An Orientation for Families

AUSTEN RIGGS CENTER
Admissions Consultation

The three-hour admissions consultation is an opportunity for you, your family member, and our admissions staff to consider whether our treatment approach is likely to meet your needs. We strongly encourage you to attend, spend the day at Riggs, and see the campus together. By meeting with clinical staff members, you can help us begin to understand important family relationships and determine whether our fully open and voluntary setting is appropriate.

The day of the admissions consultation usually begins with a patient-led tour, after which your family member will meet with an admissions officer while you meet with a clinical social worker. Next, you and your family member will meet together with the admissions officer. These meetings will provide an opportunity for you and your family member to offer perspectives, raise questions about our treatment approach, review financial considerations, and help us understand the family context. At the conclusion of the consultation, the admissions officer will decide whether we can offer admission and, if not, will suggest alternative treatment options. Because of the thorough screening that occurs prior to this point, most of those who have an admissions consultation are admitted.

Once your family member accepts an offer of admission, you will meet with our business office staff, make the prepayment, and sign a guarantee of payment. Your family member is then assigned a private room and meets with his or her sponsor—a current Riggs patient who volunteers to help new patients get acquainted with our environment.

The day of admission is a full one. Patients and family members are invited to have lunch at the Inn (the residence where all new patients live). This is a good opportunity for you to experience Riggs more fully and to meet other patients in a casual setting. Also, during this first day, each new patient meets with his or her individual psychotherapist and psychopharmacologist, and there is an initial opportunity for you to meet the psychotherapist as well.

Newly admitted patients spend the first few days after being admitted settling into the Riggs community, beginning psychotherapy, meeting with members of the multidisciplinary treatment team, and learning about the process of treatment.
Beginning Treatment

Patient Privacy
Patients have an essential right to privacy about their treatment. At the same time, families—who often are supporting treatment financially as well as emotionally—have a focused interest in how the treatment is going. Our staff will be mindful of both of these needs.

In keeping with our desire to help patients take responsibility for their lives, we affirm that patients, as adults, are in charge of making decisions about how information about their treatment is shared with family members. Correspondingly, and in accordance with federal and state laws, we honor each patient’s right to confidentiality. The only exception to this is when, in an emergency, our staff determines that it is in the best interest of the patient to inform a family member.

With the patient’s authorization, a clinical social worker is available to you to respond to questions and address concerns that may arise in the course of treatment. The content of all family communication is shared with the patient. In addition, with your family member’s authorization, you are invited to meet with our medical director/CEO.

When needed, a clinical social worker is available to facilitate communication between you and your family member. But, again, we honor each patient’s privacy and authority. Some may want to delay family involvement initially as they adjust to the program. In cases where patients choose not to authorize contact with the family, we will work with them to consider how family involvement might be helpful.

Family Involvement
Once your family member is admitted, we take a complete, multigenerational family history. We usually propose a family meeting during the first month to begin discussing treatment issues and to get a better sense of family relationships. We have found that ongoing family work is often helpful throughout a patient’s treatment. You can play a very important role—in collaboration with the patient and staff—in recognizing, accepting, and managing the potential risks of treatment in an open setting. We may recommend periodic meetings to address family concerns and to assess the need for your ongoing participation. When the clinical social worker and individual therapist convene family meetings, the patient is always included.

Case Conference
Near the end of the initial six-week evaluation and treatment period, your family member is invited to attend part of a two-hour case conference in which clinical staff review the work to date, study the psychological testing data, hear from the patient, and make treatment recommendations. After the case conference, the individual therapist reviews findings with the patient. Soon thereafter, with the patient’s authorization, the family is invited to review the assessment and join in treatment planning, which may include one of the residential programs in our continuum of care.

Patient Responsibility
Our open setting offers a unique opportunity for patients to take charge of their lives, but also requires them to take responsibility for their commitment to engage in the treatment. We respect—and work to understand—the choices our patients make, even when we may have reservations about those choices. However, there may be times when a patient’s choices make it impossible for us to continue to provide treatment in our open setting. Our Voluntary Hospital Program is one option for brief periods when a patient’s alliance with us is in serious question. However, we do reserve the right to terminate treatment with any patient whose refusal to collaborate prevents us from providing the best care we can. If that should happen, our staff will recommend alternative treatment options. If we think a patient is in imminent danger, we will transfer him or her to a more secure setting in another hospital.
Treatment Experience

Intensive Individual Psychodynamic Psychotherapy

Intensive individual psychodynamic psychotherapy four times a week with a psychiatrist or clinical psychologist is central to our treatment program and provides a private space for patients to translate their symptoms, behaviors, and experiences into words. This work is supported by personalized nursing care, a creative Activities Program, and a therapeutic community structured as a series of interconnected patient/staff groups and programs (community meetings, social support groups, symptom-focused groups, patient government structures, community center activities, a work program, and more). With these resources, we nurture our patients’ strengths, address their vulnerabilities, and help them to take charge of their own lives.

Multidisciplinary Treatment Teams

A multidisciplinary treatment team meets twice each week, coordinating and monitoring your family member’s progress from admission to discharge. The team leader is responsible for integrating the work of the team’s psychiatrists, psychologists, social workers, nurses, therapeutic community staff, substance abuse counselors, and others into a coherent treatment plan.

How Long Patients Stay

All patients are admitted to a period of intensive evaluation and treatment that is generally completed in six weeks, culminating in the case conference and recommendations about further treatment. After the initial six-week period, most patients continue in treatment within our full continuum of care. While the length of stay varies, generally one third of our patients stay up to 3 months, one third between 3 and 10 months, and one third more than 10 months. How long your family member continues in treatment is based on a combination of his or her wishes, clinical considerations, use of step-down programs, financial resources, and life and family circumstances.

Open and Voluntary Setting

Our treatment is geared toward helping patients develop their capacities in a completely open setting, and our treatment philosophy is grounded in respect for the individual and the belief that each person has the potential to take charge of his or her own life. Safety is maintained through patients’ willingness to communicate honestly about their experience, rather than through the imposition of privilege systems, locks, or restrictions. Our program is entirely voluntary; patients are free to come and go at all times. Admission to Riggs involves an agreement by each patient to do the hard work of treatment, come to us for help when in need, and engage in what we call examined living.

Examined living involves a commitment to a serious partnership of mutual problem-solving and social learning through relationships. This is the foundation for a treatment process that affirms each patient’s responsibility and accountability for his or her actions. We expect that patients will keep the setting safe for themselves and others and that they will continue an open dialogue within the Riggs community regarding boundaries, safety, and stability.

Thank You

Thank you for considering treatment for your family member at the Austen Riggs Center. We hope this summary has given you a sense of our program and our values. We are committed to hearing and understanding your concerns and encourage you to maintain an open dialogue with us as we work together to help your family member.