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AMERICAN PSYCHIATRIC ASSOCIATION

41st Institute on H&CP

October 15-19, 1989

Adam's Mark Hotel

Philadelphia Pennsylvania

SYLLABUS

41st INSTITUTE ON HOSPITAL & COMMUNITY PSYCHIATRY

October 15-19, 1989

Adam's Mark Hotel
Philadelphia, Pennsylvania

American Psychiatric Association
1400 K Street, N.W.
Washington, DC 20005
(202) 682-6174

WORKSHOP 1
ALL-DAY WORKSHOP

Sunday, October 15, 1989
9:00 a.m.-5:00 p.m.

DUAL DIAGNOSIS

Opening Lecture
9:00-10:30 a.m.

Dual Diagnosis of Psychosis and Addiction - A Common Language for Disease and Recovery

Kenneth M. Minkoff, M.D., Chief of Psychiatry, Choate-Symmes Health Services, Woburn, MA, and Faculty, Cambridge Hospital, Department of Psychiatry, Harvard Medical School, Cambridge, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe a uniform treatment model for understanding illness and recovery in patients with both major mental illness and substance abuse histories and to apply it in clinical settings.

SUMMARY

The presentation describes the use of the disease model of addiction treatment and the 12-step model of addiction recovery programs as the building blocks of a model of illness and recovery in substance abusers with major mental illness. The model allows for a uniform treatment approach to patients with dual diagnosis. The implementation of the approach in hospital and community settings is illustrated.

REFERENCE

Ridgley MS, Goldman H, Talbott J: Chronic Mentally Ill Young Adults with Substance Abuse Problems: A Review of Relevant Literature and Creation of a Research Agenda. Baltimore, University of Maryland, Mental Health Policy Studies, Nov, 1986

Diagnosis, Assessment, & Treatment
10:45 a.m. - 12:00 noon

Concurrent Workshops

Prescribing Psychotropic Medications to Dual-Diagnosis Patients

Steven A. Adelman, M.D., Director, Ambulatory Psychiatry Services, Department of Psychiatry, University of Massachusetts Medical Center, Worcester, MA
Amjad Bahnassi, M.D., Assistant Professor of Psychiatry, University of Massachusetts School of Medicine, and Staff Psychiatrist, Dual-Diagnosis Team, Worcester State Hospital, Worcester, MA
Mark R. Munetz, M.D., Clinical/Medical Director, Worcester Area Community Mental Health Center, and Associate Professor of Psychiatry, University of Massachusetts School of Medicine, Worcester, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to consider the treatment of dual-diagnosis patients with an approach based on conceptual clarity, clinical efficacy, and ethical soundness.

SUMMARY

Patients who suffer from major mental disorders and concomitant substance use disorders pose a number of clinical and ethical difficulties to their treating psychiatrists. This presentation reviews the dilemmas posed by dual-diagnosis patients, with a particular focus on chronic patients treated in an urban community mental health center. After reviewing studies on the prevalence of dual diagnoses and the morbidity associated with the coexistence of major mental illness and substance abuse, the authors describe a set of operational principles to guide clinicians in their decisions regarding the institution of pharmacotherapy, the selection of psychotropic agents, and the integration of substance abuse treatment with pharmacotherapy. The prescription practices of a cohort of community mental health center psychiatrists who treat dual-diagnosis patients are also summarized and reviewed.

REFERENCE

Safer DJ: Substance abuse by young adult chronic patients. Hospital and Community Psychiatry 38:511-514, 1987

Issues in the Prevalence, Diagnosis, and Treatment of Dual Diagnosis
10:45 a.m. - 12:00 noon

Gregg E. Gorton, M.D., Clinical Assistant Professor of Psychiatry, Jefferson Medical College, and Associate Director, Combined Disorders Unit, Thomas Jefferson University Hospital, Philadelphia, PA
Ronald D. Serota, M.D., Clinical Assistant Professor of Psychiatry, Jefferson Medical College, and Director, Combined Disorders Unit, Thomas Jefferson University Hospital, Philadelphia, PA
Stephen P. Weinstein, Ph.D., Clinical Professor of Psychiatry, Jefferson Medical College, and Director, Jefferson Outreach, Thomas Jefferson University Hospital, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the prevalence of dual diagnosis, the major difficulties in making such diagnoses, and the possibility for successful treatment of dual-diagnosis patients.

SUMMARY

Psychiatric disorders are commonly associated with alcoholism and other substance abuse. It is usually difficult to unravel which condition is primary and which is secondary, and the etiologic role of one or the other remains obscure. Any psychiatric disorder is unlikely to be adequately treated if coexisting alcoholism or other substance abuse disorder is not also treated. To treat only a substance abuse disorder without awareness and attention to additional psychiatric disorders is less than optimum treatment and may be a contributing factor in recidivism. Lectures, slides, and interaction among the attendees and presenters will be used to present studies of the prevalence of combined disorders, difficulties in making such diagnoses, treatment complications introduced by the presence of more than one disorder, and a description of a treatment program for dual-diagnosis patients. The psychiatric disorders that will be discussed include affective disorders, personality disorders, and psychoses.

REFERENCES

Ross HE, Glaser EB, Germansen T: The prevalence of psychiatry disorders in patients with alcohol and other drug problems. Archives of General Psychiatry 45:1023-1031, 1987
Gottheil E, McLellan AT, Druley KA (eds): Substance Abuse and Psychiatric Illness. Elmsford, NY, 1980

Concurrent Workshops (Cont'd)

Practical Approaches to the Treatment of the Severely and Persistently Mentally Ill Person with Alcohol/Substance Abuse Problems
10:45 a.m. - 12:00 noon

Kathleen Sciacca, M.A., Coordinator, MICAA Training Programs, New York State Office of Mental Health, and Director, MICAA Training Site for Program and Staff Development, Harlem Valley Psychiatric Center, White Plains, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the unique characteristics of the mentally ill chemical abuser, describe a specific approach to implementing a treatment group for these patients, and recognize the staff development required to facilitate these groups.

SUMMARY

This workshop reviews the characteristics and prevalence of the chronic patient with alcohol or substance use problems and presents a conceptual treatment model developed for and utilized with this population. Assessment guidelines, suggestions for implementing the treatment program within existing programs, and approaches to staff development and to working with families (MICAA-NON) are also presented. Videotapes illustrating the treatment program and its effectiveness will be shown.

REFERENCE

Sciacca K: New initiatives in the treatment of the chronic patient with alcohol/substance use problems. Tie Lines 4(3), 1987

Schizophrenia and Chemical Dependency: Three Approaches to Treatment
1:00 - 2:30 p.m.

John A. Chiles, M.D., Associate Professor, Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize issues in the treatment of chemically dependent schizophrenic individuals and discuss various treatment approaches.

