotic medications.



Kingsley-Hall della Philadelphia Association: comunità terapeutica fondata da Ronald Laing

negli anni 1960

Tipo di intervento:

Esclusivamente psicosociale

Principi e pratiche della comunità terapeutica

(Daniels, 1975)

- La comunicazione tra staff e pazienti è aperta e diretta;
- I pazienti sono incoraggiati a partecipare attivamente al proprio trattamento;
- L'organizzazione gestionale offre a staff e pazienti l'opportunità di partecipare alle decisioni amministrative e terapeutiche;
- Benché lo staff continui a mantenere la responsabilità ultima, gran parte delle decisioni operative sono nelle mani dei pazienti;
- Spesso esistono organismi rappresentativi ed esecutivi dei pazienti, modellati secondo i principi della società democratica;
- Il reparto e l'ospedale rimangono in stretto contatto con la comunità esterna, con frequenti comunicazioni e relazioni tra il dentro e il fuori;
- di solito, il reparto ha la porta aperta e i pazienti godono di libera circolazione all'interno dell'area dell'ospedale.

Caratteristiche essenziali degli ambienti efficaci per la psicosi acuta

1. Piccole dimensioni (6 clienti), come in una casa
2. Operatori non impegnati ideologicamente
3. Ricerca di un rapporto fra pari, fraterno
4. Conservazione del potere personale
5. Sistema sociale aperto (facilità di accesso e di uscita)
6. Responsabilità dei partecipanti per la manutenzione della casa
7. Differenziazione minima dei ruoli
8. Gerarchia minima
9. Incoraggiamento all'uso delle risorse del territorio
10. Autorizzazione/incoraggiamento dei contatti dopo la dimissione
11. Assenza di terapie formali all'interno della casa

Funzioni essenziali dell'ambiente terapeutico a Soteria

- controllo delle stimolazioni
- appoggio temporaneo o rifugio
- protezione o contenimento
- supporto
- validazione

Funzioni precoci

- struttura
- coinvolgimento
- socializzazione
- collaborazione o trattativa
- pianificazione

Funzioni tardive

Caratteristiche auspicabili nel personale

- Forte senso del sé: tollera bene l'incertezza
- Vedute aperte, atteggiamento di accettazione, non censorio
- Paziente e non invadente
- Orientamento pratico, rivolto alla soluzione di problemi
- Flessibile

Caratteristiche auspicabili nel personale

- Empatico
- Ottimista e incoraggiante
- Gentile ma fermo
- Dotato di humour
- Umile
- Pensa in termini di contesto

Caratteristiche da evitare nel personale

- Fantasia del salvatore
- Costante distorsione delle informazioni
- Atteggiamento pesimista
- Sfruttamento dei clienti per i propri bisogni
- Troppo autoritario, ha bisogno di *fare* per gli altri
- Sospettoso, incolpa gli altri

Selezione del personale: esperienze di vita significative

- Ha affrontato problemi di vita reale
- Ha vissuto con malati mentali
- Arti marziali
- Impegno nella comunità locale
- Addestramento a osservare e capire le proprie reazioni (ad es.: psicoterapia, supervisione)
- Ex utente

Burnout: descrizione

- Scarsa energia
- Disinteresse per i clienti
- Clienti vissuti come frustranti, senza speranza, cronici, non motivati, incurabili, che non seguono le cure, dediti all'*acting out*…
- Assenteismo
- Elevato *turnover*

Burnout: cause

- Setting troppo gerarchico—personale privo di potere
- Troppe regole introdotte dall'esterno—mancanza di autorità e di responsabilità locale
- Gruppo di lavoro troppo ampio o poco unito—manca lo spitrito di équipe
- Stimoli troppo scarsi—routine

Burnout: prevenzione e cura
a) principi

- I successi concreti sollevano il morale
- Il personale deve avere potere
- Il personale si deve sentire membro di un'équipe che lo appoggia
- Impiego di esperienze di gruppo per promuovere la fiducia reciproca e lo spirito collettivo
- Offerta di nuove esperienze di apprendimento stimolanti

