The purpose of this folio is to portray a patient’s experience of treatment at the Austen Riggs Center. The work done at Riggs is best illustrated and explained with examples. However, examples must be provided in ways that protect patient confidentiality. Our solution to communicate an authentic patient experience was to create a composite of vignettes, stitched together in one voice.

This amalgam of patient stories reflects real and individual experiences culled from interviews with many of our clinicians who work with patients struggling to make or find meaning in their lives. This composite might seem too tidy for some and it is not meant to suggest that life is easy for individuals who complete treatment at Riggs. Nor is this composite meant to be a substitute for aggregate data across the experience of many patients, which can be found on the outcomes section of our website. We hope you read this story to learn about the complexity of treatment at Riggs, the power and value of discovering one's own voice and take the story as illustrative of a typical Riggs experience.
Foreword

No one sets out to be a patient in a psychiatric hospital, but some of us end up there.

For me, the Austen Riggs Center was the place that taught me how to acknowledge my troubles and access my strengths in a way that made it possible to move forward with my life. This is the story of my journey to Riggs and through the six months I spent there. It would not have been possible for me to write about any of this while I was at Riggs because it was a very turbulent and, at times, difficult process. But, now that I have some distance from it, I can think about different parts of my experience at Riggs with a new perspective. I feel like I could write an entire book about my life, my emotional troubles and my overall treatment but I'll try to stay focused on what I learned at Riggs.
In order to understand my road to Riggs, you need to know some things about me.

I am named for my grandmother on my mother’s side, Susanna. She lived with us and looked after me and my younger brother from the time I was two years old, until her death when I was twelve. They tell me I was her favorite, but beyond that it was like we never spoke about her again after she died. I could barely remember her after a while. Both my parents worked, fought some, but were good to us. I enjoyed school, did well and was mostly happy.

I was a fairly typical teenager, kind of depressed, but I kept my grades up and got into the college I wanted to. Things really changed when I went away to school. It’s complicated to explain, and I don’t want to get into all of it, but, beginning in high school, I drank and smoked pot, like a lot of my friends, only I kept feeling more and more isolated, lonely and sad and I didn’t really understand why. I began cutting myself in high school as well and started doing that more frequently at college. Again, I didn’t understand why, but for some reason it made me feel better for a while. I hated the way I looked and started purging a few times a week. I kept trying different things to make myself feel better, nothing really worked, my grades started slipping and my friends and family started to notice there was something wrong.

Before Riggs, my parents sent me to a few eating disorder programs, had me try dialectical behavior therapy (DBT) and outpatient therapy and I must have tried 20 different medications that didn’t seem to help much—though they made me gain a lot of weight. I just couldn’t keep it together and eventually had to take a medical leave from college. Things got bad. I had no hope and just wanted to die. I overdosed on Tylenol and was hospitalized. My therapist recommended some residential programs, one of which was the Austen Riggs Center. The open setting at Riggs really stood out to me, so that’s where I decided to go for further treatment. I didn’t like the feeling of being “locked up.”
ADMISSION

The admission process is designed to determine whether Riggs is right for a prospective patient and whether a prospective patient is right for Riggs. The process:

• evaluates the motivation of a prospective patient as well as the clinical appropriateness for the open setting and the treatment model;

• verifies financial support for the minimum six week period of evaluation and treatment (an out-of-network provider, Riggs works with patients and families to seek insurance reimbursement);

• ultimately leads to the admission of 85% of prospective patients who come for an admission consultation.
Admission

My parents had a lot of questions when they called the admissions office at Riggs. They spoke with a woman named Melissa, who was kind, answered their questions, told them about Riggs, walked them through some of the health insurance and financial stuff, collected some of my history and then asked to talk to me. I didn’t know why she needed to talk to me, but then she asked if I wanted to come to Riggs. Up to this point, my parents or therapists had made a lot of the decisions about my treatment, so it was strange to have someone ask me if this is what I wanted. I was desperate and my parents were desperate for something to work; I told Melissa, “Yes, I want to come to Riggs.”

Next, Melissa told me about the rest of the admission process and a few days later I received some information in the mail about Riggs. Shortly after that, Melissa called to let me know I had been put on the waiting list, which meant it would be a few weeks before I could come for an admission consultation. I don’t know why, maybe because I was scared and anxious about going to Riggs, but shortly after being put on the waiting list, I overdosed on Tylenol again and wound up back in the hospital. They said I had risked seriously damaging my liver.
“This treatment cost a fair amount, but it is the best investment I ever made for my child.”

Parent of former patient

RESOURCE MANAGEMENT

Riggs is committed to working with patients and families to develop the most cost-effective course of treatment possible. Patients and family members are encouraged to have candid conversations about financial concerns and options. Often discussion of the practical and emotional consequences of these and other limitations can contribute meaningfully to the treatment itself.
A few weeks after I got out of the hospital, I did have an admission consultation at Riggs. My parents met with a social worker, while I met with an admissions officer. He talked to me a lot about my recent overdose. He wondered what it meant that, faced with the possibility of treatment at Riggs, I seemed to have chosen death instead. It was a difficult conversation. He paid a lot of attention to choices I was making. He said it made no sense to admit me if I couldn’t be safe in the open setting at Riggs and wanted to know if I could let a staff member know if I was in trouble with suicide again—which he said he thought was likely. He also asked what I wanted to change about myself.

