

SIERRA TUCSON P R O G R E S S

SUMMER / FALL 2011

“What Makes a Top Psychiatric Hospital?”

by Robert R. Johnson, D.O., Medical Director

As a result of Sierra Tucson’s clinically sophisticated programs and high-quality care, it achieved the ranking of the top psychiatric hospital in the U.S. News & World Report’s first-ever 2011 metro area rankings for Tucson, Arizona, and again in the 2011-12 Best Regional Hospitals. Sierra Tucson was also rated “High-performing in Psychiatry” in the annual Hospital Rankings by Specialty, holding a “Significant” reputation with specialists.

Sierra Tucson’s growth since 1983 and international leadership in the field of psychiatry are the result of some very specific values and principles that it works hard to embody on a daily basis.

Professionals and clients seeking treatment often ask, “What makes a great psychiatric hospital?” There are numerous elements that contribute to a powerful healing experience. Below are some of the critical areas that have helped Sierra Tucson rise to the top in providing the very best treatment.

Quality of Staff

It takes a lot of patience and spiritual discipline or trust to wait for the right person to show up, rather than just filling a gap with an eager applicant. This cannot be over-emphasized. The personality and temperament of both clinical and nonclinical staff members is at least as critical as their training and technical skill. It’s really about our ability to work together as an effective team that leads to the sort of clinical breakthroughs that we’re all hungry to achieve.

Care Coordination

In great facilities, staff actually talk to each other. It’s one thing to talk about multidisciplinary care coordination; it’s another thing to actually allocate time and resources for that to occur. So we build internal structures to support those interactions, both formally and informally.

Depth of Programming

A great psychiatric hospital simply must be able to address whatever significant issues are on someone’s plate—whether it’s trauma, mood or anxiety symptoms, physical pain, or a covert chemical dependency—or any combination of the above. Historically, dual disorder work has attempted to address these various factors in a consecutive fashion. In other words, programs or providers will identify the top three or four issues contributing to someone’s recidivistic cycle, then they’ll circle the top one and say, “We’re going to put a lot of time, attention, and resources toward this major issue, and when that’s well in hand—if there is time—we’ll move to number two.”

That’s sort of like the alcoholic who becomes depressed, goes to his family doctor, and says, “Doc, I can hardly function any more. I’m so depressed, I can’t get out of bed in the morning, I’m missing work, I might lose my job, my wife’s about ready to leave me... can you help me with this depression?” And the doctor says, “Love to—you go get a handle on that drinking thing and then come back and talk to me.” You can see that would not be very effective because there are common behavioral, emotional, spiritual, and neurobiological linkages between those issues. So, what works in dual disorder treatment is not consecutive treatment, but *concurrent* treatment, in order to break those feedback loops.

Integrated Treatment

High-quality facilities do a great job of integrating evidence-based practices and assessing and mining practice-based evidence to provide the most effective and comprehensive programs possible. In addition, while we want to primarily depend on research-based models and treatment approaches, we don’t want to ignore therapies that have proven to be powerful and effective in other cultures across decades and even centuries. Even though they may not have the empirical research foundation we value in Western medicine, there is increasing data to support the use of many of these

(Continued on page 2)



IN THIS *Issue*

PAGE ONE

What Makes a Top Psychiatric Hospital?

PAGE THREE

Meet Sue Menzie, R.N., M.S.

Meet Karla Synkelma, R.N.

PAGE FOUR

Letter from the Executive Director



SIERRA TUCSON®

What Makes a Top Psychiatric Hospital? (Continued from page 1)

Integrative Therapies, including acupuncture, Somatic Experiencing®, therapeutic massage, meditation and prayer practices, yoga, tai chi, biofeedback, neurofeedback, mindfulness training, equine-assisted therapy, movement therapy, and complementary and alternative medications.