Burnout: prevenzione e cura
b) tecniche specifiche

- Didattica per gruppi su argomenti specifici e rilevanti per il lavoro
- Al bisogno, tenere un gruppo per la soluzione dei problemi tra membri dello staff
- Regolari discussioni dei casi problematici con un consulente
- L'équipe impara e applica nuove tecniche
- Supervisione dal vivo
- Feste
- Amicizie

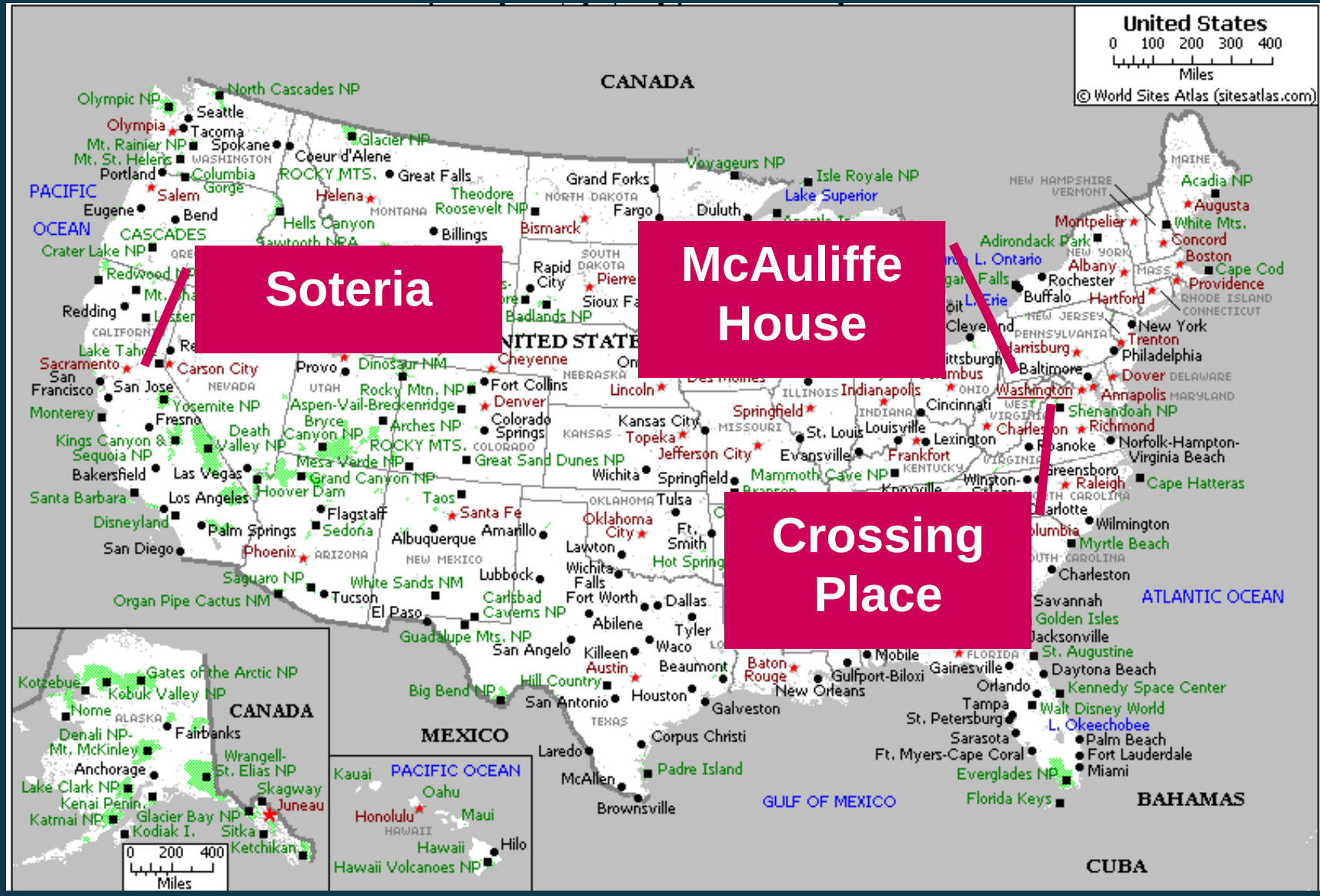
Repliche di Soteria

Il modello è stato replicato anche in Europa (Soteria Berna, di Luc Ciompi) ed è stato utilizzato, sempre da Mosher, anche per pazienti diversi da quelli all'esordio psicotico, inclusi i pazienti veterani del sistema psichiatrico ("cronici"): Crossing Place e McAuliffe House presso Washington