None of this was anything like I had imagined. I figured the consultation was a formality and that I would just have to sign a few papers or my parents would have to sign a few papers. Instead, I was being asked what I wanted out of treatment and it was so strange to me to think of an admissions officer expecting something from me, when I felt broken and in need of help. It scared me to have to be responsible for keeping myself safe, but at the same time made me feel a little more in control of what was happening. In retrospect, I think that feeling was actually pretty important, since there wasn’t a lot I felt in control of at that time in my life.

I told him that I wanted to be able to go back to college and knew I needed more than outpatient treatment, and yes, I would really try to turn to staff if I felt in trouble with suicide again. In some ways, it had been easier when decisions were being made for me, when I was more of a passive vessel that treatment was happening to. When I accepted the offer of admission, I had a sense that this was going to be different. It was clear that a lot was up to me.
“The relationship between staff and patients was more helpful and supportive than where I have been in the past.”

*Former patient*

**TREATMENT TEAM**

- The same treatment team follows a patient from admission, through all levels of step down, to discharge.
- Each team has a representative from each discipline and service at Riggs.
- Team leaders are clinicians with extensive experience in the Riggs treatment model.
I’ll be honest, Riggs is not the easiest place to accclimate to.

It was overwhelming to go from the absolute structure of other treatment programs to the more open and fluid setting at Riggs. They don’t force you to go to your therapy sessions or groups or anything. The freedom reminded me of being away at college and that scared me at first.

The first people I really had a relationship with at Riggs were my sponsor (a patient who had been there for two months), who was there to answer questions and help me adjust to Riggs, and my treatment team: a therapist, a psychopharmacologist, a nursing care coordinator, a substance use disorder counselor, a social worker and a therapeutic community staff member. The same treatment team follows you throughout your stay at Riggs and meets twice a week to discuss your care.

I met with each of my treatment team members. It felt at once comforting and uncomfortable to have a whole “team” of people trying to help me and get to know me. I remember not really knowing what to say or how to act at first.

Most of the patients I met initially were welcoming and helpful. They'd say “After you’ve been here a while you’ll understand,” which made me feel a little better about being so overwhelmed. They also talked about “patient authority” being a really big deal, which I didn’t totally get at first. It wasn’t until I had been at Riggs for a few months that I understood what they were talking about.

I should say something about the nurses here because they are a big part of the community at the Inn. The nurses were always around at the Inn, day and night; they ate meals with us, handed out our meds and were generally available if you needed to talk. They didn’t force you to do anything though, which was different; they seemed more interested in getting to know you than getting you to do something.
The use and consequences approach we utilize examines not only the individual consequences of substance use, but the consequences to a patient’s family, friends or community, whether here at Riggs or elsewhere.”

Michael Sugarman, CADC II, substance use disorder counselor

SUBSTANCE USE DISORDER SERVICES

• All patients undergo a substance use assessment upon admission.
• Nearly 50% of Riggs patients have a diagnosed substance use disorder.
• Riggs has substance use disorder counselors who meet with patients on a regular basis.
Everyone undergoes a substance use assessment when they come to Riggs.

When I initially met with my counselor, Steven, he took some personal and family history, but what I didn’t expect was him talking about how my substance use could affect the patient community at Riggs. I was so used to hearing how it was bad for me or talking about the problems it caused for me, I had never really paid too much attention to how it affected other people.

Let me say right now, I never really considered myself to be someone who had a drug or alcohol problem. I mean, I would drink too much sometimes and maybe someone could say I smoked too much weed occasionally, but I didn’t really think of it as a problem. I met with Steven about once a week for the first six weeks and I was defensive and difficult and I’m sure exasperating to him.

What started to become clear after a while working with Steven, was that there were real consequences to my drinking and smoking that had a negative impact both on me and on some of the people around me, including my family and friends. It was hard to look honestly at those consequences, but working with Steven made it a little easier.

I also brought some of the things I was working on with Steven to my therapist and we explored some of the reasons behind why I was drinking and smoking.
The evaluation is comprised of many assessments including psychological testing. The treatment takes shape as you are fully immersed in the work of therapy with your individual therapist and in the process of examined living in the therapeutic community. I’ll talk a little more about the individual therapy later.

As for examined living, I didn’t get it initially. Basically, it’s the idea that there is meaning behind all of our behaviors and our behaviors communicate a lot about us we’re not aware of. The process of examined living involves noticing our behavior and its effects on others and involves giving and receiving feedback about our own and other patient and staff behaviors. This includes letting others know how their behaviors affect us, good, bad or otherwise and hearing from others how our behaviors impact them. It can be brutal, but it’s honest and usually comes from a place of wanting to help. And it can’t really happen,
I eventually figured out, unless you join the process and become part of the community of examined living. One of the things that is unique about Riggs is that the people who work there are part of the examined living process; if a staff member makes a decision that seems to have an unintended consequence, that’s open for review and examination too.

