

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

EFFECTS OF RELOCATING AN INPATIENT PROGRAMME
FOR THE "DIFFICULT-TO-PLACE" MENTALLY ILL,
FROM A HOSPITAL TO A COMMUNITY SETTING.

A thesis presented in partial fulfilment of the requirements
for the degree of Master of Arts in Psychology,
Massey University

ROBERT DALDY

1999

ABSTRACT

In order to effect final closure of Lake Alice Hospital, the need for a special inpatient facility for the ongoing treatment of a residual “long-stay” patient population was recognised. The Intensive Learning Centre (ILC) was developed to cater for this group, that were “difficult-to-place” by virtue of their unsuitability for existing trust and sheltered accommodation in the community. Consistent with the long-term plan, the programme was relocated from the hospital grounds to a community setting at Castle Cliff, Wanganui, continuing operation as Endeavour Lodge. The present research had three principal aims: to determine effects of relocation on the original ILC programme; to assess the functioning of the current Endeavour Lodge client group in order to extend findings from previous research; and to make a formal characterisation of the prevailing “Ward Atmosphere” or therapeutic milieu, in the new community location. A comparison of the two programmes was made on the basis of information gained from semi-structured staff interviews, and reviews of programme operating manuals and previous research. Client functioning was assessed with the use of two informant driven measures; the Rehabilitation Evaluation Hall and Baker (REHAB) and the Adaptive Behaviour Scale (ABS). Characterisation of the therapeutic milieu was made with the Ward Atmosphere Scale (WAS-R). It was found that relocation coincided with a loss of key personnel responsible for the development of the original ILC programme, who had experience and expertise in the use of “Behaviour Modification” techniques. Formal behavioural modification strategies that were an integral part of the original ILC prescription, appeared to have fallen into comparative disuse at the time of the current study. An initial significant improvement in general functioning was found between baseline and the 5- month follow-up. No other significant change in functioning was identified for either general functioning or maladaptive behaviour, between any of the subsequent follow-up periods. However, a descriptive supplemental analysis of mean group total scores, did identify meaningful and consistent trends of behaviour change over time. The implications of the findings, and recommendations for the programme and future research are discussed.

ACKNOWLEDGEMENTS

First, I would like to express my sincerest gratitude to my supervisor Dr. Frank Deane, for his inexhaustible patience, ready sense of humour, and expert guidance throughout the duration of this project.

My thanks also to Judy Bright, Leta Kessy, and the Endeavour Lodge staff and residents for making me welcome while I visited, and for the considerable time they invested in the completion of questionnaires and interviews.

I am also most grateful to my family for their ongoing support, and encouragement over the course of my study and throughout this project.

Finally, thanks also to my friends for their encouragement and assistance during my study.

TABLE OF CONTENTS

ABSTRACT.....	II
ACKNOWLEDGEMENTS.....	III
TABLE OF CONTENTS.....	IV
LIST OF TABLES	VI
LIST OF FIGURES	VII
CHAPTER ONE	
INTRODUCTION	8
<i>Overview of the Introduction</i>	8
<i>Deinstitutionalisation</i>	9
<i>The “Difficult-To-Place” Mentally Ill</i>	11
<i>Treatment and Care of the “Difficult-to-Place”</i>	13
<i>Factors Mediating Treatment Effectiveness</i>	17
<i>Lake Alice Hospital and the ILC Programme</i>	20
<i>Relocation and Maintenance of Innovative Programmes</i>	23
<i>Aims of the Current Research</i>	24
CHAPTER TWO	
METHOD.....	26
<i>Ethical Issues</i>	26
<i>Design</i>	27
<i>Instruments</i>	29
<i>Participants</i>	33
<i>Setting</i>	34
<i>Procedure</i>	35
CHAPTER THREE	
RESULTS	39
<i>The Endeavour Lodge Programme</i>	39
<i>Effects of Relocation</i>	42
<i>ILC and Endeavour Lodge Programme Comparison</i>	48
<i>Pre-Post Analysis of Group Adaptive Functioning</i>	52
<i>Pre-Post Analysis of Individual Adaptive Functioning</i>	58
<i>Ward Atmosphere Analysis</i>	67

CHAPTER FOUR

DISCUSSION	73
<i>Effects of Relocation and Programme Development</i>	73
<i>Client Outcomes</i>	76
<i>The Therapeutic Milieu</i>	80
<i>Conclusion</i>	82
REFERENCES.....	87
APPENDIX A: REHABILITATION EVALUATION HALL AND BAKER SCALE (HALL & BAKER, 1983).....	93
APPENDIX B: AAMD ADAPTIVE BEHAVIOUR SCALE (NIHIRA ET AL, 1975).....	95
APPENDIX C: WARD ATMOSPHERE SCALE (MOOS, 1974, 1989, 1996).....	116
APPENDIX D: MASSEY UNIVERSITY HUMAN ETHICS COMMITTEE, RESEARCH APPROVAL LETTER.....	120
APPENDIX E: MANAWATU-WHANGANUI ETHICS COMMITTEE, RESEARCH APPROVAL LETTER.....	121

LIST OF TABLES

Table 1.	Descriptions of WAS Subscale Dimensions.....	32
Table 2.	Schedule of administration of REHAB and ABS ratings of ILC and Endeavour Lodge clients.....	37
Table 3.	Effects of Relocating the ILC Programme for Endeavour Lodge Residents.....	42
Table 4.	Effects of Relocating the ILC Programme for Endeavour Lodge Staff.....	44
Table 5.	Effects of Relocating the ILC Programme for the Endeavour Lodge Programme.....	46
Table 6.	Comparison of ILC and Endeavour Lodge Programme Components.....	49
Table 7.	Mean Group Total Scores for the REHAB and ABS Subscales Over Time.....	53
Table 8.	Individual Client General Functioning Total Scores, at Hospital and Community Measures.....	60
Table 9.	Individual Client Maladaptive Behaviour Total Scores, at Hospital and Community Measures.....	63
Table 10.	Summary of Changes in Client's Functioning on the REHAB and ABS Subscales from Hospital to Community Measure.....	66
Table 11.	Ward Atmosphere Subscale Raw and Standard Scores for Endeavour Lodge Staff Group.....	68

LIST OF FIGURES

Figure 1.	Model of the relationship between programme and personal factors and patients' outcomes (from Moos, 1996).....	19
Figure 2.	Group means of REHAB General Functioning subscale Total Scores.....	55
Figure 3.	Group means of ABS General Functioning subscale Total Scores.....	56
Figure 4.	Group means of REHAB Deviant Behaviour subscale Total Scores.....	57
Figure 5.	Group means of ABS Maladaptive Behaviour subscale Total Scores.....	58
Figure 6.	Client Total Scores on the REHAB General Functioning scale, at Hospital and Community measures.....	61
Figure 7.	Client Total Scores on the ABS General Functioning scale, at Hospital and Community measures.....	61
Figure 8.	Client Total Scores on the REHAB Deviant Behaviour scale, at Hospital and Community measures.....	64
Figure 9.	Client Total Scores on the ABS Maladaptive Behaviour scale, at Hospital and Community measures.....	64
Figure 10.	Profile of WAS Form-R subscale standard scores, from Endeavour Lodge staff.....	69
Figure 11.	Comparison of WAS Form-R staff means for programmes in the United States and the United Kingdom, with Endeavour Lodge.....	71