Soteria
Berne
ISLAND
NORGE
SUOMI
FINLAND
SVERIGE
EESTI
LATVIJA
LIETUVA
DANMARK
UNITED
KINGDOM
IRELAND
ÉIRE
NEDERLAND
DEUTSCHLAND
BELGIE
BELGIQUE
LUXEMBOURG
FRANCE
SUISSE
SCHWEIZ
SVIZZERA
ÖSTERREICH
LIECH.
SLOVENIJA
HRVATSKA
BOSNA I
HERCEGOVINA
SRBIJA I
CRNA GORA
SHQIPËRIA
MAGYARO
ROMÂNIA
BÂLGARIJA
PORANEŠNA
JUGOSLOVENSKO
REPUBLIKA
MAKEDONIJA
ΕΛΛΑΔΑ-
ELLADA
PORTUGAL
ESPAÑA
ANDORRA
MONACO
SAN
MARINO
ITALIA
MALTA
TÜRKİYE
ΚΥΠΡΟΣ
KYPROS
KIBRIS
EL MAGHREB
EL DJAZÂIR
TOUNIS
RUSSIJA
BELARUS'
QAZAQSTAN
SAKARTVELO
AZƏRBAYCAN
HAYASTAN
IRAN
IRAQ
SOURIYA
LIBNAN
MADEIRA (P)
AÇORES (P)
CANARIAS (E)
GUADELOUPE (F)
MARTINIQUE (F)
GUYANE (F)
RÉUNION (F)

- ‘Soteria Berna’, aperta ormai da vent’anni, ha conseguito risultati simili: i soggetti sperimentali trattati nella comunità con basse dosi di antipsicotici presentarono un esito paragonabile a quello dei soggetti ricoverati in ospedale ed esposti ad alte dosi di farmaci.