For me, the first six weeks at Riggs were difficult and, at times, overwhelming. I had a hard time showing up to some of my therapy sessions, stayed in my room a lot and felt really anxious trying to get to know people. I knew I wasn’t supposed to, but I started drinking again and eventually got caught. I had to have a meeting with my treatment team after that and they really challenged my behavior and wondered what I was doing at Riggs if I wasn’t going to engage in the treatment. They weren’t mean about it, but seemed genuinely curious.
“The Medical Office provides routine and acute care to patients and coordinates treatment with local providers to ensure continuity of care for individuals with complex or chronic medical conditions.”

Nicholas Holliday, MD, director of medical and ancillary services

MEDICAL CARE

- Admitted patients receive a full physical within five business days of admission.
- Patients are monitored medically at appropriate intervals based on their needs.

PSYCHOLOGICAL TESTING

“The testing at Riggs comes from a long tradition that provides a sophisticated view of a patient’s inner world.”

Christina Biedermann, PsyD, director of psychological testing

- All patients are administered the Human Figure Drawings (HFD), Thematic Apperception Test (TAT), Rorschach Test and the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV).
- Test results are compiled into a detailed report presented at the case conference.
- Neuropsychological screening is available.
- Patients may be retested to assess change if they stay longer than a year.
I didn’t really know what to say and told them I would try harder, though I didn’t know how. When no one is making you show up, it can be hard to find the motivation to show up on your own, but I guess that’s one of the reasons I was at Riggs.

Because of my drinking and keeping to myself, I was referred to the “task” committee by another patient. The task committee is like an intense dose of examined living where the committee gives you honest feedback about how your behaviors are impacting the community. They try to understand and help you understand why you did what you did and what you need either from treatment or the community or yourself to keep it from happening again. They also tried to think about whether there was something going on in the community that contributed to my drinking and isolation. Ultimately, I felt like we were all trying to understand something together. It was an odd experience, but started to help me understand my role in the community at Riggs.

After that, it started to seem more possible to go to therapy and I did a better job not flaking out on my appointments.

I liked my therapist; I felt like she got me and really wanted to understand me. Still, it was hard for me to really open up to her; I had always had a hard time with relationships.

Then, at one of the Community Meetings (they call it “CM”), where the patients and some staff get together and talk about what’s going on in the Riggs community, a patient mentioned how hard he had been struggling with his sobriety and how my drinking had affected him and his treatment. It made him want to relapse, too. It was hard to hear and made me feel awful, but also helped me realize that I wasn’t the only one who was struggling. I wasn’t alone. I had a responsibility not just to myself and my treatment, but to the community at Riggs, to other patients and to their treatments. I was more than just a patient here; I was a citizen in this community of patients and staff members and all of our actions affected each other in different ways. All of this started to become clear just as I was nearing the end of my first six weeks, which, at Riggs, culminates in what they call a case conference.
“After receiving feedback from their case conference, many patients feel that the nature of their often long-standing difficulties are recognized and understood.”

Sharon Krikorian, PhD, team leader and staff psychologist
There seemed to be a mix of anxiety, excitement, trepidation and relief about the case conference in the patient community. Basically, it’s an invitation for the clinical staff at Riggs to have a discussion with and about you, your treatment and to try to figure you out and create some kind of roadmap for what happens next. Each treatment team member presents a report about how you’ve done over the course of the first six weeks. I was invited to attend part of the case conference and was interviewed by the person chairing the conference. He asked me if there was a focus I wanted the group to take up. This made me feel really anxious, but it was also another reminder that what I thought mattered. I felt both relief that there were so many people thinking about my treatment and worry that it took that many people to figure out what was causing all of my problems.

I don’t know if I expected the results of the case conference to be surprising, but they weren’t.

Instead, it was like they had put together things I mostly knew about my life in a way that told a story of who I was, what I was struggling with and how things got to be the way they did—how, being as stuck as I was in life made sense given what had happened before and along the way.
THE CASE CONFERENCE

• This is the clinical culmination of the six week treatment and evaluation period and an opportunity for the clinical staff to come together on behalf of an individual patient.

• Reports are provided by each interdisciplinary team member, with an emphasis on the unfolding process in the individual psychotherapy.

• Based on the dynamic understanding, treatment recommendations are made that keep in mind the expressed needs and desires of the patient and family as well as their financial realities.
They also spoke with me about what I would need to work on to make outpatient treatment work better.

They offered a roadmap for how to do this. For me, the roadmap looked like this: I would stay at Riggs for at least a few months and a focus of my treatment would be finally facing my sadness around the death of my grandmother. I would begin working with my family to explore our relationships and start to talk about things we never spoke about before. And, I would learn how all of these things were related to my self-destructive behavior and depression. All the while I would work toward finding the tools I needed to get back to my life.

In retrospect, having my difficulties named or identified gave me some form of relief; when you know what the problem is, it makes it seem possible that there is a solution.