Continuous Learning and Openness to New Methods

Great hospitals have to stay on a learning and growth edge, both in clinical services and operational methods. On the clinical side we want to retain what is solid and effective while also continuously being on the lookout for emerging approaches that can bring real value—on both the neuroscience and the behavioral medicine side. Historically, some of these examples at Sierra Tucson have included the integration of EMDR, neurofeedback/biofeedback, SPECT neuroimaging, DBT, adventure and experiential therapies, and world-class psychodrama. We're looking to initiate a Transcranial Magnetic Stimulation (TMS) program within the next several months, given its proven efficacy in treatment-resistant depression and the data that is emerging on its likely effectiveness in areas such as OCD, PTSD, and Bipolar Disorder.

Family and Other Systems Issues

Another element that great healthcare institutions incorporate are programs to identify and address larger systems issues that directly impact a patient's well-being. Directly affecting most of our patients are family systems issues, so we consider Sierra Tucson's Family Program a foundational component of our treatment model. Not only is it important to examine the nature of the roles that patients took on in their family of origin, but also whether their current family or extended family structures promote or derail healthy adult interaction, growth, and development. By training both the identified patient and other members of the family in honest, effective, non-shaming, feelings-based communication and boundary-setting, we help create a new foundation for communication that fosters renewed tenderness, hope, compassion, trust, and understanding instead of judgment and criticism.

Ongoing Research

Excellent facilities have a commitment to ongoing research. We must be able to track what we do and how effective it is—or not. That's not easy in clinical medicine, where there are so many variables. Excellent programs customize every patient's treatment plan. From a scheduling standpoint alone, when you multiply that personalization times 100 patients, it takes a Cray computer just to mesh the schedules of all the doctors, therapists, integrative services providers, patients, and families at Sierra Tucson. Given the depth and scope of our therapeutic services, it can be a challenge to tease out where the real clinical power lies vs. what just feels good in the moment. It's a fascinating puzzle to figure out how to design studies that can inform how we might become not only more effective but also more cost-efficient in our therapies.

The other type of research that great hospitals look at is how to make clinical gains sustainable—even out to 6, 12, and 24 months post-discharge. They need to embed discharged patients in systems that provide a web of support, assistance, training, and accountability which enables them to continuously expand on the foundation they built at the hospital. Great hospitals also track, for example, whether patients are following the Continuing Care Plan they spend so much time collaborating with patients to create. They also need to monitor the effectiveness of the programs and providers to whom they referred patients for specific aspects of continuing care.

Healing Environment

Another factor that sets great facilities apart is the nature of the geography and physical environment they inhabit. Patients do best in an environment that is non-institutional, warm, inviting, natural, and healing. We find that this kind of physical and architectural space tends to call out different emotional responses in both patients and staff and fosters the kind of mindfulness that opens the door to transformational change. The right environment also promotes the willingness to take risks—to try on new ways of being and new ways of doing.

Therapeutic Alliance

Great treatment starts and ends with a strong therapeutic alliance between the patient and his/her clinician. Psychotherapy research has shown that the controllable variable that most directly tracks to clinical improvement is the doctor's or therapist's ability to accurately assess both the quality of the therapeutic relationship and the effectiveness of the work, in real time, and to make continuous adjustments in order to keep the patient's priorities the center of attention. Great programs look at how they can continuously monitor and enhance the healing power of these relationships.

Humility

I believe that humility is in the DNA of great institutions. One of the things that visitors, family members, and even new staff members frequently comment about at Sierra Tucson is the level of helpfulness, compassion, patience, authenticity, and humility of our staff. Many are in recovery themselves and, in addition, there is an internal commitment, whether we're talking about therapists, doctors, groundskeepers, or nurses, etc., to walk our talk. One of the things I talk to family members about in my presentation during the Family Program is that if they can connect with their shared humanity, with their *own* brokenness while they are here, and as a result communicate their feelings, needs, and yearnings through the humility that results from that connection, it will serve them well. It is something that we as staff value in our interactions with patients and families, because it flattens the hierarchy and calls out a similar response of honesty, transparency, and trust from the other person.

Collaboration

Even though we recognize that there is competition within the behavioral healthcare marketplace, a healthcare organization's core commitment has to be around what is best for the patient. Our continuous focus, whether assessing if we are the best program for a prospective patient or considering where to refer someone for continuing care, cannot be around finances or business issues but solely around what is most likely to produce transformational results for this patient and family.

