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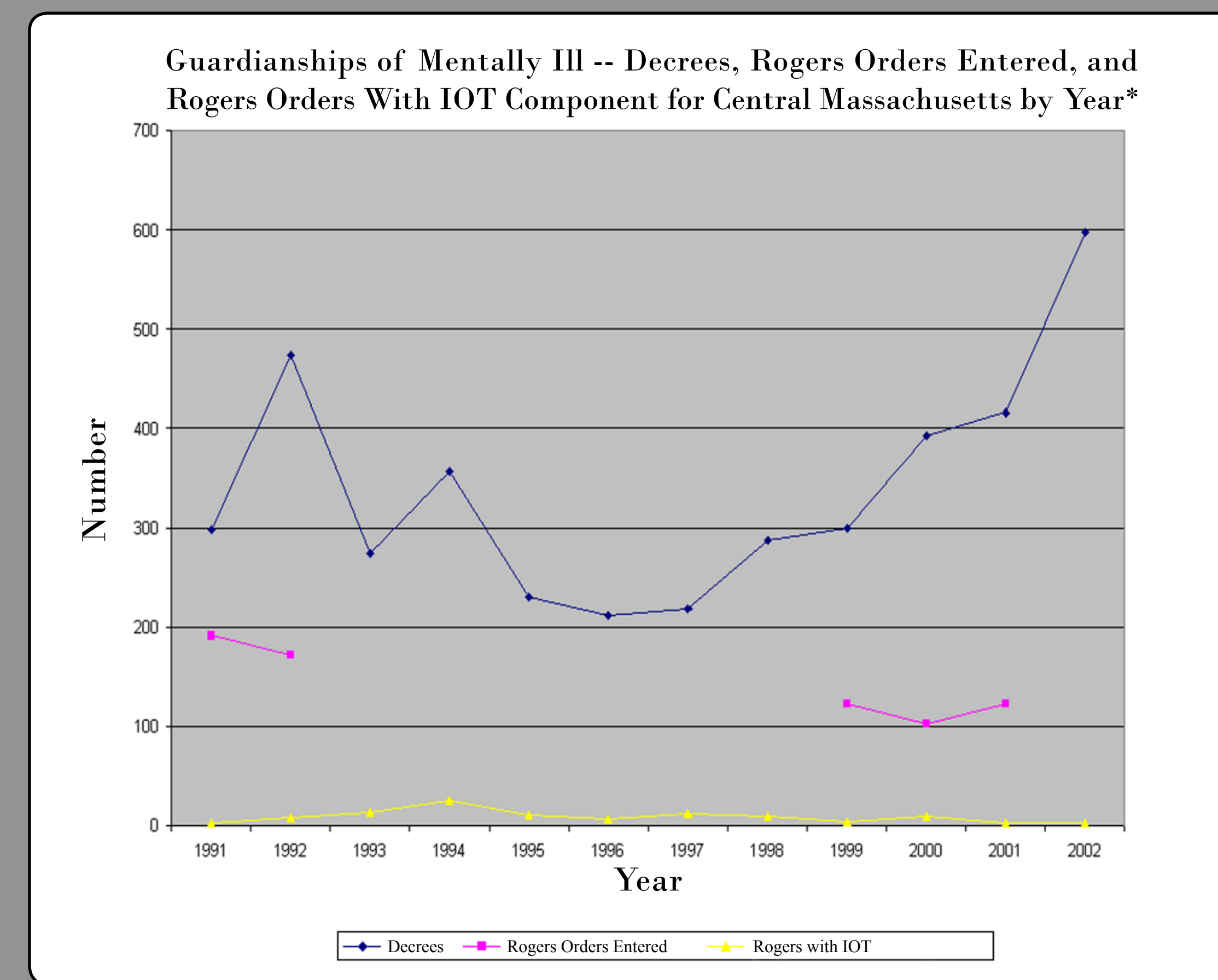
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