- In aggiunta, nel gruppo sperimentale, i soggetti trattati con dosi minori, mostrarono una tendenza ad un esito migliore.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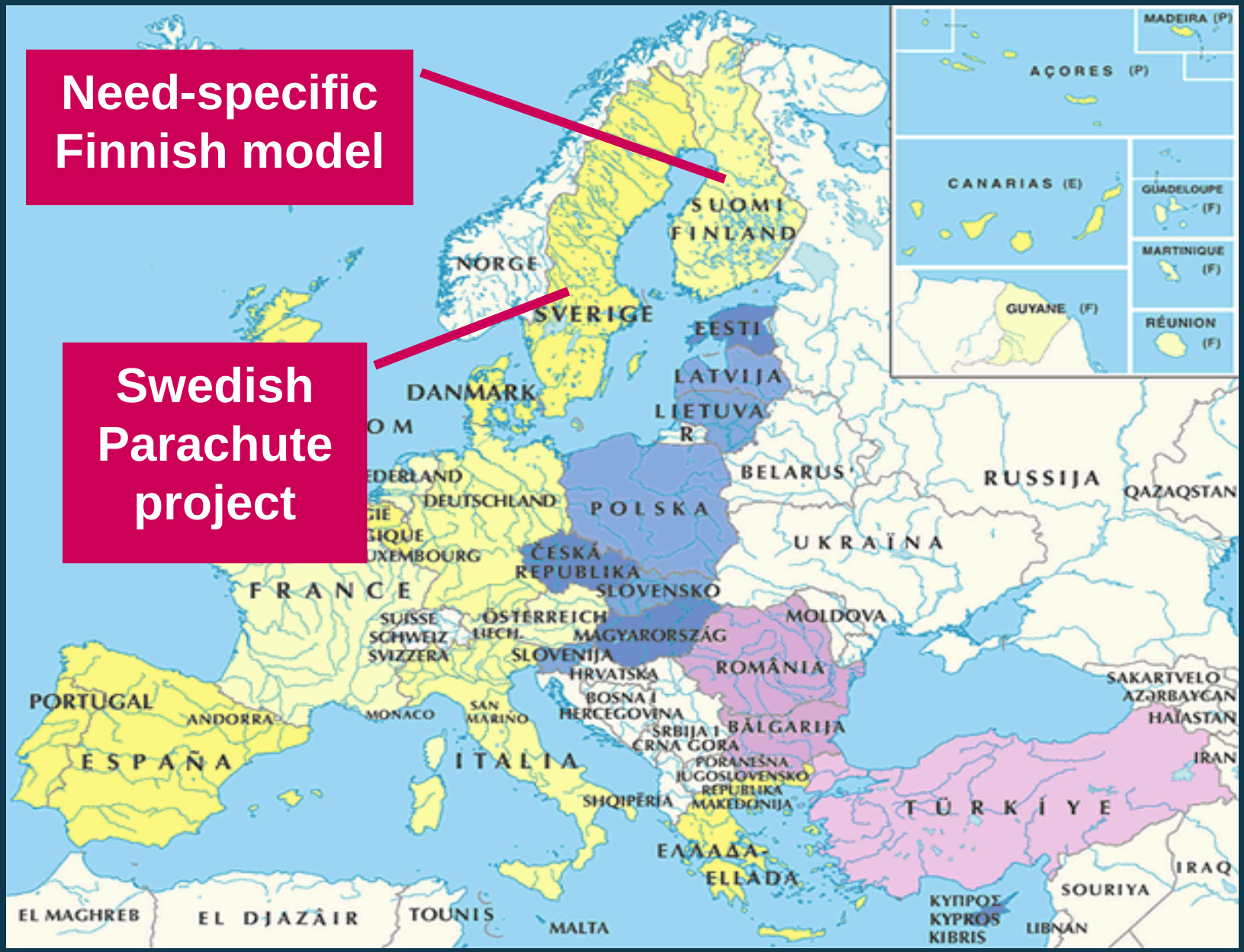
© World Sites Atlas (sitesatlas.com)
CANADA
Soteria
McAuliffe House
Crossing Place
PACIFIC OCEAN
ATLANTIC OCEAN
GULF OF MEXICO
MEXICO
CUBA
BAHAMAS
Olympic NP
North Cascades NP
Seattle
Olympia
Tacoma
Spokane
Mt. Rainier NP
Mt. St. Helens
Coeur d'Alene
Glacier NP
Portland
Columbia Gorge
ROCKY MTS.
Great Falls
Salem
Helena
Theodore Roosevelt NP
Eugene
Bend
Hells Canyon
Billings
CASCADES
Crater Lake NP
Redwood NP
Redding
Lake Tahoe
Sacramento
Carson City
San Francisco
San Jose
Yosemite NP
Monterey
Fresno
Kings Canyon & Sequoia NP
Death Valley NP
Bakersfield
Las Vegas
Santa Barbara
Los Angeles
Disneyland
Palm Springs
San Diego
Phoenix
Saguaro NP
Organ Pipe Cactus NM
Tucson
Flagstaff
Sedona
Hoover Dam
Grand Canyon NP
Mesa Verde NP
Bryce Canyon NP
Arches NP
Aspen-Vail-Breckenridge
Rocky Mtn. NP
Dinosaur NM
Provo
Denver
Colorado Springs
Cheyenne
Fort Collins
Badlands NP
Rapid City
Pierre
Sioux Falls
Grand Forks
Fargo
Bismarck
Minot
Voyageurs NP
Isle Royale NP
Lake Superior
Duluth
Great Sand Dunes NP
Taos
Santa Fe
Albuquerque
Amarillo
Wichita
Springfield
Kansas City
Topeka
Jefferson City
St. Louis
Springfield
Lincoln
Omaha
Des Moines
Indianapolis
Cincinnati
Louisville
Lexington
Evansville
Frankfort
Mammoth Cave NP
Oklahoma City
Tulsa
Ft. Smith
Lawton
Hot Springs
Wichita Falls
Lubbock
Carlsbad Caverns NP
Fort Worth
Dallas
Abilene
Tyler
El Paso
Guadalupe Mts. NP
San Angelo
Killeen
Waco
Austin
Beaumont
Baton Rouge
Hill Country
Big Bend NP
San Antonio
Houston
Galveston
New Orleans
Gulfport-Biloxi
Mobile
Laredo
Corpus Christi
Padre Island
McAllen
Brownsville
Gates of the Arctic NP
Kotzebue
Kobuk Valley NP
Nome
Denali NP-Mt. McKinley
Fairbanks
Wrangell-St. Elias NP
Anchorage
Lake Clark NP
Kenai Penin.
Katmai NP
Glacier Bay NP
Kodiak I.
Sitka
Skagway
Juneau
Ketchikan
0 200 400
Miles
Kauai
Oahu
Honolulu
Maui
HAWAII
Hawaii
Hilo
Hawaii Volcanoes NP
Montpelier
Adirondack Park
L. Ontario
Albany
Rochester
Buffalo
L. Erie
Cleveland
Harrisburg
Pittsburgh
Baltimore
Philadelphia
Trenton
New York
Hartford
Boston
Concord
White Mts.
Augusta
Acadia NP
Cape Cod
Providence
Dover
Annapolis
Washington
Shenandoah NP
Richmond
Norfolk-Hampton-Virginia Beach
Cape Hatteras
Raleigh
Greensboro
Charlotte
Wilmington
Myrtle Beach
Charleston
Savannah
Golden Isles
Jacksonville
St. Augustine
Daytona Beach
Kennedy Space Center
Orlando
Walt Disney World
Tampa
St. Petersburg
L. Okeechobee
Sarasota
Palm Beach
Ft. Myers-Cape Coral
Fort Lauderdale
Miami
Everglades NP
Florida Keys
Gainesville