SUMMARY

Harborview Community Mental Health Center is a large urban facility whose programs treat approximately 800 schizophrenic individuals. Over 50 percent of these patients have an additional problem of chemical dependency, most commonly alcoholism. These menally ill chemically addicted persons (MICA) require more resources and are more difficult to treat than individuals with the single diagnosis of schizophrenia. This workshop will present three approaches used in our facility to the management of these dually troubled individuals that have evolved in our institution. The first is a two system approach, where patients are required to enroll in separate substance abuse and mental health programs. The second is a modular psychoeducational approach where MICA's are offered group treatment and support within the HCMHC. The third is Intensive Case Management, where resources are adequate to treat multiple problems within the same program. Data will be presented on the success of each approach, and management of these difficult patients will be discussed.

REFERENCE

Bachrach LL: The context of care for the chronic mental patient with substance abuse problems. Psychiatric Quarterly, 58:3-14, 1986-1987

The New Hampshire Plan for Dual-Diagnosis Patients
2:45 - 4:00 p.m.

Robert E. Drake, M.D., Ph.D., Director, New Hamphsire-Dartmouth Psychiatric Research Center, and Associate Professor of Psychiatry, Dartmouth Medical School, Lebanon, NH
Gregory B. Teague, Ph.D., Associate Director, New Hampshire-Dartmouth Psychiatric Research Center, and Assistant Professor of Clinical Psychiatry, Dartmouth Medical School, Lebanon, NH
S. Reid Warren, III, M.S.W., Assistant Division Director for Community Mental Health, New Hampshire Division of Mental Health and Developmental Services, Concord, NH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize and address problems encountered in planning and implementing services for patients who are dually diagnosed with mental illness and substance abuse.

SUMMARY

With the aid of a grant from the Robert Wood Johnson Foundation, the New Hampshire Division of Mental Health and Developmental Disabilities (DMH) has implemented a statewide program for patients who are dually diagnosed with mental illness and substance abuse. The program, which combines the resources of the DMH and the New Hampshire Office of Alcohol and Drug Abuse Prevention (OADAP), integrates services for dual-diagnosis patients at all levels of care, from community outreach to intensive hospitalization in New Hampshire's new Tertiary Care Facility. The program targets the most difficult-to-reach patients--those who have been resistant or nonresponsive to treatment, homeless, or otherwise not engaged in the standard treatment system. Intensive outreach teams with special expertise in the care of dual-diagnosis patients have a central role in the program. The entire system rests on a unique dual-diagnosis training program established by DMH, OADAP, and the Department of Psychiatry at Dartmouth Medical School.

This presentation focuses on three aspects of New Hampshire's project--systems integration, clinical programing, and training of clinicians. The planning and implementation of these components of the project and the problems encountered at each phase are discussed.

REFERENCE

Ridgely MS, Osher FC, Talbott JA: Chronic Mentally Ill Young Adults With Substance Abuse Problems: Treatment and Training Issues. Baltimore, University of Maryland, Mental Health Policy Studies, 1987

Dual-Diagnosis Patients: Are They Treatable?
2:45 - 4:00 p.m.

Marvin F. Drucker, M.D., Associate Director, Day Hospital, Hillside Hospital, Glen Oaks, NY, and Assistant Professor of Psychiatry, State University of New York, Stony Brook, NY
William P. Benjamin, M.D., Associate Professor of Clinical Psychiatry, Albert Einstein College of Medicine, Bronx, NY
Susan Kleiman, R.N., C.S., Hillside Hospital, Glen Oaks, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate that there is a group of patients with the dual diagnoses of mental illness and substance abuse disorder who are capable of making significant gains in both areas. The participant should be able to recognize the factors that identify treatable patients and to describe the use of a day hospital in treating dual-diagnosis patients.

SUMMARY

The literature contains numerous reports of poor results in the treatment of so-called dual-diagnosis patients, that is, patients with a diagnosis of a mental disorder who also have a diagnosis of substance abuse. In surveying cases in the day hospital at Hillside Hospital, we noted exceptions to the overall trend. A review of these patients and their treatment revealed a number of common characteristics, including the capacity to evoke an empathic response in the treating personnel and subsequently to develop a therapeutic alliance and positive identifications with members of the treatment team. The cases discussed represent a spectrum of patients with various psychiatric diagnoses and long histories of substance abuse who made significant gains during their stay in the day hospital. The unique role of the therapeutic milieu and the use of a multidisciplinary team in effecting these gains are discussed, with particular emphasis on the importance and function of the psychiatric nurse.

REFERENCES

Mirin S (ed): Substance Abuse and Psychopathology. Washington, DC, American Psychiatric Press, 1984
Spitz H, Rosecan J: Cocaine Abuse. New York, Brunner/Mazel, 1987

Getting Off the Streets: Community-Based Intervention with Homeless, Substance Abusing, Mentally Ill Adults

2:45 - 4:00 p.m.

Mollie E. Lowery, M.A., Founding Director, L.A. Men's Place, Los Angeles, CA
Vivian B. Brown, Ph.D., Chief Executive Officer, Prototypes, Santa Monica, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify substance abusers within the population of schizophrenic or bipolar patients and to create an accessible, effective treatment program that attracts the homeless mentally ill.

SUMMARY

Recent epidemiological studies have identified increasing numbers of homeless persons who are mentally ill, abusing substances, and at high risk for AIDS/ARC. The need for effective, community-based treatment models for this multiply diagnosed population is now being recognized.

This workshop combines an overview of current research and a presentation of an intervention model currently in place on Skid Row in Los Angeles. Of the homeless adults served in this community-based project, at least half of those who are diagnosed with schizophrenia or major affective disorder are misusing or abusing drugs or alcohol. Ten pecent of these persons are HIV-positive or have AIDS. The issues covered in this workshop include realistic expectations and goals for providers, case management with people who have lifelong multiple disabilities, and providers' and clients' power and control in relation to effective money and case management. In addition, we present information on the use of crack and heroin on the streets and on how homeless mentally ill adults perceive prescribed and illegal drugs. Research on developing multimedia training packages for working with this population is also presented.

REFERENCE

Brown VB, Backer TE: The substance abusing mentally ill patient: challenges for professional education and training. Journal of Psychosocial Rehabilitation. 12:43-54, 1988

Joint Session 2

Monday, October 16, 1989
10:30 a.m.-12 noon

Joint Session with the American Academy of Psychiatrists in Alcoholism and Addictions

Treatment of Addictive Disorders

Richard J. Frances, M.D., Professor of Clinical Psychiatry, University of Medicine and Dentistry of New Jersey, New Jersey Medical School, Newark, NJ
Sheldon I. Miller, M.D., Professor of Psychiatry, University of Medicine and Dentistry of New Jersey, New Jersey Medical School, Newark, NJ
John Tamerin, M.D., Clinical Associate Professor of Psychiatry, Cornell University Medical College, Westchester Division, White Plains, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand treatment issues, including countertransference and use of medication, in treating addicted patients.

SUMMARY

A doubling of inpatient beds for treating alcoholism and recognition of the importance of addiction treatment has led to greater interest in the differential therapeutics of addictive disorders, medication, and transference-countertransference. These issues will be presented in three half-hour talks, followed by discussion.