After the case conference, I had some awkward conversations with my family and my treatment team about money and the cost of treatment. My parents weren’t super rich or anything, but had put some money aside to help pay for college that was now going toward my treatment at Riggs. Because of their limited resources, my parents were advised to fill out a Fee Reduction Application and were granted a 25% reduction in the cost, which made it possible for me to stay in treatment for a while longer.
One of the things that came out of my case conference was that my family’s involvement was going to be important to my treatment.

I definitely had reservations about doing any kind of therapy with my parents or brother. Up to this point, my parents were involved in treatment by coming to a family-history-taking session and paying for treatment. I talked with them occasionally, but I always tried to keep the conversation light. I could talk a little easier with my brother,
but he was preoccupied with school and friends and being a teenager. Like I said before, I came from a family that doesn’t talk about bad things, so I didn’t have a lot of hope for how this was all going to go.

My social worker, David, did a lot of what he called “psychoeducation” with my family prior to and after the case conference, which means he told them, with my permission, about my emotional issues and what they meant, how treatment was going (in general terms) and the recommendations that came out of the case conference. That made things a little bit easier when they came to Riggs for family therapy.
“The goal of family therapy is to co-create a family narrative that allows family members to better know one another, help them understand each other and realize their contribution to their family’s dynamics.”

_S. Daltrey Turner, LICSW, social worker_

**FAMILY INVOLVEMENT**

- Social workers serve as a liaison for family members.
- With the patient’s consent, a family receives psychoeducation related to diagnosis and treatment progress.
- Many families participate in patient centered family meetings or family therapy; the social worker serves as co-therapist with the patient’s individual therapist.
My family lived close enough that they came once a week for the next two months and then less frequently until I discharged. The way it works is, my social worker and my therapist are in the room with all of us and they help facilitate a conversation about our roles and relationships to each other within our family system.

What surprised me about the process was that I had anticipated that my problems would be the focus of discussion, but instead, I learned a lot about my family that I did not know. My grandmother had been abandoned as a child and brought up by an aunt, my father had a difficult relationship with his own father and my parents had all this unresolved anger and grief and guilt about having to take care of my grandmother toward the end of her life and then never really mourned her death. I really had no idea how hard things had been for my grandmother or my parents and hearing about their struggles gave me a different perspective. I learned I was the one who had collapsed under the weight of the losses in my family and as long as I was the “patient” in my family, no one else had to confront their own losses or grief. Working with my social worker and therapist to understand our family dynamics was pretty enlightening for my family; it didn’t change anything overnight, but it gave us a common language we could use and helped us begin the work of grieving our losses together.
“Psychodynamic psychopharmacology addresses the central role of meaning and interpersonal factors in psychopharmacologic outcomes. It doesn’t tell you what to prescribe, but it gives guidance about how to prescribe to get the best results.”

David Mintz, MD, team leader and staff psychiatrist

PSYCHODYNAMIC PSYCHOPHARMACOLOGY

- This is a way of working with patients to understand the meanings carried by medications.
- A concentrated effort is made to integrate mind and body in treatment.
- A focus is placed on the patient’s authority.
- Attention is given to the therapeutic relationship.
Coming in to Riggs, I was on lithium, because I had been previously diagnosed as having bipolar disorder. But, the lithium was making me feel tired and had caused me to gain weight, which I was not happy about, and didn’t seem to be making much of a difference in my opinion.

I was used to brief meetings with my outpatient psychiatrist where we just talked about the effectiveness of the medications I was on and how I was managing the side effects, so my prescribing psychiatrist at Riggs was not at all what I expected.

He seemed interested in me as a person and while he, too, wanted to know about side effects and how I felt the medication was working, he asked me a lot of questions around how I felt about taking medication in general and seemed genuinely curious about my relationship with medications and what I stood to gain or lose if we found a regimen that worked for me.

He told me he really didn’t think I was bipolar, that this was an overdiagnosed disorder, and we talked about a trial off lithium, which was fine with me. He suggested Wellbutrin as a possible medication that could help with my depression. He really took the time to explain to me why he thought I wasn’t bipolar, what the medication was, what it was designed to do, what the common side effects were and he spent time finding out from me how I felt about changing my medication. He approached the whole thing like a partnership, which gave me a different kind of feeling than I had experienced previously with my psychiatrist. I felt like a person and I felt like my opinions mattered and I felt like I had some control.

I’ve heard some people say that Riggs is anti-medication and that’s just not true.

My experience was that they were interested in making sure I was on the right medication and the right dose so that I could engage in the psychotherapy. Before Riggs, I hadn't really given too much thought to the meaning behind my medication; Riggs gave me a new way to think about it and a way to explore my relationship to medication in a way that affected other aspects of my treatment.
“Our patients often struggle alone with serious secret and shameful self-doubt, and therapy offers a private space to form a relationship, come to trust someone and be less alone with their pain.”