Caratteristiche degli ambienti efficaci per i pazienti veterani del sistema psichiatrico

- Chiara definizione dei comportamenti specifici che richiedono un cambiamento
- Programma strutturato, orientato all'azione (non alla spiegazione)
- Aspettative ragionevoli, positive, progressive, pratiche, con crescente responsabilità del cliente
- Continuazione del programma di terapia residenziale in vivo nel territorio
- Continuità delle persone
- Largo impiego dei gruppi per agevolare la socializzazione e la costruzione di una rete sociale


Need-specific Finnish model
Swedish Parachute project
SUOMI FINLAND
NORGE
SVERIGE
EESTI
LATVIJA
LIETUVA
DANMARK
BELARUS'
RUSSIJA
QAZAQSTAN
POLSKA
UKRAÏNA
DEUTSCHLAND
ČESKÁ REPUBLIKA
SLOVENSKO
FRANCE
SUISSE SCHWEIZ SVIZZERA
ÖSTERREICH
MAGYARORSZÁG
MOLDOVA
SLOVENIJA
ROMÂNIA
HRVATSKA
BOSNA I HERCEGOVINA
SAKARTVELO
AZƏRBAYCAN
HAYASTAN
PORTUGAL
ANDORRA
MONACO
SAN MARINO
SRBIJA I CRNA GORA
BĂLGARIJA
ESPAÑA
ITALIA
IRAN
PRAVOSLAVNA JUGOSLOVENSKO REPUBLIKA MAKEDONIJA
SHQIPËRIA
TÜRKİYE
ΕΛΛΑΔΑ-ELLADA
IRAQ
SOURIYA
EL MAGHREB
EL DJAZÂIR
TOUNIS
MALTA
ΚΥΠΡΟΣ KYPROS KIBRIS
LIBNAN
MADEIRA (P)
AÇORES (P)
CANARIAS (E)
GUADELOUPE (F)
MARTINIQUE (F)
GUYANE (F)
RÉUNION (F)

Two-year outcome in first-episode psychosis treated according to an integrated model. Is immediate neuroleptisation always needed?