REFERENCE

Frances R: Update on alcohol and drug disorder treatment. Journal of Clinical Psychiatry 49 (Sept suppl):13-17, 1988

Joint Session with the American Association for Emergency Psychiatry

Mobile Crisis Programs

Joe Zealberg, M.D., Director, Mobile Crisis Program/Emergency Psychiatric Services, Charleston Area Mental Health Center, and Assistant Professor of Psychiatry, Medical University of South Carolina, Charleston, SC
Diane Craig Alden, C.S.W., Program Director, Crisis Intervention Service, Psychiatric Institute, Westchester County Medical Center, Valhalla, NY, and Treatment Team Leader, Harlem Valley Psychiatric Center, Wingdale NY
Herbert Bengelsdorf, M.D., Director, Crisis Intervention Service, Psychiatric Institute, Westchester County Medical Center, and Clinical Director of Psychiatry, New York Medical College, Valhalla, NY
Scott D. Christie, M.D., Staff Psychiatrist, Mobile Crisis Program/Emergency Psychiatry Services, Charleston Area Mental Health Center, Charleston, SC
Jackie A. Puckett, A.C.S.W., Projector Administrator, Mobile Crisis Program/Emergency Psychiatry Services, Charleston Area Mental Health Center, Charleston, SC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the advantages of mobile emergency psychiatry treatment programs and should be familiar with some of the practical issues involved in creating such programs. The participant will also gain exposure to crisis intervention techniques through a systems viewpoint. Finally, participants should recognize that these programs provide a unique setting in which mental health professionals can receive training in learning to deliver high quality mental health care to the severely psychiatrically ill patient.

SUMMARY

There has been a resurgence of interest in community psychiatry with a focus on providing high quality treatment for the homeless mentally ill, the "dually-diagnosed," and for those suffereng from schizophrenia and severe forms of mood disorders. In spite of these advances, many treatment modalities lie beyond the reach of those in need, due to the inaccessibility of these treatments and services. Severely ill patients frequenty remain invariably ill, experiencing daily crises.

Mobile crisis teams can address these difficulties extremely well. Transporting the mental health system to the patient circumvents the inaccessibility of the "system" and allows the patient to have a more sensitive and realistic interaction with mental health professionals. Psychiatrists and social workers from mobile crisis programs in New York and South Carolina will discuss their experiences in this workshop with particular emphasis on administrative, clinical and training issues.

Joint Session with the American Association for Emergency Psychiatry

Mobile Crisis Programs
(Cont'd)

REFERENCE

Bengelsdorf H, Alden DC: A mobile crisis unit in the psychiatric emergency room. Hospial and Community Psychiatry 38(6):662-665, 1987

Joint Session with the American Association of Community Psychiatrists, American Association of General Hospital Psychiatrists, and American Association of Psychiatric Administrators

New Ways of Providing Public Mental Health

Stephen M. Goldfinger, M.D., Associate Clinical Director, Massachusetts Mental Health Center, and Assistant Professor of Psychiatry, Harvard Medical School, Boston, MA
Richard C. Surles, Ph.D., Commissioner, New York State Office of Mental Health, Albany, NY
Jerome V. Vaccaro, M.D., Assistant Professor of Psychiatry, UCLA School of Medicine, and Assistant Chief, Rehabilitation Service, Brentwood VA Medical Center, Los Angeles, CA, (1983-1984 APA/MJ Fellow)

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify ways in which systems of care may be unified to provide continuous, comprehensive care to persons with chronic mental illness.

SUMMARY

Over the past four decades, public mental health services have undergone major change. Care has changed from being largely custodial in character and occurring mainly in large public hospitals to actively embracing new treatment and rehabilitation methodologies that allow patients to live successfully in the community. Delivery systems have become more responsive to individuals needs, and increased attention is paid to enhancing the quality of life for patients and their families.

In this symposium, the speakers present several new approaches in the delivery of care in the public sector. They will stress the principles underlying these strategies in order to allow wider replication of their efforts. By stressing the principles underlying these efforts, allowances may be made for local variations in the actual design of programs.

REFERENCES

Santiago JM: Reforming a system of care: the Arizona experiment. Hospital and Community Psychiatry 38:270-273, 1987
Torrey EF: Continuous treatment teams in the care of the chronically mentally ill. Hospital and Community Psychiatry 37:1243-1247, 1986
Vaccaro JV: Bridging the gap: care of the chronically mentally ill. Discharge Planning in Psychiatry 2(4), 1988

Joint Session with the American Group Psychotherapy Association
Group Psychotherapy With the Elderly

Steven Ross, M.D., Assistant Professor of Psychiatry, Cornell University College of Medicine, and Assistant Unit Chief, Geriatrics, New York Hospital/Westchester, White Plains NY

Alan R. Beeber, M.D., Associate Professor of Psychiatry, and Director of Residency Training, SUNY Health Science Center at Syracuse, NY

Walter N. Stone, M.D., Professor and Vice Chairman, Department of Psychiatry, University of Cincinnati, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to

SUMMARY

Group psychotherapy with the elderly has been shown to be useful in a variety of ways though the literature in this area is sparce and frequently anecdotal. This symposium will present two approaches to working with the elderly in groups. Dr. Ross will review the literature in the area and present his observations about geriatric group psychotherapy from a predominantly inpatient perspective. Dr. Stone will present a model of an outpatient group for the elderly whose focus is on providing support via finding a common theme often around isolation, loneliness and loss. He will present data of the patients' views of the therapeutic experience.

REFERENCE

Bienenfeld D: Group Psychotherapy: Verwoerdt's Clinical Geropsychiatry. Edited by David Bienenfeld. Baltimore, Williams & Wilkins, in press

Brink TL: Geriatric Psychotherapy. New York, Human Sciences Press, 211-232, 1979

MacLennan B, Saul S, Weiner MB: Group Psychotherapies for the Elderly With Psychotherapy. Connecticut, International Universities Press, Inc., 1988

Sadavoy J, Leszcz M (Eds): Treating the Elderly With Psychotherapy. Connecticut, International Universities Press, Inc., 325-349, 1987

Joint Session with the American Nurses' Association

Interdisciplinary Collaboration Revisited: A Model for Today's Health Care Environment

Constance M. Carino, R.N., D.N.Sc., C.S., Associate Professor and Chair, Division of Psychiatric Mental Health Nursing, School of Nursing, University of Pennsylvania, and Clinical Director, Psychiatric Nursing, Hospital of the University of Pennsylvania, Philadelphia, PA

Suzanne M. Brennan, R.N., M.S.N., C.S., Clinical Specialist, Psychiatric Mental Health Nursing , Hospital University of Pennsylvania, Philadelphia, PA

Thomas W. McAllister, M.D., Director, Brain Injury and Behavior Program, Hospital of the University of Pennsylvania, Philadelphia, PA

Peter C. Whybrow, M.D., Professor and Chairman, Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify forces facilitating interdisciplinary collaboration and an integrated management model for the delivery of patient care services.

SUMMARY

The financing of health care or the lack thereof for psychiatric care, has had a dramatic effect on the delivery of hospital care in the past decade. All psychiatric professionals will have to devise fast solutions to attempt to meet the increased need for mental health services in an environment of declining resources. Since disease is a complex, biopsychosocial phenomenon, the required technologies and knowledge bases exceed the capacities of any single practitioner or discipline.