Eric Plakun, MD, director of admissions and associate medical director
My therapist had an office in the MOB (what they call the Medical Office Building) where I went for therapy four times a week for 50-minute sessions. It was a space that was not large, but comfortable with a tan couch and two brown chairs, an old-fashioned desk that was cluttered with papers and folders, some built-in bookcases that were nearly full of books on psychotherapy, various mental illnesses and things of the sort. There was a tall plant with large green leaves that looked almost fake sitting near the window that looked out over the front lawn of Riggs and the main street in Stockbridge.

She was middle aged with greying hair just past her shoulders that she almost never wore up. She had a soft voice that was sometimes hard to hear and she had reading glasses that I often saw her take off and place on her desk before our sessions would begin. She had a slow and deliberate way of moving; it got so I could almost predict what she was going to do next.

I’ll do my best to talk about the actual individual psychotherapy part of the treatment here, but it’s hard to put into words.

There are a lot of different components and facets to treatment at Riggs, but meeting with your therapist four times a week is what forms the base on which the rest of your treatment is built. I wasn’t used to seeing a therapist so frequently, so that was an adjustment for me; it was intense, uncomfortable at times, exhausting and brought up a lot of feelings that were hard for me to acknowledge and deal with. Let me be clear—these are not bad things, just hard things. It’s hard to have someone else interpreting you. It’s hard to have to look so closely at yourself. It’s hard to access your strength while recognizing your weaknesses and troubles.
INDIVIDUAL PSYCHOTHERAPY

- Patients meet four times weekly for intensive psychoanalytic/psychodynamic therapy with a doctor on the staff.
- This model helps patients acknowledge, bear and put into perspective what they may have been struggling with for years.
- A trusted relationship is forged in therapy that supports, confronts but never judges.
I wanted to know why I felt so anxious and sad and angry.

After initially having a hard time showing up, I decided to make my therapy sessions a priority. It was a slow process at times and I was impatient. But my therapist stayed with me and helped me work, bit by bit, toward uncovering why I was having so many problems. She was kind, fair, challenging and many other things too. I loved her, hated her and sometimes even felt indifferent toward her. I knew she was on my side and that she didn’t judge me. Unless you’re in the midst of it, it is hard to explain. Imagine distilling the most emotionally intimate parts of your relationships into 50-minute pieces that you experience four times a week and no more. In retrospect, I’m thankful for the therapy and its frequency and equally thankful for the Riggs community that could help me process some of what was going on in therapy for me.
“Nursing staff is available around the clock to support patients in their treatment. This may include helping them to recognize and articulate what they are feeling or help them process the feelings that are arising in their therapy or in their interactions with other patients.”

Karen Kalish, RN, primary charge nurse

**NURSING**

- Nursing care is available 24/7 at the residential setting in the Inn, both formally in individual “check-ins” and informally at meals, coffee hours, etc.
- Every admitted patient is assigned a nursing care coordinator (NCC), a member of the treatment team.
- Nurses work with patients to help them cultivate practical skills so they can manage their feelings between therapy sessions.
There is no escaping the Nursing staff when you’re living at the Inn.

For better or worse, they are always there, observing you, trying to find ways to engage you, eating with you, talking with you and giving you feedback. It could be maddening sometimes. It could also be really helpful too.

I remember my first interaction with nursing was doing clinical entry paperwork on my day of admission and meeting my nursing care coordinator, who was the nursing representative on my treatment team. There was one nurse, Rebecca, who I started talking with early on in my stay. She reminded me a little of my grandmother and it was nice to have someone to talk to at the Inn who wasn’t also a patient.

The nurses are more than nurses at Riggs. They are there to talk to, but they do a lot more than listen; they give you feedback and try to get to know you and help you navigate both the day-to-day life at Riggs and the difficult work of treatment at Riggs. Having other patients to talk with is helpful too, but everyone is dealing with their own troubles and sometimes you need a more objective ear to hear and voice to speak and that’s what nursing was for me. They really helped me figure out ways to get out of my room more, to go to therapy and start attending more groups.

Nursing is always there!
“...art, crafts, drama, intellectual pursuits, involvement in the nursery school or greenhouse program are productive for personal growth and development in any individual. These activities...promote change in a positive direction, support competence and enhance the dignity and identity of the person involved.”

Joan Erikson, artist, former Riggs staff member and wife of former staff member Erik Erikson

ACTIVITIES PROGRAM AND THE LAVENDER DOOR

- The Lavender Door is located down the road from the main Riggs campus.
- Patients may pursue professional instruction in visual arts, ceramics, woodworking, gardening, fiber arts, theatre, music and other expressive art forms.
About two months into my treatment at Riggs, I started to feel more settled. The case conference was over, I was showing up to my therapy appointments, working with my family and starting to spend more time interacting with the rest of the Riggs community. That’s not to say that things were getting easier; it was hard and uncomfortably challenging a lot of the time, but I felt like I was at least more engaged.

Some patients and a few nurses had recommended that I check out the Lavender Door, which is part of the activities program at Riggs. It’s just down the street from the main campus and it does have an honest to goodness lavender door. There’s a small art gallery there, a theatre and a “shop” where you can work with professional artists. It’s not art therapy though, I had tried that before.