This is why we, for example, host Open Houses in Los Angeles, New York, and other cities, where we bring together hundreds of different programs and providers to learn, network, and share ideas—to foster the kind of non-competitive, patient-centered collaboration that is the external fruit of this core institutional value of patient-focused service. Nobody can do it all. There are many terrific programs out there, and we want to know who they are and where they are so we can partner with them for the benefit of our clients.

~By Robert R. Johnson, D.O.
Medical Director of Sierra Tucson

Nursing Staff Highlights



Sue Menzie, R.N., M.S., Director of Nursing

Sierra Tucson welcomed Sue Menzie in July 2011 as Director of Nursing. With over 35 years of experience in nursing, including 25 years in behavioral health nursing and a history of management in business, non-profit, not-for-profit, for-profit, public, and private settings, Sue brings impressive knowledge and leadership to the Nursing Department.

Attending California State University, Chico, for her B.S.N., Sue also earned a Master of Healthcare Administration from Bellevue University in Omaha, Nebraska. Her recent work includes serving in hospitals as director of nursing and clinical services, director of nursing, manager of psychiatric services, and mental health director. She has experience with all ages in psychiatric acute units, chemical dependency, eating disorders, geriatric programs, and outpatient settings including crisis intervention, brief therapy, case management, and mobile crisis teams.

Married with four “beautiful and intelligent” kids and six grandkids, Sue was able to take her 8-month-old twins on an unusual eight-year career adventure, where she worked with nonprofit Mission Aviation Fellowship (MAF) to provide transport and communication technology to third world countries in areas with no or limited contact with the outside world. As an example, in one area that previously took people three months to get from their village to the outside world and six months to get back, MAF’s travel time was one hour each way.

Speaking Indonesian and Malaysian as well as English allowed her to co-manage a program serving in Indonesia on two islands, working with

indigenous people and providing triage and village health nursing. Part of her time at MAF was in the U.S. as assistant to director of operations, as an HR liaison in charge of all overseas families working for the organization in four continents. Their services included a flying doctor program and a flying seminar program, to deliver and pick up teachers for villages.

Having taught psychiatric nursing at both community college and university levels, Sue plans to offer Sierra Tucson’s Nursing staff a number of new educational opportunities. She also founded Tapestry Leadership Concepts, providing consulting and personal coaching in leadership, communication, and other psychosocial issues. “I believe in staff development and education,” says Sue. “I’m excited to bring a sense of internal vision and purpose to the Nursing Department, so we can work together even more effectively with the entire multidisciplinary team.”

“Coming to Sierra Tucson is a fulfillment of my internal philosophies and driving purpose.” Sue explains, “I am really committed to a philosophy of wellness. I believe that the mentally ill are well people who are currently unwell, so we treat them as individuals who can and will get better. Sierra Tucson’s multidisciplinary programs work on change and healing rather than a band aid approach. I am happy to be working with this team, so I can be a driving force in where we’re going and what we do with patients and staff.”

Sue is also enjoying Sierra Tucson’s natural, healing environment. “I love the peace of the place and the sense of respect between nature and humans. It’s as if nature has responded to the peace and value placed in the land.”



Karla Synkelma, R.N., Assistant Director of Nursing

After serving as a nurse at Sierra Tucson for 13 years, Karla Synkelma filled the role of Interim Director of Nursing and then moved into the new position of Assistant Director of Nursing in July 2011. This new role provides more support and supervision for the Nursing Department, which, at over 70 employees, is one of Sierra Tucson’s largest departments.

Karla received her bachelor’s degree in Physical Education from Montana State University and became a Registered Nurse through the University of Arizona. She joined Sierra Tucson in 1998 as a PRN and later became a medication nurse. Working with the DON, she helped design the role of resource nurse to assist staff nurses with medication management. Serving on the Pharmacy and Therapeutics Committee and Performance Improvement Teams, she has facilitated continuity of care through many procedural changes.