Thus, an integrated management model has been created by psychiatry, psychiatric nursing and the hospital with the goal of reducing the overall cost of caring for complex diseases through efficiencies deriving from specialization and team work. The administrative reorganization will be presented followed by a description of a collaborative specialty service in operation.

REFERENCE

McMahon, L, Creighton, F, Bernard A, Pittinger, M, and Kelley W: The integrated inpatient management model. Annals of Internal Medicine 111; 381-326, 1989.

Joint Session with the American Occupational Therapy Association

In Support of AXIS V

Susan B. Fine, M.A., O.T.R., F.A.O.T.A., Department of Psychiatry, Payne Whitney Clinic, New York, NY

Bette R. Bonder, Ph.D., O.T.R., Associate Professor and Chair, Department of Health Sciences, Cleveland State University, Cleveland, OH

Francine Cournos, M.D., Associate Clinical Professor of Psychiatry, Columbia University College of Physicians and Surgeons, and Director, Washington Heights Community Service, New York State Psychiatric Institute, New York, NY

Janet B. W. Williams, D.S.W., Associate Professor of Clinical Psychiatric Social Work, College of Physicians and Surgeons, Columbia University, New York, NY, and Chair, Multiaxial Work Group Task Force on DSM-IV, American Psychiatric Association

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be aware of issues affecting Axis V and the development of DSM-IV and should be able to recognize the importance of the functional dimension of the diagnostic process.

SUMMARY

The development of DSM-IV and review of the multiaxial system provides a useful opportunity to examine the role of Axis V. An interdisciplinary panel will discuss current challenges to its status, the relevancy of the functional perspective in diagnosis, and the process of quantifying individual role performance.

REFERENCES

Frances AJ, Widiger TA, Pincus HA: The development of DSM-IV. Archives of General Psychiatry 46:373-375, 1989

Skodol AE, Link BG, Shrout PE, et al. The revision of axis V in DSM-III-R: should symptoms have been included? American Journal of Psychiatry 145:825-829, 1988

Joint Session with the Group for the Advancement of Psychiatry

The Mentally Ill Relative: A Family Affair

Kenneth M. Minkoff, M.D., Chief of Psychiatry, Choate-Symmes Health Services, Woburn, MA, and Faculty, Cambridge Hospital, Department of Psychiatry, Harvard Medical School, Cambridge, MA
Laurie Flynn, Executive Director, National Alliance for the Mentally Ill, Arlington, VA
Jon E. Gudeman, M.D., Professor of Psychiatry, Medical College of Wisconsin, and Director, Milwaukee County Mental Health Complex, Milwaukee, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify significant emotional difficulties experienced by families caring for a mentally ill relative, to recognize the shortcomings of the mental health professions in responding to these difficulties, and to list means of correcting these shortcomings.

SUMMARY

This presentation will describe the process by which the Group for the Advancement of Psychiatry committee in psychiatry and the community developed its report, "A Family Affair," from over 500 letters to Dear Abby from families caring for mentally ill relatives. The letters conveyed the anguish and pain experienced by these families and described the failure of mental health professionals to respond to families' difficulties. This presentation assesses possible reasons for this failure of response, communicates the quality and variety of families' experiences, and proposes ways to enable mental health professionals to respond to families more effectively and with more empathy and understanding.

REFERENCE

Committee on Psychiatry and the Community, Group for the Advancement of Psychiatry: A Family Affair: Helping Families Cope with Mental Illness. New York, Brunner/Mazel, 1986

Joint Session with the National Association of Private Psychiatric Hospitals

The Medical Director's Role in the Private Psychiatric Hospital

Kenneth D. Gaver, M.D., Medical Director, Houston International Hospital, Houston, TX
James M. Delaplane, M.D., Director, Friends Hospital, Philadelphia, PA, and President, Pennsylvania Association of Private Psychiatric Hospitals
Mark A. Gould, M.D., Medical Director, and Chief Executive Officer, Brawner Psychiatric Institute, Smyrna, GA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the essential skills necessary to the Medical Director, the principal responsibilities of the Medical Director and the means by which the Medical Director's responsibilities are fulfilled.

SUMMARY

The role of the Medical Director in the Private Psychiatric Hospital will be described based on surveys of Medical Directors and the practical experience of the presenter. Major topics relating to the role will be patient services program development, quality assurance, utilization management, credentialing and clinincal privileging and medical staff leadership. The need for the Medical Director to relate effectively with the Medical Staff as a leader is crucial. The administrative, diplomatic, professional and "ambassadorial" skills necessary to function in this position will be described.

REFERENCE

Delaplane, J: The Role of the Medical Director in the Private Psychiatric Hospital. Manuscript being prepared for publication.

Joint Session with the Department of Veterans Affairs, Mental Health and Behavioral Sciences Service

Alternate Levels of Care: The Continuum of Care in VA Mental Health Services

Laurent S. Lehmann, M.D., Associate Director, Psychiatry, Mental Health and Behavioral Sciences Service, Central Office, Department of Veterans Affairs, and Clinical Associate Professor of Psychiatry, Georgetown University School of Medicine, Washington, DC

Gary Kunz, Ph.D., Clinical Director, VA Outpatient Clinic, Springfield, PA

Stephen Petty, M.S.W., Chief, Social Work Service, VA Medical Center, Loma Linda, CA

Robert Rosenheck, M.D., Director, Northeast Program Evaluation Center, Department of Veterans Affairs, West Haven, CT, and Associate Clinical Professor of Psychiatry, Yale University School of Medicine, New Haven, CT

William W. Van Stone, M.D., Chief of Treatment Services, Mental Health and Behavioral Science Services, Central Office, Department of Veterans Affairs, Washington, DC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify several types of innovative programs providing a continuum of care for chronic psychiatric patients, assess patient population needs for alternative levels of care, and assess VA and community resources to meet these needs.

SUMMARY

Many of our patient's mental disorders are chronic, with exacerbation and remission of symptoms overtime. This is expecially true of VA patients, who often manifest multiple problems including psychiatric and medical co-morbidities as well as socio-economic difficulties that impact on their health. To meet the fluctuating and complex needs of our patient population, at a time of fiscal constraints, the VA has actively pursued the development of innovative approaches to mental health care with the goal of providing veterans with an integrated continuum of care from the most intensive inpatient settings to ambulatory care programs in partnership with local community health care providers. The presenters will describe some of the clinical programs that have been established at several VA settings including inptient, outpatient, and community based settings. This program is a follow-up of last year's VA Joint Session at the H&CP Institute on "The Hard to Reach Patient."

REFERENCE

Goldstein JM, Horgan CM: Inpatient and outpatient Psychiatric Services: Substitutes or Complements? Hospital and Community Psychiatry, 30:632-636, 1988

Joint Session with the National Association of Social Workers

Strategies for Effective Collaboration between Social Workers and Physicians

Terry Mizrahi, Ph.D., Professor, Hunter College School of Social Work, New York, NY, and Member, National Association of Social Workers Health/Mental Health Commission

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to analyze the sources of strain between social workers and physicians; identify a series of strategies designed to improve interdisciplinary collaboration; and apply the analysis and strategic approach to their own settings.

