Soteria-Alaska, Inc.
406 G Street, Suite 206.
Anchorage, AK 99501
(907)360-6768
www.soteria-alaska.com

This paper is in response to commonly asked questions about Soteria-Alaska.

1. What is Soteria House and how is it different from conventional treatment?
Soteria House is different from conventional hospitalization in its structure, philosophy and primary mode of treatment.

General Description: Soteria-Alaska is a proposed small, homelike environment for people who are newly or relatively newly diagnosed with severe mental illness. Hospital units usually are larger and more institutional.

Soteria Candidates: Soteria-Alaska candidates are people who desire to be treated with minimal medications for short periods of time or no medication especially anti-psychotics. They will be in good physical health and will be screened out if there is medical or substance abuse requiring intense medical supervision. Likely some of the residents will have co-occurring substance abuse issues. Traditional hospital patients, especially at State Institutions, may be newly diagnosed or may be considered chronically mentally ill. Often they are mandated into treatment per the requirements of Title 47.30.

Milieu Therapy: Soteria relies on the milieu (homelike environment, interpersonal relationships, acceptance and normal activities of daily living).Their activities and course in the house is determined by the choice of the resident along with the milieu. There will be up to eight beds in Soteria House. Residents are encouraged to maintain a whole person self view and to maintain roles in society. Residents and staff enter into partnership with as minimal a power differential as can be accomplished. Length of stay is projected at 1 to 4 months. Discharge occurs when the person can resume usual roles outside of the house. Residents are welcome to return to visit and/or volunteer.

The traditional hospitals use a disease approach. The person is sick and will be sick all of his/her life. The individual's role is to be patient. The staff's role is to treat and contain. There is an observable power differential. Medication is the primary treatment. Institution and staff needs drive scheduled activities (arts and crafts, exercise, etc.). Routine activities (preparing meals, going to class or work, etc) are absent. Patients do not come and go and may be committed. The length of stay for hospitalization usually is shorter and projected in days or weeks. Discharge from the hospital occurs when one is "stabilized" usually in terms of medication. The long-term goal is to maintain the person on medication permanently.

Staff: The Line and interactive staff at Soteria will be people with personal qualities/competencies to maintain a helpful, hopeful environment. They will not necessarily be trained mental health workers. There will, however, be oversight by a qualified clinician and a psychiatrist. Two staff will be scheduled at all times. Trained and supervised volunteers will supplement paid staff for activities or emergency or high acuity periods. There will also be an active training program for staff and volunteers in the skills that are need to them to function in their roles

Hospital staff members are usually trained in psychiatry, nursing, social work and/or mental health. Personal qualifications and experience with mental health recovery are not often recognized as a critical part of the qualifying experience.

2. What is the science on alternatives to conventional hospitalization?
The following is a research summary presented to an Anchorage audience by Robert Whitaker, investigative reporter and author of *Mad in America*. On February 10, 2007:

1. Bockoven's Retrospective Study

Study Description
Compared five-year outcomes for psychotic patients treated from 1947 to 1952 without antipsychotic drugs with five-year outcomes for psychotic patients treated from 1967-1972 with antipsychotic drugs.

Results
1947-1952 group: 45% of patients treated without drugs did not relapse in follow-up period, and 76% were successfully living in the community at the end of the follow-up period.

1967-1972 group: 31% of patients treated with drugs did not relapse in follow-up period. The drug-treated group were also much more "socially dependent"—on welfare and needing other forms of support—than those in the 1947 cohort.
(Am J Psychiatry 1975; 132:796-801)

2. Drug Treatment vs. Experimental Forms of Care in the 1970s

Study author	Follow-up Period	Relapse rate for medicated patients	Relapse rate for non-medicated patients
Carpenter (1977)	One year	45 %	35%
Rappaport (1978)	Three years	62%	27%

(Am J Psychiatry 1977; 134: 14-20; *Int Pharmacopsychiatry* 1978; 13: 100-11)

3. The Original Soteria Project

Study Description

First-episode schizophrenia patients treated in a hospital setting with drugs versus treatment in the Soteria House, which was staffed by non-professionals and involved no immediate use of antipsychotic medications. Results are from 1971-1983 cohorts, with 97 patients treated conventionally and 82 patients treated in Soteria House.