*I was a student at the Lavender Door, I wasn’t a patient there.*

You had to leave all of your troubles, your therapy, your treatment, whatever, at the door. I heard it called a “treatment free zone,” which, believe me, was a welcome respite sometimes from the constancy of examined living at Riggs.

I worked with Mark, the visual arts instructor, because I had always liked painting. What I painted wasn’t all that important, but having a space where I could paint, just paint, and a place where I could ask questions about painting and get answers from a professional artist, all of that ended up mattering more than I thought it would. And what I mean by that is that I had always enjoyed painting, but never had thought about it as something I could do or something I could study or something I could love. I never thought of myself as creative before working with Mark. I spent a lot of time at the Lavender Door and a lot of time painting while I was at Riggs. That time was a gift in many ways; it helped me find something else I could hold on to.
Twice a year, the theatre at the Lavender Door puts on a play with patients and local community members, directed by a professional theatre director. Because I was spending a lot of time at the Lavender Door already and in an effort to step outside my comfort zone, I decided to try out for the spring play, got a part and much to my surprise, discovered I enjoyed acting.

It was an escape from some of the difficult things I was going through in therapy. What was enlightening about the experience to me was that, here I was, a patient, and I was working alongside some people who were also patients and some who were not and none of that mattered when we were rehearsing or performing; what mattered was that each of us had a role and a responsibility to fulfill. It was during the production that I really got to know Cassandra, a patient at Riggs like me. You know how there are some people you meet that you feel like you’ve known your entire life? For me, that was Cassandra. We became good friends and a great support to each other in our treatments.

That’s one of the things about Riggs: because you’re in this community that is constantly examining each other, there is a shared goal or shared struggle and genuine curiosity about the perspective of the patients. The community has a “we are better together” attitude that permeates everything. The kind of respect
you get as a patient, both from staff and from other patients allows you to maintain your dignity, wherever you are in your treatment.

Between the painting and theatre, I was able to access strengths I did not know I had and I had a chance to be something other than a patient; I was an artist, an actress, a human being, doing what human beings do in the world.

After the play was done, I applied, interviewed for and got a job through the work program and started working as a teacher’s aide in the preschool they have on-site at Riggs. It was both challenging and rewarding to work there. If I was having a bad day and was on the schedule, I still had to show up to work or deal with the real consequences of not showing up. Having a job gave me something to put on my résumé and, like the painting and theatre, helped me start to feel confident and comfortable with the skills I would need to eventually leave Riggs.

I started working with a personal trainer who helped me find an exercise routine that worked for me and I also started meeting with Diane, the dietician. I am a vegetarian, but was never really great about eating the most nutritious meals, so Diane helped me design a healthier plan for how I eat and what I eat both within the meals offered at Riggs and with meals that I could easily prepare on my own.
Crisis

At about the three-and-a-half month mark, my parents started to press me to step down to day treatment to save money, which meant I would have to find another place to live, prepare meals for myself and wouldn’t be as involved in the community at Riggs.

My therapist and my social worker both expressed concern about stepping down so fast, but my parents were worried about spending all of the money they had set aside for my education and they shared these concerns. Plans were set in motion for me to step down to day treatment. I went to my team to talk about the idea of stepping down. My team leader made it clear that money wouldn’t be the deciding issue. She would only agree to the trial of day treatment if I wanted it and if staff felt it could work. I said I wanted to at least give it a try, and my team leader said she’d agree.

It’s hard for me to write about the kinds of feelings this brought up for me. I was scared and really anxious and angry. I didn’t feel like I had any control over my treatment and I felt like things were spiraling out of control. I started cutting myself again and started to worry that I couldn’t control myself anymore.

One night, a few days before I was scheduled to step down to day treatment, I was having a really hard time thinking about not being at the Inn and I felt like if I couldn’t be at the Inn, I didn’t want to be anywhere and I started to think about ways to kill myself. I bought a bottle of Tylenol on a walk into town, went to my room, took a couple of pills and then stopped myself. What I was doing and what I was thinking scared me, so I went to find my nursing care coordinator and told her about the Tylenol and about how scared I was and how out of control I felt. Rebecca talked with me and tried
to calm me down. She conferred with the doctor on call, who came in and assessed me. It was decided that I should be transferred to the closed, locked psychiatric unit of the local hospital.

In the hospital I had some time to reflect. I felt disappointed in myself—like I had let my whole treatment team down by ending up in the hospital. My parents were angry and concerned and wondered if I needed to be in a hospital program instead of Riggs. The whole thing was embarrassing, frustrating and made me want to just give up and quit at first. Unless you’ve struggled with emotional troubles, you have no idea how hard it can be to see things straight and choose the right path or do the healthy thing. But, being locked up in a hospital again made me realize that I needed to find a way to stop this pattern. I so preferred what I had at Riggs, but they were serious about only being able to work with me if I could keep my end of the bargain and keep myself safe. As my therapist said when I spoke to her by phone one day from the hospital, “You can’t both be dead and working with me. You’ll have to choose.” I decided then and there to work harder, to do whatever I had to to keep from ending up back in the hospital again and to get back to Riggs.