SUMMARY

This session will present an analysis of the soruces of strain between physicians and social workers and offer a series of strategies for reducing tensions between the two. The strategies suggested are based on the realization that remaining power and ideological differences impede collegial collaboration. Additional tensions are found in relation to the organization of training and professional socialization processes, perspectives on patient care, attitudes toward teamwork and perspectives on the role and rights of patients. Therefore, skills in bargaining and negotiation are required at both the individual worker and departmental levels if social workers wish to have greater influcence in patient care delivery. Strategies at the interactional level include expanding roles as team member, as a sensitive colleague and as an educator. Department level strategies include structuring educational forums, program development and research.

REFERENCE

Mizrahi T, Abramson J: Sources of strain between medicine and social work. Social Work in Health Care Vol. 10(3):33-51, Spring 1985

Lecture 15 | Monday, October 16, 1989
1:30-2:30 p.m.

Pharmacologic Treatment of Refractory and Chronic Depression

Alan F. Schatzberg, M.D., Department of Psychiatry, Massachusetts Mental Health Center, Boston, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should have an understanding of why some depressed patients do not respond to specific antidepressant treatments; an awareness of alternative antidepressant treatments, particularly the use of serotonergic agents; and a familiarity with combination treatments.

SUMMARY

Although most depressed patients respond to somatic treatments, a sizable proportion (10-20%) do not and are often termed "treatment resistant". Some patients are not truly refractory since many have not responded because they have been either intolerant to anti-depressants or given inadequate doses. However, some depressed patients may not respond even when given adequate doses of a variety of antidepressants, suggesting other factors may be involved. These include co-morbidity of depression with personality and/or anxiety disorders and unique biochemical characteristics. One possible explanation for non-response may be the relative serotonergic vs. nonadrenergic disturbance in a given patients, suggesting alternative classes of antidepressant should be tried in patients who have not previously responded. A rationale for choosing alternative treatment strategies will be presented.

REFERENCE

Schatzberg AF, Cole JO: Manual of Clinical Psychopharmacology, 2nd Edition. Washington, D.C. American Psychiatric Press, in press

Psychiatric Care of the Cancer Patient

Mary Jane Massie, M.D., Associate Attending Psychiatrist, Psychiatry Service, Memorial Sloan-Kettering Cancer Center, and Associate Professor of Clinical Psychiatry, Cornell University Medical College, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify expectable responses to the stress of cancer, the spectrum of psychiatric disorders in cancer patients, and the usefulness of multiple treatment modalities, including psychotherapy, psychopharmacology, and behavioral interventions.

SUMMARY

This presentation will familiarize the clinician with the spectrum of psychiatric disorders seen in cancer patients. A review of the normal, expectable responses to the stress of illness will be presented and contrasted with psychiatric problems, such as anxiety, depression, and delirium, seen in patients with cancer. The use of multiple treatment modalities, including psychotherapy, psychopharmacologic and behavioral interventions, as well as special concerns regarding their use in cancer patients will be addressed. Common problems of cancer survivors will be discussed.

REFERENCE

Massie MJ, Holland J: The cancer patient with pain: psychiatric complications and their management. Medical Clinics of North America 71:243-258, 1987

Lecture 17

Monday, October 16, 1989
1:30-2:30 p.m.

Is It Well with the Child?

Henry H. Work, M.D., Clinical Professor of Psychiatry, Georgetown and George Washington Universities, Washington, DC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify current states of national concerns for the child's mental health.

SUMMARY

This will describe the issues related to prevention, ongoing care and treatment of children throughout the country. Attention will focus on national programs designed to assist local efforts, and will deal with resistances to improvement, both fiscal and social.

REFERENCE

Psychosomatics Jan, 1989. Menance of Psychiatry III

Lecture 18

Monday, October 16, 1989
1:30-2:30 p.m.

Outcome-Driven Managed Care Systems

Anthony F. Panzetta, M.D., President and Chief Executive Officer, TAO, Inc., and Clinical Professor of Psychiatry, Temple University Medical School, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the essential components of managed care and understand how such components apply to the emergence of outcome-driven mental health systems.

SUMMARY

Utilization management is a phenomenon that will be with us for a long time. Utilization management, along with quality assurance systems and provider systematization, comprise managed care. This presentation provides an exposition of the critical requirements of managed care and shows how these requirements fit the growing demand for outcome-driven medical care systems.

The traditional managed care forms, such as health maintenance organizations and preferred provider organizations, will increasingly be altered into variants. The implications for good and ill of these changes will be discussed.

REFERENCE

Panzetta A: Whatever happened to community mental health: portents for corporate medicine. Hosptial and Community Psychiatry, 36(11):1174-1179, Nov. 1985

Lecture 19

Monday, October 16, 1989
1:30-2:30 p.m.

Enhancing Medication Use in Schizophrenic Patients

Ronald J. Diamond, M.D., Medical Director, Mental Health Center of Dane County, Madison, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to increase the effective use of medication by schizophrenic patients.

SUMMARY

Many schizophrenic patients do not take their medication as prescribed. Medication compliance is so important that patients are often considered resistant if they refuse to take medication, even if they comply with all other aspects of treatment. A set of practical guidelines for dealing with this problem will be described in detail. Clinicians should start by thinking about the problem of noncompliance from the patient's point of view. Reasons to take medication must be connected to the patient's own goals and agendas. As much as possible, medication should be prescribed in ways that increase patients' control over their own lives. Specific approaches range from simply being sure to ask about compliance to involving the patient's family and extended support network in such efforts.

REFERENCE

Diamond RJ: Enhancing medication use in schizophrenic patients. Journal of Clinical Psychiatry 44(6, Sec 2):7-14, 1983

Monday, October 16, 1989
1:30-2:30 p.m.

A Clinician's Primer on Involuntary Outpatient Treatment

Jeffrey L. Geller, M.D., M.P.H., Associate Professor of Psychiatry, and Director, Public Sector Psychiatry, University of Massachusettss Medical Center, Worcester, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe what is known to date about involuntary outpatient treatment, to identify appropriate target populations for this form of treatment, and to recognize them in clinical practice.

SUMMARY

The published literature on involuntary outpatient treatment (IOT) has presented arguments for and against this form of coercive intervention, reported on characteristics of the beneficiaries of IOT, and examined outcome data. Little attention has been paid to clinical issues. After reviewing the existent literature on IOT, this presentation describes a systematic clinical approach to IOT based on a sequence of hierarchical inclusion criteria. This approach is aimed at addressing perhaps the most basic and vexing question on this subject facing the outpatient clinician, For whom is IOT appropriate?

REFERENCE

Geller JL: Rights, wrongs, and the dilemma of coerced community treatment. American Journal of Psychiatry 143:1259-1264, 1986

Critical Concepts in Understanding Patients with Borderline Personality Disorder: A Boiled-Down Version of Key Issues

Jack W. Barber, M.D., Staff Psychiatrist, Western State Hospital, Staunton, VA, and Assistant Professor, Department of Behavioral Medicine and Psychiatry, University of Virginia, Charlottesville, VA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe the underlying motivation for disruptive or dangerous behavior in borderline patients, to appreciate the issues faced when establishing a treatment framework or considering interventions with such patients, and to utilize the concepts discussed in educating of all levels of mental health staff.