“I’m excited for the Nursing team and am looking forward to my new responsibilities,” says Karla. “I have longevity here and feel that staff know me and react well to my suggestions. With my understanding of what’s been done and how change will affect the facility, I can offer support to the DON to view things on a global scale and see value in making small changes.”

Nursing is the only department that is staffed 24 hours a day, 7 days a week. The staff includes nurses, unit assistants, and psych techs, who work together to give patients a safe setting.

“Unit Assistants are the front-line customer service representatives for patients,” says Karla. “They help meet patients’ needs and assist with their schedules, and they provide a safe environment of care, making sure patients are attending activities, etc.”

“Psych techs provide security on campus, act as one-on-one’s if needed, transport patients to outside appointments, and monitor meals and patient activities to ensure compliance with rules,” continues Karla. “They provide assistance to Nursing and other Sierra Tucson staff in their daily duties.”

As part of the treatment team, Nursing gives important feedback about patients’ behavior. “This information is very relevant to the team,” Karla adds, “as it fills in missing parts of the big picture regarding patients’ response to treatment.”

“We do such good work here. We have a great team of employees who are committed to what they’re doing and are, in fact, changing lives,” comments Karla. “It is hard to describe the miracles that happen—seeing the changes in people’s lives from when they walk in to when they leave is what keeps us coming back. We know that the possibility of an ‘Aha!’ moment is always there for any patient.”

Karla is married to Jay and has two teenage daughters, all of whom she is very proud and loves immensely.

Sierra Tucson continues our efforts to "Go Green!"

- If you do NOT receive our email, please visit www.SierraTucson.com. Under "Points of Interest," click "Sign up - Professional eNetwork."
- Please allow email to be received from SierraTucson-GreenMail.com.

Thank you for supporting Sierra Tucson's sustainability efforts to save natural resources!



SIERRA TUCSON®
P R O G R E S S

SIERRA TUCSON®

39580 S. Lago del Oro Parkway
Tucson, AZ 85739 U.S.A.

**"Compassionate Care,
Clinical Excellence"**

800-842-4487

www.SierraTucson.com

A Member of CRC Health Group
Dual Accreditation by The Joint Commission
Pain Program Accreditation by the American
Academy of Pain Management

Summer / Fall 2011
© Copyright 2011 Sierra Tucson®



Letter from the Executive Director Patricia L. Ryding, Psy.D.

Dear Friends,

This will be my last letter to you as I step out of my role as Executive Director at Sierra Tucson to move back East with my husband at the end of September. I look forward to life's next steps, but I have some sadness at leaving such a phenomenal place. As I reflect on this change, I am reminded of one of my favorite quotes by Melodie Beattie on gratitude. I have read it at numerous "Gratitude for Giving" Breakfasts across the country and find the words inspiring today.

"Gratitude unlocks the fullness of life. It turns what we have into enough, and more. It turns denial into acceptance, chaos into order, confusion into clarity... it turns problems into gifts, failures into success, the unexpected into perfect timing, and mistakes into important events. Gratitude makes sense of our past, brings peace for today, and creates a vision for tomorrow."

What is exciting and special about Sierra Tucson is the quality of the staff, their commitment to address each patient's individual needs, and the depth of programming resources on campus to make it happen. The knowledge base of the staff is a testimony to the diversity and extensive experience that each staff member brings to the treatment team. As patients manifest more complexity, Sierra Tucson has been

able to design a care plan to meet each person's needs. Chemical dependency, mood/anxiety, eating disorders, pain, trauma, and sexual addictions frequently present themselves differently in patients. To be able to develop a plan of care that touches multiple symptoms is at the heart of Sierra Tucson's compassionate care and clinical excellence.

Sierra Tucson has remained on the cutting edge of treatment because we are committed to using current research knowledge in the field of psychiatry and addictions to make enhancements to our programming. We want everyone who walks through the doors of Sierra Tucson to experience the miracle of change.

It has been an honor and a privilege to work with the dedicated professional staff and watch patients reclaim their lives, one step at a time. I am grateful to have had this experience. From the bottom of my heart, I thank you all!



Namaste,

Patricia L. Ryding, Psy.D.
Executive Director