My parents reluctantly agreed to pay for me to stay in treatment at the Inn for a little while longer, but were clear that there was going to be an eventual end to their financial support. Realistically, I had always known that, but the reality of what that meant made me determined to refocus and redouble my efforts in treatment; I wanted to get everything I could out of the treatment in the time I had left at Riggs.

I was in the hospital for a few days, then went back to the Inn. I have to say, I’ve never worked harder at treatment (or anything for that matter) in the weeks that followed.
“Patients come here as human beings with their strengths and weaknesses, but often in a place that makes it difficult for them to hold onto their strengths. The therapeutic community provides an opportunity and space for patients to be more than their illness, more than a patient, to find and utilize their strengths.”

Brenda St. Pierre, centerwide community coordinator and IRP-N/G program manager

**THERAPEUTIC COMMUNITY**

- The patient community at Riggs is invited to work with the staff to solve problems of mutual concern and to create a safe, respectful and engaging environment for treatment.
- Patients have a lot of say over community life through the patient government system with over 20 elected patient positions.
- There are more than 30 different groups on a weekly basis.
Examined living in a therapeutic community

My crisis crystalized what examined living in a therapeutic community truly is.

My hospitalization was a topic of discussion in a CM and I had numerous conversations with all the members of my treatment team, many patients and my family. Some people were angry with me, but most were just honest about how my crisis had affected them and were glad I had reached out to nursing instead of doing something drastic. When you’re in the depths of your trouble, though, it can be hard to see the world beyond your problems and it can be difficult to imagine the effect of your actions on anyone other than yourself.

Living in the therapeutic community at Riggs was a constant exercise in learning how to be more than just the weaknesses that brought me to Riggs, finding the balance in what to share and when and recognizing my role in a group, its dynamic and sometimes its dysfunction.

I started to make better use of the community meetings and process groups at the Inn. A month after being in the locked unit, I ran for and was elected as the chair of the sponsor’s committee, which helps new patients acclimate to Riggs. I wanted to give something back to the community that had given me so much and I wanted to help new patients find their way.

Though I had heard it said before, it wasn’t until I experienced it that I understood patients at Riggs really are encouraged to work with the staff to create a community that supports the treatment. I had a lot of responsibility as sponsor’s chair and other patients were leaders too—the daily community meetings and task group were chaired by patients. The more I felt a sense of ownership of the community, the more open I became to feedback and the more I shared my experience with others.
“Social workers serve as the liaison between family members and the patient’s treatment team, providing education and information about the treatment process and support for family members when needed.”

S. Daltrey Turner, LICSW, social worker

SOCIAL WORK

- Patients meet weekly with their social worker to identify and act on task oriented goals and receive support in age-appropriate developmental growth.
- Social workers engage patients soon after admission to develop a discharge plan.
- Social workers, in collaboration with the patient and family, perform a psychosocial assessment which includes a multi-generational family history.
Seeing change and next steps

Working with my therapist after the crisis, it became more clear to me how I tended to throw everything away when I felt rage or despair or hurt about my needs not being met. It was hard work to admit my role and harder still to work toward a manageable way to deal with my problems. I had never been good at turning to others for help, but I had to learn to do that. I had never been good at providing honest feedback to others, but I had to learn to do that, too.

Staying involved in the therapeutic community and activities program while I was working through all of this was absolutely crucial for me. It gave me a balance, a purpose and helped me assemble my strengths in a way that let me fully participate in my treatment.

After five months at Riggs, I did start to step down in my treatment.

I went to live at the Elms, a house on the Riggs campus that still gave me access to the Inn and the groups there. These groups continued to be a huge help, especially as I started working more seriously toward leaving Riggs. I was more independent and living in a house with fewer people, instead of the near 40 at the Inn. This gave me some space to develop deeper connections with the other patients living there. There’s more room for the whole person, the good and the bad, in a more intimate setting. I did keep going to CM, which helped me stay connected to the rest of the community, but I didn’t spend as much time at the Inn or accessing nursing.
“The work program provides an opportunity for patients to freely choose to apply for and carry out projects in either paid or voluntary positions. The collaborative relationship with staff helps patients develop skills, capabilities and experience a sense of personal competence.”

Michael McCarthy, work program co-chair and pottery instructor

WORK PROGRAM

- A variety of paid and volunteer jobs are offered within many different departments.
- The job opportunities may help to fill the “gap” left on a résumé by seeking treatment.
During this time, I was working with a greater focus toward discharge planning, though, from the beginning, my social worker had been working with me on what life was going to look like after I left Riggs. I always knew I wanted to go back to school, so much of the planning focused around how to make that happen. My social worker had coordinated with my therapist at Riggs about sharing progress on my treatment with the therapist who had recommended Riggs. I had liked her and was hoping to return to outpatient treatment with her once I was back at school.

My therapist and lots of other people in the therapeutic community helped me deal with my anxieties about stepping down further in my treatment to the Lavan Apartment Program, where I was sharing an apartment with other patients and under minimal supervision. This time, the independence didn’t feel quite as scary and it was good to live with other patients who were dealing with some of the same anxieties I was about leaving Riggs and re-entering the “real world.”