SUMMARY

The substantial literature on borderline personality disorder provides a wealth of information regarding psychodynamics, biological factors, and a variety of treatment interventions. Unfortunately, however, these patients continue to confound treatment and can create particular discord in public mental health systems that are attempting to manage severely ill patients with marked psychosocial deficits. Further, translating the often elaborate and complicated theoretical constructs critical to the understanding of borderline patients into readily usable information for direct care staff of variable levels of education, training, and psychological mindedness can be a difficult undertaking. Rather than focus on issues of psychotherapy or medication alternatives, this presentation will review concepts critical to the understanding of problematic borderline behavior and present a treatment framework capable of allowing the gradual increase in ego strength essential to functional improvement while avoiding the facilitation of nontherapeutic regression. It is hoped that participants will pause and consider their own difficult patients in light of these concepts and also make use of these simplified derivatives of psychodynamic theory in their roles as educators of all levels of clinical staff. Issues to be discussed include the importance of respect for the severity of borderline psychopathology, the importance of environmental "uproar" and its relationship to nontherapeutic regression, the concept of self-disintegration and it's behavioral consequences, and the inner experience of personal impotence. In addition, the presentation will consider the failure of positive reinforcement and caring, the importance of psychological "blueprints," the concept of saving face, and the "bad," special patient as a partial solution to problems of identity diffusion.

REFERENCE

Kernberg O: Severe Personality Disorders. New Haven, CT, Yale University Press, 1984

Doctors and Families: Making It Work

Lawrence A. Real, M.D., Clinical Director, Philadelphia Psychiatric Center, Philadelphia, PA
Edie Mannion, M.F.T., Technical Director, Training and Education Center Network, Mental Health Association of Southeastern Pennsylvania, Philadelphia, PA
Marilyn Meisel, Director, Training and Education Center Network, Mental Health Association of Southeastern Pennsylvania, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to summarize the historical and current theories of the family's role in mental illness, list three practical solutions for getting around the confidentiality dilemma, identify strategies for increasing family objectivity, and select interventions that are most likely to be effective with various kinds of families.

SUMMARY

The family movement is here to stay. With this movement has come the growth of psychoeducation. This approach has been shown to address family needs, as well as reduce patient relapse rate. Yet, professionals tend to see the changing family role as a threat rather than as an adjunct to treatment of the seriously mentally ill.

Much has been written about the rationale for collaboration between professionals and families. However, this symposium will primarily address methodology. Recent experience has demonstrated that even difficult families can be helped to become effective members of the treatment team. Issues to be covered will include evolution of theories about families of the mentally ill, practical suggestions for dealing with the confidentiality dilemma, strategies for increasing family objectivity, and the range of interventions available for working with a variety of families. Faculty will discuss their experiences in implementing these methods from their diverse perspectives.

REFERENCE

Hatfield AB, Lefley HB (eds): Families of the Mentally Ill: Coping and Adaptation. New York, Guilford, 1987

**Follow-up Studies of Hospitalized Psychiatric Patients:
Triumphs, Tragedies, and Surprises**

Ira D. Glick, M.D., Associate Medical Director, Payne Whitney Clinic, and Professor of Psychiatry, Cornell University Medical College, New York, NY, and Senior Science Advisor to the Director, National Institute of Mental Health, Rockville, MD
Courtenay M. Harding, Ph.D., Department of Psychiatry, Yale University, New Haven, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to have a greater appreciation of the types of patients and the factors that are associated with good and poor long-term posthospital outcomes.

SUMMARY

This presentation will focus on the follow-up studies of previously hospitalized patients with serious mental illnesses.

Dr. Harding will present the concept of 12 proposed phases in the recovery process after a psychotic decompensation. These phases are based upon the levels of function, duration, slope, rate of change, and subjective feeling. These results were generated by 78 subjects from the Yale Longitudinal Study, and 2 year follow-up containing 9 periodic semi-structured assessments from baseline epidsodes in hospital.

Dr. Glick will present a follow-up study of patients with major affective disorder. Twenty-four patients, who carried a diagnosis of Major Affective Disorder were identified 12-24 months after hospital admission in three countries (Italy, Japan and the United States). The patients, their families and their doctor were interviewed separately and then tocgether using a structured questionnaire focusing on delivery of treatment (using an ideal treatment criteria set) and achievement of treatment goals, which were then correlated with resolution of the index episode and the patients global outcome (using the GAS).

REFERENCE

Straus JS, Hafez H, Lieberman P, Harding CM: The course in psychiatric disorder III: longitudinal principles. American Journal of Psychiatry, 142(3):289-196, 1985

Workshop 24

Monday, October 16, 1989
3:00-4:30 p.m.

Integration of the General Hospital Psychiatry Services with Freestanding Psychiatric Hospitals

Richard J. Goldberg, M.D., Psychiatrist-in-Chief, Rhode Island Hospital, and Associate Professor, Departments of Psychiatry and Medicine, Brown University, Providence, RI
Barry Fogel, M.D., Associate Professor, Department of Psychiatry, and Associate Director, Center for Gerontology and Health Care Research, Brown University, Providence, RI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to conceptualize the rationale for and salient pros and cons of integration of general hospitals and freestanding psychiatric programs.

SUMMARY

Over the past few decades, nongovernment general hospital psychiatry units have become a primary site for inpatient psychiatric care and substance abuse treatment. Emergency rooms in general hospitals have come to function as a primary resource for behavioral emergencies. At the same time, there has been unprecedented growth in the number of freestanding psychiatric hospitals, particularly those operated for profit. Deinstitutionalization of the chronic mentally ill and the increasing scope of psychiatric insurance coverage have provided the basis for expansion in both sectors. In the future, however, increasing pressures for cost containment and for alternatives to hospitalization will limit the total funds available for inpatient care and restrict the growth of both general hospital and freestanding inpatient facilities. Changes in Medicaid reimbursement may decrease some of the fiscal advantages of general hospital admissions. These pressures may promote more regional integration in mental health service delivery, such as has already occurred in the public sector. This workshop deals with the relationship between nongovernment general hospital psychiatry services and freestanding private psychiatric hospitals and discusses how this relationship might change in response to future developments or in anticipation of them.

REFERENCE

Goldberg RJ, Fogel BS: Integration of general hospital psychiatry services with freestanding psychiatric hospitals. Hospital and Community Psychiatry Oct, 1989

Workshop 25

Monday, October 16, 1989
3:00-4:30 p.m.

