

AOT – A Peer Perspective

Cindy Gibson

Anna Gray

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Treatment Advocacy Center

- Initially started as a program of NAMI National – How do I keep my kids on their medications
- Led by Dr Fuller Torrey and Dr Jaffe
- Spun off to it's own non-profit
- Backed by the Stanley Foundation

Treatment Advocacy Center

- Started referring to themselves as the TA Center
- Lots of support from Big Pharma
- Main purpose – Have AOT throughout the United States
- By any means necessary

Stigmatizing Fear Tactics

- **"From a marketing perspective, it may be necessary to capitalize on the fear of violence to get the law passed."**
- These words, written by D. J. Jaffe in 1993, launched a campaign by what is now the Treatment Advocacy Center in Arlington, Virginia to toughen involuntary outpatient commitment laws throughout the U.S.
- Mr. Jaffe explained the strategy at a NAMI conference in 1999, "Laws change for a single reason, in reaction to highly publicized incidents of violence. I am not saying it is right, I am saying this is the reality ... it means you have to take the debate out of the mental health arena and put it in the criminal justice/public safety arena."

March 21, 2010 - News of the Week

DOES THE 'TREATMENT ADVOCACY CENTER' HELP OR HARM?

The fact is that there are no violence studies that focus on people with untreated schizophrenia and bipolar disorders, the Torrey/Jaffe team's target population. The Treatment Advocacy Center copes with this problem by lifting phrases out of context from work by others. The result is self-serving misinformation with respectable citations.

Kendra's Law

- Andrew Goldstein DID want to take his medication
- These tragedies happened due to a lack of services in the community – yet it was the person who was blamed for the failure of the system
- Many people put themselves into the AOT program so they could access services – We call this criminalizing treatment
- The follow up study was so positive because people got services
- All other studies show NO DIFFERENCE between services and services under AOT

Time Magazine March 3. 2000

- Indeed, if Goldstein really was interested in acting out his violent impulses, he worked hard to sabotage those ambitions. Each one of his 13 commitments was voluntary; several times he requested long-term hospitalization; each time the system failed him. Facing a brutal state mandate to contain costs, the institutions in the New York City area from which Goldstein sought help could do nothing but put him on waiting lists that meant months of inaction. Every hospital Goldstein was discharged from knew he was dangerous. The tragedy is that in repeatedly seeking help, Andrew Goldstein behaved more responsibly than the state that is now prosecuting him.

Outcomes of involuntary psychiatric commitment: An integrative review

Clinical Nursing Studies

2017, Vol. 5, No. 3

REVIEWS

Involuntary commitment has displayed outcomes which may be beneficial at the same time detrimental to the patient.[37] Many studies have been published that reported negative outcomes to patients receiving involuntary psychiatric commitment. Some of these negative outcomes include lower patient satisfaction, increased perception of coercion, **increased re-hospitalization**, dehumanization, and many others.

Community treatment order (CTO) Canadian term

The results from more than 50 nonrandomized studies show mixed results. Some show benefits from CTOs while others show none on the most frequently reported outcomes of readmission, time in hospital, and community service use. Results from the 3 existing randomized controlled trials (RCTs) **show no effect of CTOs on a wider range of outcome measures** except that patients on CTOs are less likely than controls to be a victim of crime. Patients on CTOs are, however, likely to have their liberty restricted for significantly longer periods of time. Meta-analyses pooling patient data from RCTs and high quality nonrandomized studies also **find no evidence of patient benefit**, and systematic reviews come to the same conclusion.

Effectiveness of Community Treatment Orders: The International Evidence January 1, 2016

Conclusion:

There is **no evidence of patient benefit** from current CTO outcome studies. This casts doubt over the usefulness and ethics of CTOs. To remove uncertainty, future research must be designed as RCTs.

Evidence Based

Re: AOT - jpaleo2002@g...Effectiveness and outcom...SAMHSA

Janet

Secure | https://nrepp.samhsa.gov/ProgramProfile.aspx?id=214#hide1

AppsSharePointRadionomy - RadiomProsumersPPRFreedomVoicecyberedgeGoogleShoeboxedOther bookmarks

Evaluation Findings by Outcome

Outcome: Disruptive Behavior Disorders and Symptoms

Program Effects Across all Studies	<p>This program is promising for reducing disruptive disorders and behaviors. The review of the program yielded sufficient evidence of a favorable effect. Based on one study and one measure, the effect size for disruptive disorders and behaviors is .80 (95% CI: .08, 1.53).</p> <p>Click here to find out what other programs have found about the average effect sizes for this outcome.</p>
Key Study Findings	<p>By the 12-month follow up, participants in the comparison group were more than four times more likely to perpetrate serious violence, compared with participants in the intervention group. This finding was statistically significant (Phelan et al., 2010).</p>
Measures	<p>Phelan et al. (2010): MacArthur Community Violence Interview</p>
Additional Details	<p>None provided.</p>

Disruptive Behavior Disorders and Symptoms

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Study Evaluation Methodology

References

Resources for Dissemination and Implementation *

Sited Study – Phelan The Effectiveness and Outcomes of Assisted Out Patient Commitment in New York State

CONCLUSIONS: Outpatient commitment in New York State affects many lives; therefore, it is reassuring that negative consequences were not observed. Rather, people's lives seem modestly improved by outpatient commitment. However, because outpatient commitment included treatment and other enhancements, these findings should be interpreted in terms of the overall impact of outpatient commitment, not of legal coercion per se. As such, the results do not support the expansion of coercion in psychiatric treatment.

PMID: 20123818 [PubMed - indexed for MEDLINE]

New York Time

HEALTH

Trump's Pick for Mental Health 'Czar' Highlights Rift

By BENEDICT CAREY and SHERI FINK MAY 24, 2017

President Trump has announced his intention to nominate Elinore F. McCance-Katz for the new position, assistant secretary for mental health and substance use.

“I feel like I died and went to heaven,” a prominent backer of the medical approach, Dr. E. Fuller Torrey, associate director of the Stanley Research Institute, said of the new position and Dr. McCance-Katz as its nominee. “I honestly didn’t think I’d see something like this happen in my lifetime.” Dr. Torrey and an organization he co-founded, the Treatment Advocacy Center, has been pushing to expand medical psychiatric services for more than 20 years.

<https://www.nytimes.com/2017/05/24/health/mental-health-czar-elinore-mccance-katz.html> 1/5