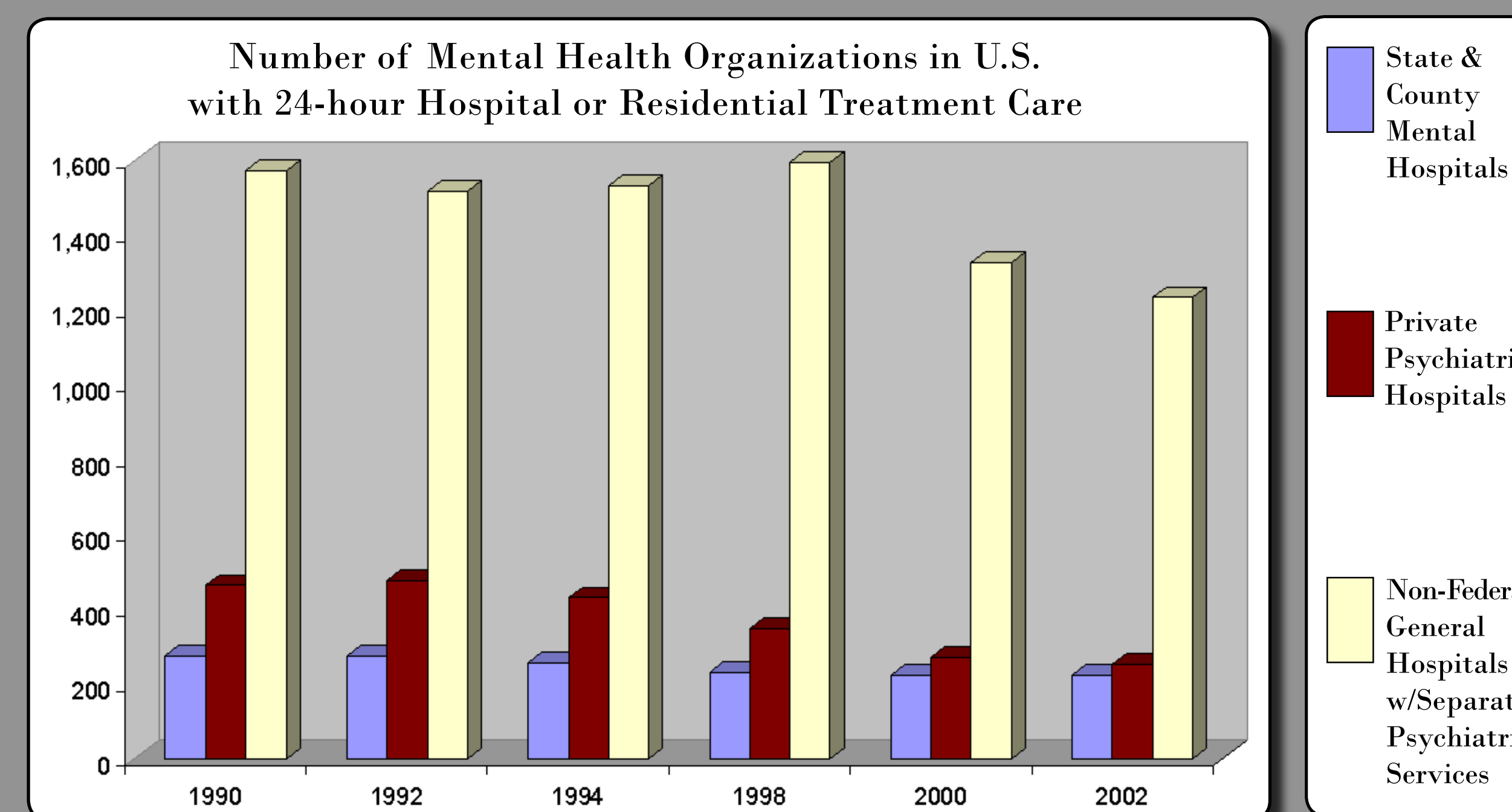
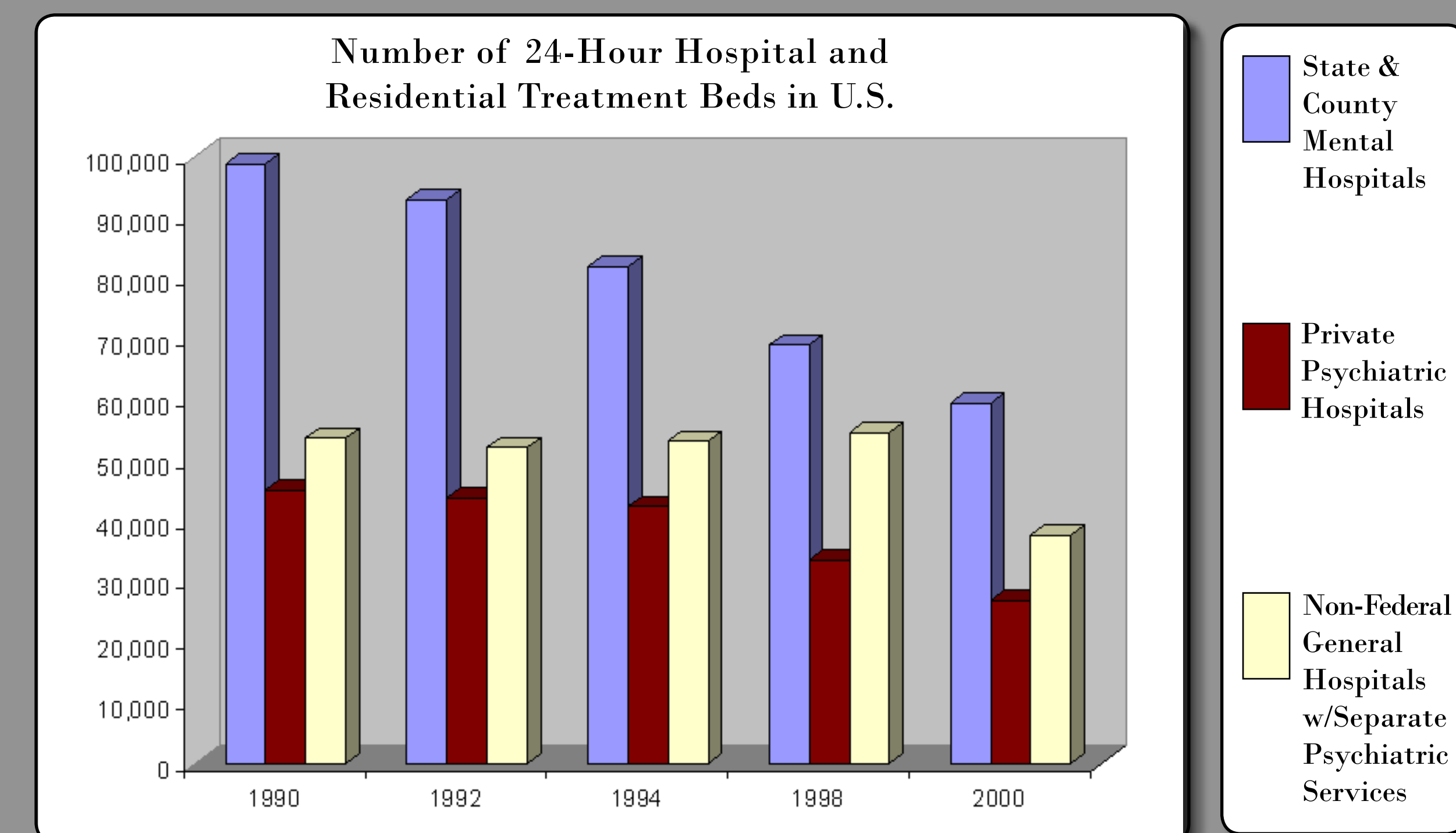