Results

- At end of six weeks: psychopathology reduced comparably in both groups on standardized measures.
- At end of two years:
  - Soteria patients had better psychopathology scores
  - Soteria patients had fewer hospital readmissions
  - Soteria patients had higher occupational levels
  - Soteria patients were more often living independently or with peers

Antipsychotic Use in Soteria Patients

76% did not use antipsychotic drugs during first six weeks
42% did not use any antipsychotic during two-year study
Only 19 % regularly maintained on drugs during follow-up period
(J Nerv Ment Dis 1999; 187:142-149; *J Nerv Ment Dis* 2003; 191: 219-229)

4. Results from other programs that have minimized use of neuroleptics (antipsychotic medications)

- **Soteria in Switzerland.** Ciompi reported (1992) that first-episode patients treated with no or very low doses of antipsychotics "demonstrated significantly better results than patients treated conventionally."

- **Sweden.** Cullberg reported (2002) that 55% of first-episode patients treated in an experimental program were off neuroleptics (anti-psychotic medications) at end of three years, and the others were being maintained on extremely low doses of chlorpromazine. Patients treated in this manner spent fewer days in the hospital than conventionally treated patients in three-year follow-up period.

- **Finland.** Lehtinen and his colleagues developed a program that involves treating first-episode patients without neuroleptics for first three weeks, and then initiating drug treatment only when "absolutely necessary." At the end of five years, 37% of the experimental group had never been exposed to neuroleptics, and 88% had never been rehospitalized during the two-to-five-year follow-up period. (Reported in 2001).

- **Finland.** Seikkula reported in 2006 that after five years, 82% of psychotic patients treated with his "open dialogue" approach did not have any residual psychotic symptoms, and that 86% had returned to their studies or full-time jobs. Only 14% were on disability allowance. Seventy-one percent of patients never took any antipsychotic medication.

(Br J Psychiatry 1992; 161 Suppl 18):145-53; *Med Arch 1999;* 53:167-70.; *Acta psychiatr Scand* 2002;106:276-85.; *Eur Psychiatry* 2000;15:312-20.; *Psychotherapy Research,* 2006; 16(2):214-28.)

3. Why were the original Soteria House and its replication Emanon House closed in the 1980's?

The first factor is that the two houses were funded solely by research grants from the National Institute of Mental Health. Research funding ultimately ends. The two houses had never become a part of the mental health service delivery system.

A second factor was the emphasis on pharmaceuticals and to fund programs that provide maintenance support for medicated, disabled people. The concept of recovery and prevention is relatively new. Funding (primarily Medicaid) has been established to be used for treatment of sick and disabled people. The Soteria projects had been established to prevent chronic illness. There just wasn't funding for this type of service.

4. Are there other Soteria Programs in the US?

There are a number of programs in the US that utilize the principles and concepts learned at the original Soteria House in California. To the best of our knowledge, however, there are no services that are called Soteria and there is a great deal of variation between the existing services and the original Soteria House. Following are some broad categories of services that rely on some concepts developed at Soteria House:

Transitional Group Homes: Some of these residential services encourage milieu involvement as a primary mode of treatment. They are therapeutic homes. People who live there engage in routine activities of daily living and learn about tools for recovery through experience. Tools include interpersonal supports, eating nutritiously, exercise, employment skills, etc. People may come to these homes after a hospitalization and in some cases to avert hospitalization. Transitional housing regulations vary by state. They are time limited, but longer than hospitalization. Often staff members are not trained mental health workers, but may receive training on the job. These types of services differ from Soteria in that they are not usually for people in their first or second episode.

Housing First Model programs: This model has been found to be very effective with very severely disabled homeless people who do not respond to conventional treatment. This model incorporates the notion of respect, choice and self determination and does not mandate/require conventional treatment. It does not use milieu since residents live in single dwelling units. They are offered other individualized services if they so desire. Housing First Model programs usually serve people who have carried a diagnosis of mental illness for some time.

