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## CHESTNUT LODGE

This is in response to your request for information about Chestnut Lodge. There follows an outline of the treatment program here.

Chestnut Lodge, situated on about 80 acres of land, is a small, private psychiatric hospital which has been in operation now for 71 years. It is about an hour's drive from Washington, D.C.

The general approach emphasizes long-term intensive psychoanalytically oriented psychotherapy which is directed not only towards useful experience but more significantly towards obtaining insight. Our patients are people who could not make it in their own milieu and hospitalization was felt indicated. However, we accept and have individuals classified as severe neurotics, borderlines and severe character disorders. All patients are in intensive individual psychotherapy, meeting four hours per week with their therapists. We do not use shock or insulin. Drugs are used sparingly and under special circumstances.

Currently the psychiatric staff here numbers 32 physicians, all of whom have psychoanalytic training. We also maintain on our staff or are in close touch with practitioners of all medical, surgical and dental specialities. Our total patient census, inpatient and outpatient runs between 125 and 135.

All our patients are admitted to the hospital. Each has two staff doctors, a therapist and a clinical administrative psychiatrist. The clinical administrative psychiatrist guides the milieu program. Patients are housed on three floors of the main building, in two cottages, and on two floors of another building, Hilltop. The units (floor and cottage) vary in capacity from 10 to 18. Most of the rooms are double. Each unit has some single rooms. Room assignments of patients are for therapeutic and practical reasons; there is no cost differential. The general hospital program, under the guidance of the clinical administrative psychiatrist, is supported by a large Nursing and Activities (occupational therapy, recreational therapy, drama, art, athletics, psychodrama, etc.) Departments. There are useful work opportunities on the grounds. Varied patient and patient-staff groups are utilized for therapeutic goals.

The degree of freedom allowed a patient is a clinical decision supervised by the administrative psychiatrist and may range, depending upon the clinical condition of the patient at the time, from no freedom

to freedom to work, attend school, or visit in the surrounding areas unaccompanied. Our Social Service Department attempts to develop and maintain effective liaison with the families.

In addition to the above, we have expanded the scope of our program to include the intensive psychotherapeutic treatment of children and adolescents. The new service consists of four inpatient residential homes each with its own professional staff and housing 6 to 8 patients.

All new patients, to repeat, are admitted to the hospital. As therapy progresses, and to enhance therapy, patients may become outpatients, living in the community, working and/or going to school in the community, but continuing in treatment and coming under the cognizance of the hospital, using its resources. Individual therapy continues, the relationship with the milieu program gradually attenuates.

Arrangements regarding costs are made with Ms. Delores Dean, our Director of Accounting, and, if you like, I can ask her to write you in detail. The current fee for inpatient care and treatment is \$247.00 per day. This is ordinarily an inclusive fee and does include the individual psychotherapy. I do, though, want to emphasize one consideration. The goal of therapy here is personality change and the program is a long-range one. Psychiatric patients have difficulty establishing close relationships with other people and, once made or in the making, have much difficulty in giving them up. Accordingly, we do not think it desirable for a patient to begin therapy here and have it interrupted in a matter of months for financial reasons. We, therefore, suggest that treatment here does not make sense unless about two years of inpatient treatment at the above rates and an equal amount of outpatient treatment at about two-thirds the above cost is financially possible. This is not an accurate estimate of duration, nor is this a promise that treatment will be successful in this length of time; it is a general over-all suggestion for planning purposes. Some patients have become outpatients after several months; others are still hospitalized after several years.

To pursue admission here we require: (1) clinical abstracts of a patient's previous and current psychiatric care and treatment, and (2) a personal interview at the hospital. At about the time of admission we want to have extended interviews with significant members of the family. This is not only to get history but to become mutually acquainted and begin collaboration with the family.

I hope this gives you an adequate picture; if there are any questions, do not hesitate to communicate further.

Sincerely yours,

Robert Gruber, M.D.  
Director of Admissions

RG/bt