Lehtinen V, Aaltonen J, Koffert T, Rakkolainen V, Syvalahti E.

In this multicentre study the two-year outcome of two groups of consecutive patients

No alternative treatment facilities were available in the study sites. The two study groups

Total time spent in hospital, occurrence of psychotic symptoms during the last follow-up

In the experimental group 42.9% of the patients did not receive neuroleptics at all during

The main result was that the outcome of the experimental group was equal or even somewhat better than that of the control group, also after controlling for age, gender and diagnosis. This indicates that an integrated approach, stressing intensive psychosocial measures, is recommended in the treatment of acute first-episode psychosis.

psychosocial measures, is recommended in the treatment of acute first-episode psychosis.

Publication Types:

- Clinical Trial
- Multicenter Study

- **Intervento, preferibilmente domiciliare, tempestivo, da parte del team ‘Parachute’**

- **Riunioni precoci congiunte tra terapeuti e paziente assieme alla famiglia, per raggiungere un consenso sulla comprensione della reazione psicotica alla luce dell’approccio vulnerabilità-stress**

- **Garanzia di continuità terapeutica nell'arco di 5 anni**

- **Impiego di antipsicotici alle dosi più basse possibili (1/2-1 mg di aloperidolo-equivalenti) e tentativo di evitarli del tutto nelle prime due settimane**

- **Possibilità di accoglienza notturna in piccole comunità di crisi, di tipo familiare, a bassa stimolazione**

- **Queste unità di crisi sono situate fuori dell'ospedale, in un appartamento o in una casa; ospitano solamente 3-6 psicotici al primo episodio**

Acta Psychiatr Scand. 1998 Jan;97(1):10-7

The Finnish National Schizophrenia Project 1981-1987: 10-year evaluation of its results.

Tuori T, Lehtinen V, Hakkarainen A, Jaaskelainen J, Kokkola A, Ojanen M, Pylkkanen K, Salokangas R, Solantaus J, Alanen Y.

This study reports the 10-year evaluation of the Finnish National Schizophrenia Project.

The aims of the national project were achieved. The number of long-stay schizophrenic

Both the treatment of schizophrenic patients and the structure of mental health services

The major innovations of the Project are the acute psychosis teams now serving over

The 10-year evaluation of the Finnish National Schizophrenia Project shows that it is possible to conduct successfully nation-wide projects to develop the treatment of schizophrenic patients and psychiatric practices across an entire country.

DMSP-P

One-year outcome in first episode psychosis patients in the Swedish Parachute project.

Cullberg J, Levander S, Holmqvist R, Mattsson M, Wieselgren IM.

OBJECTIVE: Implementing a system designed to treat first episode psychotic (FEP)

RESULTS: A total of 175 patients (69%) were followed up through the first year of

Satisfaction with care was generally high in the Parachute group. Access to a small

CONCLUSION: It is possible to successfully treat FEP patients with fewer in-patient days and less neuroleptic medication than is usually recommended, when combined with intensive psychosocial treatment and support.

- **Esistono trattamenti alternativi all'ospedalizzazione e all'impiego di farmaci antipsicotici per persone con diagnosi recente di psicosi?**

- **E’ curioso come queste esperienze e questi studi non abbiano ricevuto alcuna attenzione nel nostro paese dove peraltro già esiste una ricchissima rete comunità terapeutiche per la residenzialità medio-lunga, che potrebbero essere facilmente adattate per accogliere *anche* casi acuti.**

- **Possibili spiegazioni di tale mancanza d’interesse comprendono un prevalente orientamento medico nel trattamento dei casi acuti di psicosi, compresi quelli all’esordio, una eccessiva fiducia nell’approccio standard della psichiatria di comunità per prevenire la cronicizzazione e la mancanza di incentivi per dirottare i fondi dall’ospedale a programmi e servizi territoriali alternativi.**

Image gallery

DMSP-PSY