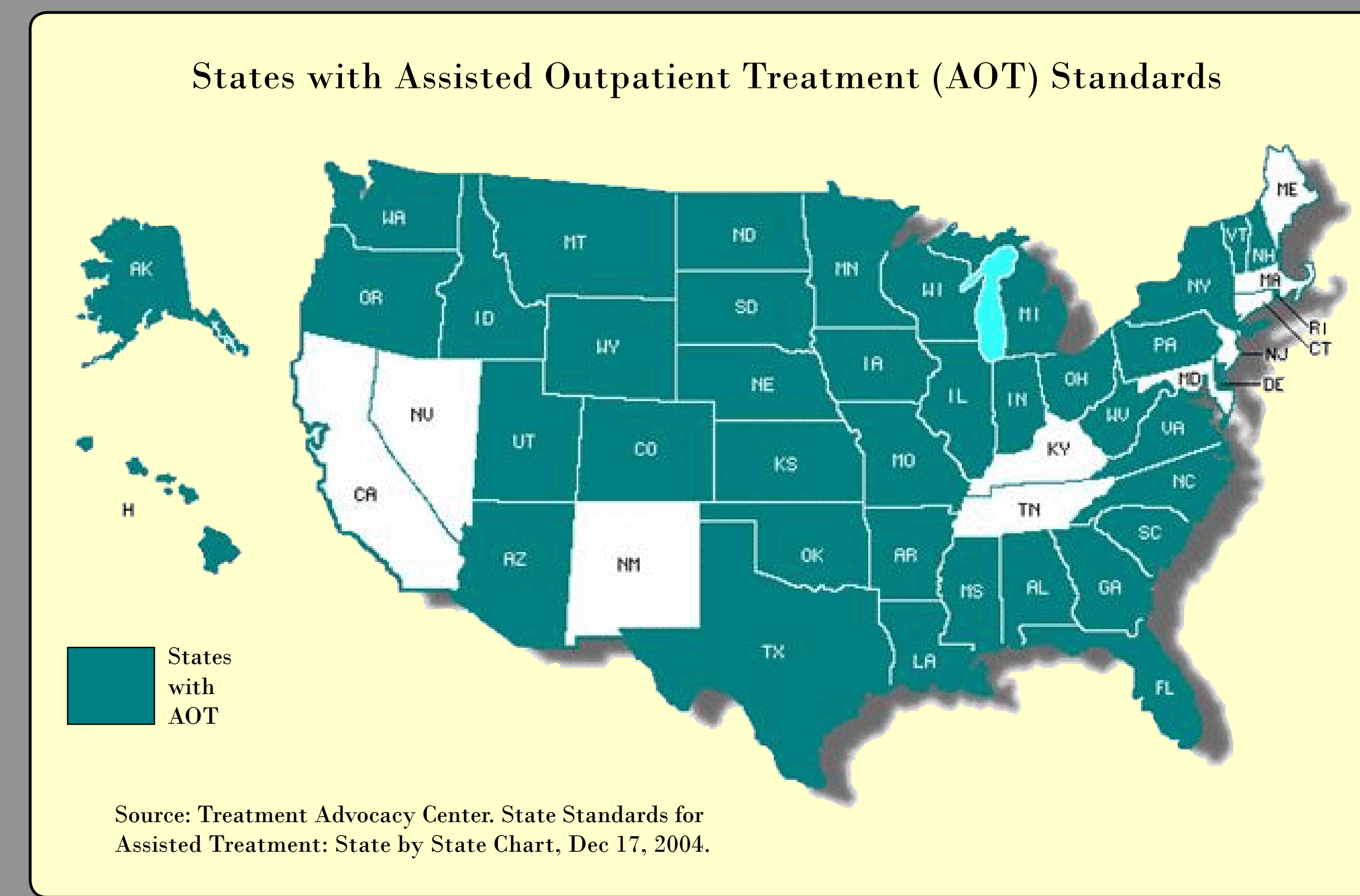
Outpatient Commitment