Crisis Respite: There are a growing number of crisis respite services. Some are part of a hospital setting and some are in home-like environments. Crisis respite services avert hospitalization for people experiencing symptoms. Providence Medical Center in Anchorage has as part of its continuum a crisis respite service that is currently housed in the building that was previously Alaska Psychiatric Institute. There is great variation

within this category of service, but I would like to describe one exemplary crisis respite service in Poughkeepsie, NY that incorporates many of the Soteria principles and concepts.

Rose House, a program of PEOPLE, Inc, is a homelike environment for people having a psychiatric crisis. At the respite home they have their own room and are staff available to support them and assure safety. Staff members are, or have been, consumers of mental health services. They are not necessarily trained mental health workers. They are well versed in recovery--having practiced their own recovery. Guests are allowed to eat and make meals whenever they want and they are allowed to come and go as they please. There is staff monitoring of this to maintain safety. Rose House has a much shorter length of stay than we have predicted for Soteria House. While some of the people who come to Rose House have experienced only one or two episodes, many have been diagnosed for some time. The executive director of PEOPLE, Inc., Steve Miccio, states that most people who go to Rose House return to their normal activities. In addition, they have reduced rates of hospitalization following their stay at Rose House. Rose House is in the process of conducting an outcome study. As soon as the results are tabulated they will be incorporated into this paper.

Soteria House: There is great controversy in the field of psychiatry about the relative effectiveness of neuroleptic (antipsychotic) medication and the dangerousness of side effects. This has resulted in a renewed interest in psychosocial treatments, prevention and use of recovery tools that do not rely on medication as the primary mode of treatment. Soteria House is one alternative in a comprehensive system of care. In addition to the development of a Soteria House in Alaska, Community Access, a well established mental health program in NYC is in the process of developing a Soteria model house.

5. Will people in Soteria House be safe?

There is so much stigma and misinformation that surround people who are experiencing mental illness that the safety concerns are not surprising. Many of them are steeped in popular myths. Following are some specific safety concerns:

How will Soteria care for people with serious medical conditions?

Since Soteria-Alaska is designed for people with their first or second psychotic episode, they likely will be young adults who are otherwise generally healthy and who have not had long term use of neuroleptics (antipsychotics). Therefore, the medical conditions associated with taking such medications will not be present. Finally, the business plan describes a process of referral where people with serious medical conditions requiring intensive medical monitoring can be screened out.

How will Soteria handle people who are aggressive?

Research undercuts the myth that people with mental illness are dangerous. There is no correlation between violent behavior and mental illness. In fact people with mental illness are more likely to be victims **(**MacArthur Network on Mental Health, 2002; Teplin, L. et. al., *Crime Victimization in Adults with Severe Mental Illness,* Arch. General Psychiatry, August, 2005; Sorensen, D., *The Invisible Victim,* Tash Connections, August,

2003; Honig, J, *New Research Continues to Challenge the Need for Outpatient Commitment*, New England Journal on Criminal and Civil Confinement, Winter, 2005).

The original Soteria House, Rose House and the Soteria-Alaska developers' combined experiences tell us that people are unlikely to be aggressive in this setting. To ensure safety, Soteria House will have a safety plan and staff will be trained on how to de-escalate and avoid aggressive confrontation.

How will Soteria address issues of safety for suicidal people?
As part of the policies and procedures, staff will be trained in informal suicide assessment and procedures for working with suicidal residents. The Soteria milieu has a wrap-around philosophy. Unlike being in the hospital or even at home, the staff and volunteers are dedicated to the safety of the residents. The original Soteria House described a way of "being with" someone who is in crisis. Staff can be assigned one-to-one. Policies and procedures will describe the process of adding on call staff if there is high acuity. Coordination with the Providence psychiatric ER will be maintained for use if at all necessary.

How can Soteria maintain safety if residents can come and go?
Experience from the original Soteria House and from other transitional residential programs leads us to the answer. Again, the milieu is the treatment. If someone wishes to leave the house, staff members are well aware of their current mental state. If there appears to be safety issues, one or more staff, volunteers and/or residents will accompany the person, if they feel they must go out.

Summary
Soteria-Alaska is an essential component for the Alaska mental health system. These types of services have been proven over and over to be effective and safe. In the long run preventative services such as Soteria save money by helping people avoid chronic illness and life long disability.