I was still working at the Nursery School, only now I was teaching an art class to the preschoolers once a week, which I loved, and I had started amassing a collection of my own paintings from spending so many late nights at the Lavender Door. Mark suggested that I have a show at the small art gallery in the front of the Lavender Door building. I was excited!

I feel like I accomplished a lot at Riggs, but the show at the Lavender Door was such a physical manifestation that it took me by surprise how much it meant for me to have others look at my artwork and talk to me about it and congratulate me. It had been a long time since I felt I had accomplished anything worth congratulating.

The show remains one of the highlights of my time at Riggs. The work I did in treatment helped me to see the work I did painting as a real strength of mine worth exploring. And the exploration gave me a direction that continues to influence who I am and what I’m doing now.
Leaving Riggs
After six months at Riggs, it was time for me to leave. I worked with my social worker on figuring out how to resume classes at my college and really work on the transition away from Riggs. I wanted to major in art now and having that direction made it easier for me to think about life after Riggs.

I knew the day was coming the moment I started treatment, but it was still difficult to leave Riggs.

Not so much because I didn’t feel ready, but more because I had built intense and important relationships with other people and now had to go back to my life, in some ways, alone. It was hard to say goodbye to my therapist, the nurses, David, Mark, everyone who touched my treatment in some way, but it was perhaps most difficult to say goodbye to the other patients, especially Cassandra. Every treatment setting has its set of potential risks and rewards. I was taking a risk and my family was taking a risk by choosing Riggs and, though I didn’t fully appreciate it at the time, Riggs was taking a risk by offering me admission.

For me and for my family, the reward was a path that led me back to and put me in charge of my life. Now I was armed with the knowledge and tools I would need to survive and, hopefully, thrive.

I still have work to do, but being at Riggs made it possible for me to do the work.
“Our goal is to provide opportunities where connections among former patients, former staff or former board members can happen organically.”

Janet Cooperman Hiser, MSW, director of development and alumni relations

ALUMNI ASSOCIATION

• An alumni reunion is held every three years.

• There is an active online alumni community.

• Regional alumni events provide opportunities for connection after Riggs.

• There are periodic opportunities for former patients to meet with current patients to talk about the transition to life after Riggs.
The first year after Riggs and beyond

We are all works in progress; we continually grow, learn, change, struggle and succeed. The first year after leaving Riggs was hard, harder than I thought it would be. I still had symptoms, I still got caught sometimes in old patterns and I still made mistakes. What was different though was now, because of my time at Riggs, I could deal more effectively with my symptoms, recognize unhealthy patterns and allow myself space to make mistakes and learn from them. I also knew now to turn to other people when I needed them. Whether it was my friends, my family or my therapist, building and maintaining relationships was important to me in a way that I could not have imagined before being a patient at Riggs.

Some of my friends from school or home often ask me what it was like being at Riggs and I always have a hard time explaining it. In some ways, treatment at Riggs is like painting a house. If you’re going to do it right, you have to make sure you have all the necessary tools, scrape all the loose paint off first, repair any of the wood that’s rotted, sand everything smooth, prime everything, choose a paint color and only then can you begin painting. There’s a meaning and a reason behind every step of the process and once you know the meaning you understand what comes next and why. It’s a long, involved and complex process that is labor intensive, but if you are patient, diligent and work hard, the results can be quite beautiful. Which is not to suggest that the work ends once the house is painted. Keeping a painted house looking beautiful is an ongoing process of protecting the layers underneath the paint from exposure to the harsh elements of nature.

A little over a year after I left Riggs, I got a letter in the mail welcoming me to the Alumni Association. It’s strange, you think of high schools and colleges having alumni organizations, but you don’t often think of places like Riggs having one. And yet, the relationships I had at Riggs were in many ways deeper and more meaningful than most of the relationships I had in high school and have in college. So, in a way, it makes sense to provide a way for those of us who have been to Riggs to stay connected.
Out in the “real world,” not too many people understand or engage in examined living, which is hard for me, because it really kept me grounded and it’s hard to “turn off” in my current setting at college. There are a few people I keep in touch with from Riggs: Mark gets emails from me about what I’m painting and I talk at least once a week with Cassandra. Staying connected with her helps us both remember the importance of the work we did at Riggs and helps us stay focused on the work we have left to do and the things we want to accomplish.

Though I’m not ready yet—I am really busy with school and still working with a therapist weekly—I’ll definitely think about becoming more active in the Alumni Association at some point, hopefully when I graduate from college.

The welcome letter did make me reflect on my treatment at Riggs and all I can say about it is that the whole is greater than the sum of its parts. There are all of these individual elements of the treatment that work together collaboratively to form this model that, when working together, can offer patients a kind of treatment that is hard to articulate, but impossible not to feel. It is not for everyone and not everyone will have an experience like mine, but, for me, it gave me an opportunity to create a life I didn’t think possible beforehand.

Riggs was where I met the people I needed to help me reclaim my life.