Albert J. Grudzinskas, Jr., J.D., Jeffrey Geller, M.D., M.P.H., Jonathan Clayfield, M.A., LMHC, William H. Fisher, Ph.D.

De-Institutionalization/ Criminalization



*Source: Public Information Office of the Massachusetts Supreme Judicial Court. For the years 1993-1998, Guardianship Decrees include Rogers Orders Entered; for 2002 number of Rogers Orders Entered was unavailable.



Mean Number of Psychiatric Hospital Days and Admissions for the Involuntary Outpatient Treatment (IOT) Cohort and Their Matches						
		Period				
Patient Group		Pre-treatment period	First post-treatment period	Second post-treatment period	Third post-treatment period	Fourth post-treatment period
IOT (n=20)	Days	122.8	67.3	45.3	29.5	16.6
	Admissions	1.6	0.5	0.7	0.5	0.4
All demographic matches						
(n=57)	Days	20.4	20.4	20.9	23.4	14.5
	Admissions	0.47	0.17	0.26	0.26	0.28
Best demographic matches						
(n=20)	Days	14.2	11	9.2	6.7	2
	Admissions	0.2	0.1	0	0	0.1
All inpatient matches						
	Days	119	77.2	59.6	42.5	32.9
	Admissions	0.51	0.51	0.17	0.05	0.02
Best inpatient matches						
	Days	107.2	67.7	55.7	43.1	46
	Admissions	1.6	0.5	0.25	0.1	0

Competence-Based Medicalization Model

Competency-Based Approach to Outpatient Treatment

A recent survey of state statutes for outpatient commitment (Torrey and Kaplan, 1995) indicates that while thirty-five states and the District of Columbia have laws permitting outpatient commitment, Massachusetts is not one of them. Rather, Massachusetts uses a competency-based, substituted-decision-making model for the involuntary administration of medication in the community. To appreciate the Massachusetts model, it is important to understand how this court-ordered involuntary outpatient treatment fits into the overall scheme of outpatient commitment and how it is structured.

A review of involuntary outpatient treatment (IOT) literature indicates that it is prudent to distinguish between outpatient commitment, conditional release, and conservatorship-guardianship (Torrey and Kaplan, 1995). Two states whose IOT is based on the guardianship process and is described in the literature are California and New Mexico. Lamb and Weinberger (1992, 1993) have discussed California's use of guardians for the gravely disabled psychiatric outpatient, and Schneider-Braus (1986) has presented a single case report from New Mexico.

Method

This study continues work from an earlier study on this same group of patients (Geller and others, forthcoming). In the previous study, both the pre-treatment and post-treatment periods were six months long. In this study we have extended the post-treatment period to two years. These two years are divided into four six-month segments. Within each six-month period we computed the number of inpatient admissions and days for each patient.

The data used for analysis come from the Massachusetts Department of Mental Health (DMH) client tracking system (CTS). This data set contains information on demographic, clinical, and services utilization for case-managed clients statewide, beginning July 1, 1991. We first compared the IOT patients during the pre-treatment period with their own post-treatment data. Second, we compared the IOT patients with patients matched on demographic variables. Finally, we compared the IOT patients with patients matched on inpatient service use.

Source: Geller, J., McDermeit, M., Grudzinskas, Jr., J., Lawlor, T., and Fisher, W. "A Competency-Based Approach to Court-Ordered Outpatient Treatment." In M. R. Munetz (ed.), *Can Mandatory Treatment Be Therapeutic? New Directions for Mental Health Services*, Number 75. San Francisco: Jossey-Bass Publishers, Fall 1997.

"For a century or more two rival policies have been used in criminal justice. One is the punitive policy; the other is the treatment policy. Treatment tends to be organized on the assumption that the criminal is a socially sick person." Sutherland, E.H. (1950). *The Diffusion of Sexual Psychopath Laws*. *American Journal of Sociology*, 56, 142-148.

"It is old news that the field of law known as mental health law is especially susceptible to these pendulum-like swings..." a "...tendency to lurch from one positional extreme to the other." Brakel, S.J. & Cavanaugh, J.L. (2000). *Of Psychopaths and Pendulums: Legal and Psychiatric Treatment of Sex Offenders in the United States*. *New Mexico Law Review*, 30, 69-94.

"Experience should teach us to be most on our guard to protect liberty when the Government's purposes are beneficent. Men born to freedom are naturally alert to repel invasion of their liberty by evil-minded rulers. The greatest dangers to liberty lurk in insidious encroachment by men of zeal, well-meaning but without understanding."

Olmstead et al. v. United States, 277 U.S. 438 (1928). Justice Brandeis, dissenting.

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