The Minority Substance Abuser: Issues and Strategies in Treatment
(Conducted by 1988-1989 APA/Mead-Johnson Fellows)

Spencer F. Johnson, M.D., District of Columbia Commission on Mental Health Services, Washington, DC
Lee Chartock, M.D., M.P.P., Massachusetts General Hospital, Boston, MA
Edgar Galinanes, M.D., Bronx-Lebanon Hospital, Bronx, NY
Delwin Williams, M.D., Timberlawn Psychiatric Hospital, Dallas, TX

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to list demographic data concerning substance abuse among blacks and Hispanics, summarize culture-specific issues that facilitate substance abuse in these two groups, recognize potentially successful treatment strategies, and realize the impact of AIDS among substance abusers within these two groups.

SUMMARY

Substance abuse (alcohol and illicit drug abuse) is one of the more common public mental health problems and often presents either as a single entity or as a confounder of other Axis I or Axis II pathology. Due to the demographics of most major urban centers, where substance abuse is most concentrated, many if not most substance abusers who come to the attention of public-sector psychiatrists and other mental health care providers belong to minority groups. Most are black or Hispanic. This workshop will present relevant epidemiologic data concerning alcohol and illicit drug abuse in these two populations, culture-specific attitudes about substance abuse, and predisposing conditions leading to substance abuse among minority groups. Strategies that are useful in treating black and Hispanic substance abusers will be discussed. A specific sequellum of intravenous drug use, AIDS, which has emerged as a major public health concern in these two populations, will also be discussed.

REFERENCE

Westermeyer J: Clinical considerations in cross-cultural diagnosis. Hospital and Community Psychiatry 38:160-165, 1987

Workshop 26

Monday, October 16, 1989
3:00-4:30 p.m.

Integrating Case Management and Psychiatric Hospitalization

Joel S. Kanter, M.S.W., Team Leader, Mount Vernon Center for Community Mental Health, Alexandria, VA, and Faculty, Washington School of Psychiatry, Silver Spring, MD
Kenneth M. Minkoff, M.D., Chief of Psychiatry, Choate-Symmes Health Services, Woburn, MA, and Clinical Faculty, Cambridge Hospital, Department of Psychiatry, Harvard Medical School, Cambridge, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to discuss the rationale for integrating case management and hospital treatment and identify specific techniques for promoting more effective collaboration.

SUMMARY

Although most case management programs explicitly attempt to reduce the utilization of psychiatric hospitalization substantially, inpatient treatment is intermittently required for many patients in even the best community support systems. Despite formalized mechanisms for hospital-community liaison, too often there is little effective collaboration between hospital and community treatment staffs. Case managers, who may be depleted from struggling with relapsing patients, often discontinue their efforts during hospitalization. At the same time, hospital staff often demonstrate little interest in the role of community caregivers until discharge planning begins in earnest. As a result, the impact of hospitalization is often limited to a temporary stabilization of the patient's illness.

In this workshop, presenters with both case management and hospital experience will discuss how community and hospital staff can collaborate toward the goal of achieving maximum benefit from inpatient treatment within the context of long-term community-based programing. Specifically, this workshop will address how staff from both settings can work together to reassess the patient's clinical status and environmental resources, explore new options for psychopharmacologic interventions, address tensions with families and community caregivers, strengthen the case management relationship, address patient behaviors that impair community tenure, and develop more supportive aftercare plans.

REFERENCE

Altman H: A collaborative approach to discharge planning for chronic mental patients. Hospital and Community Psychiatry 34:641-642, 1983

Psychiatric Case Management: An APA Perspective

Barry J. Fenton, M.D., Director of Education and Clinical Research, Terrell State Hospital, Terrell, TX, and Assistant Professor of Psychiatry, University of Texas Southwestern Medical Center, Dallas, TX
Robert L. Eisler, M.D., APA Committee on Quality Assurance, Slippery Rock, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to verbalize the American Psychiatric Association's perspective on psychiatric case management and to identify resources for dealing with the requirements of outside review organizations.

SUMMARY

Case management/review by outside firms is often a source of frustration for providers of psychiatric care. Surveys indicate that providers struggle with issues such as confidentiality, unclear and inconsistent application of review criteria, and time constraints in dealing with reviewers.

The American Psychiatric Association (APA) has a unique perspective on psychiatric managed care. It is a recognized leader in promoting broader psychiatric insurance benefits and greater access to care and also has more than ten years of experience in psychiatric utilization review. This experience has generated a wealth of information on all aspects of the review process and an awareness of the related educational needs of care providers. The APA Office of Quality Assurance has developed educational workshops and materials in response to these identified needs.

This presentation will highlight provider concerns in relation to psychiatric case management. It will also give an overview of the APA's perspective on psychiatric review and its relevant educational offerings. Included will be the APA's policy on preadmission and concurrent review screening of hospital stays by third parties, and guidelines for effective interfacing with review companies. Resources for monitoring developments in psychiatric case management will also be identified.

REFERENCE

Hamilton JM (ed): Psychiatric Peer Review: Prelude and Promise. Washington, DC, American Psychiatric Press, 1985

Workshop 28

Monday, October 16, 1989
3:00-4:30 p.m.

Hostage Negotiation Training: Actors, Consultation, and Video

H. James Lurie, M.D., Clinical Professor, Division of Community Psychiatry, Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, Seattle, WA, and Chief Psychiatrist, Good Samaritan Mental Health Center, Puyallup, WA
Jim Fuda, Hostage Negotiating Officer, King County Police, Seattle, WA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify components of a hostage negotiation training program for police officers using actors, psychiatric consultation, and video feedback.

SUMMARY

An innovative technique that was used to improve the hostage negotiation skills of Seattle police negotiation teams will be presented. The material to be discussed in this workshop includes the use of actors to simulate hostage-takers and trainers, video recording for immediate playback and for use in negotiation training, and psychiatrists' input in the training of actors and the critique of negotiation strategies.

REFERENCE

Lurie HJ: The actor as a mental health teacher, in Drama in Therapy, Vol 2. Edited by Schattner G, Courtney R. New York, Drama Book Specialists, 1981

AIDS Education for Psychiatric Inpatients

Jerrold S. Polansky, M.D., Resident in Psychiatry, Langley Porter Psychiatric Institute, University of California, San Francisco, CA
Christine W. McGill, Ph.D., Assistant Clinical Professor, Department of Psychiatry, University of California, San Francisco, CA
Lynne E. Ponton, M.D., Chief, Adolescent and Young Adult Inpatient Service, University of California, San Francisco, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to summarize the rationale for educating psychiatric inpatients about human immunodeficiency virus (HIV), list the essential components of an AIDS education intervention, and plan a strategy for developing an intervention at their site.

SUMMARY

We have found AIDS education to be a valuable, practical, and necessary component of psychiatric inpatient treatment. The rationale for educating psychiatric inpatients includes eliminating HIV-related risk behaviors reported by this group, addressing the needs of the increasing number of patients with AIDS hospitalized on psychiatric units, reducing fears and prejudice among patients and staff, and fulfilling a responsibility as health professionals to provide patients with information about HIV. We present two models of AIDS education that target adult and adolescent psychiatric inpatients. The models have been tailored to four psychiatric units affiliated with the University of California, San Francisco. Clinical interventions included in the different models are described. Future applications of these models should address patients' sociodemographic characteristics, level of psychiatric impairment, and HIV-related risk behaviors. We encourage all inpatient psychiatric units to develop programs for AIDS education.

REFERENCE

Ponton L, McGill C, Polansky J: AIDS education for psychiatric inpatients. Hospital and Community Psychiatry, submitted for review.

Public/Private Collaboration: General Hospital Psychiatry-CMHC Interface

Stephen Schwartz, M.D., Director, Adult Psychiatric Services, Thomas Jefferson University Hospital, and Clinical Associate Professor of Psychiatry, Jefferson Medical College, Philadelphia, PA
Richard C. Surles, Ph.D., Commissioner, New York State Office of Mental Health, Albany, NY
Michael J. Vergare, M.D., Associate Chairman, Department of Psychiatry, Temple University School of Medicine, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to conceptualize and develop innovative models for the delivery of public psychiatric services by the private sector. Participants will also learn about problems to be managed to enhance the quality of services delivered.

SUMMARY

The workshop will elaborate several stages in the development and implementation of two models of public/private collaboration at the level of the private general hospital and the public community mental health center (CMHC) system. One model is based on intensive CMHC case-manager liaison at an inpatient unit of a general hospital. Included in this model are incentives for shorter length of stay and better community placement. The second model includes an ultra-short-term (5-day length of stay) unit for patients hospitalized after emergency involuntary commitments. The processing of referrals, establishment of treatment goals, and planning of follow-up care will be described. The role of these programs and their relationship to the delivery of comprehensive mental health services will be discussed from the viewpoint of a public administrator for mental health. It is hoped that the workshop will foster further development of such programs in response to the treatment needs of acute and chronic psychiatric patients.

REFERENCE

Surles R: Changing organizational structures and relationships in community mental health. Administration in Mental Health 14:217-227, 1987

An Update on Adolescent Inpatient Treatment: An Acute Care Model

Marcia Slomowitz, M.D., Assistant Professor of Child Psychiatry, Department of Psychiatry, University of Cincinnati, and Director, Adolescent Psychiatry Services, University of Cincinnati Hospital, Cincinnati, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the need for an acute care model of inpatient treatment for suicidal or behaviorally disordered adolescents, as well as understand the advances in developmental psychology and psychopharmacology and the changing economic and social forces that have revitalized this framework.

SUMMARY

Economic and social forces have led to a reduction in length of stay for psychiatric inpatients. For adolescents with multiple behavioral problems or suicidal impulses, shorter stays create serious treatment dilemmas. Diagnoses are multidetermined, making treatment planning complex. Advances in psychopharmacology and developmental psychology necessitate a review of traditional approaches to adolescence. This workshop highlights these issues and discusses an adolescent psychiatric inpatient program that has attempted to address these concerns. An acute intensive care model, which emphasizes the crisis aspect of the hospitalization and which uses programmatic activities, psychotherapies, and psychopharmacologic agents, will be described.

REFERENCE

Thompson JW, Rosenstein MJ, Milazzo-Sayre LJ, et al: Psychiatric services to adolescents, 1979-1980. Hospital and Community Psychiatry 37:584-509, 1986

Monday, October 16, 1989
3:00-4:30 p.m.

The Forensic Frontier: The Mental Health and Legal Interface

Lillian A. Tamayo, M.A., M.S.W., Director, Community Services Division, Greater Bridgeport Community Mental Health Center, Bridgeport, CT
Bradford Frank, M.D., Medical Director, Mobile Crisis Team, Greater Bridgeport Community Mental Health Center, Bridgeport, CT
Leslie Reed-Salta, M.S.W., Director, Intake Program, Greater Bridgeport Community Mental Health Center, Bridgeport, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify clients who are best served in the psychiatric system rather than the judicial system, list the program components used at Greater Bridgeport Community Mental Health Center to evaluate forensic clients, identify complex systems issues concerning the forensic client, and discuss liability issues regarding the treatment of forensic clients.

SUMMARY

This workshop describes the innovative programming efforts at the Greater Bridgeport Community Mental Health Center that target the psychiatric client who is also an offender. We will illustrate how the legally involved psychiatric client is integrated into the mental health system via referrals from probation or parole officers, the judicial system, or the county correctional facility. The services offered to clients on an outpatient and inpatient basis will be described, and the complex systems issues involved in working with forensic clients will be discussed. Participants will be invited to discuss the increased liability of treating the psychiatric forensic client.

REFERENCE

Schutte NS, Malouff JM, Lucore P, et al: Incompetency and insanity: feasibility of community evaluation and treatment. Community Mental Health Journal 24:123-150, 1988

Geropsychiatric Inpatient Therapy in the Acute Care Setting

Ole J. Thienhaus, M.D., Associate Professor of Psychiatry, University of Cincinnati, Cincinnati, OH
Diane Castleman, R.N., Clinical Nurse, University of Cincinnati Hospital, Cincinnati, OH
Douglas Conley, M.S.W., Assistant Professor of Clinical Psychiatry, University of Cincinnati, Cincinnati, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should understand the necessity of a comprehensive integrated community model to meet the needs of acutely disturbed geropsychiatric patients within the restrictions of shortened inpatient stays.

SUMMARY

Prospective payment models and other social forces have considerably reduced the average length of hospital stay for geropsychiatric inpatients. While the elderly patient's psychopathology has grown no less complex, earlier discharges from acute care hospital units have become the rule. The shortened stays have necessitated greater fine-tuning of the interface between the hospital unit and the community. In our setting, a nursing interim care clinic provides patients with a bridge between the inpatient unit and aftercare at the community mental health center and complements the crisis-oriented psychopharmacologic management of the patient. The presentation will outline a comprehensive integrated model, comprising psychiatric emergency service intake through eventual community placement of the elderly psychiatric patient.

REFERENCE

Thienhaus OJ, Simon SE: Prospective payment and hospital psychiatry. Hospital and Community Psychiatry 38:1041-1043, 1987

The Urban Homeless: A Community Psychiatry Training Model

James W. Voell, M.D., Chair, Committee for the Homeless, Washington Psychiatric Society, Washington, DC
Lance D. Clawson, M.D., Department of Psychiatry, Walter Reed Army Medical Center, Washington, DC, 1987-1988 APA/Mead Johnson Fellow
Elizabeth L. Jones, M.S., Coordinator, Dixon Implementation Monitoring Committee, Mental Health Law Project, Washington, DC
Robert W. Keisling, M.D., Director, Emergency Psychiatric Response Division, District of Columbia General Hospital, Washington, DC
Ronald J. Koshes, M.D., Instructor in Psychiatry, Uniformed Services University of the Health Sciences, Bethesda, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify entry-level positions in the community that can offer a threshold experience for participants in a training program in psychiatric care for the homeless.

SUMMARY

In 1986, the Committee for the Homeless of the Washington Psychiatric Society began exploring the potential for psychiatric residents to participate in an innovative training model in community and emergency psychiatry. The outreach services of District of Columbia General Hospital and homeless shelters in the Washington, D.C. area were targeted as training and service delivery sites. Residents are recruited from area psychiatric residency programs. A multidisciplinary academic matrix adds varied perspectives on sociologic aspects of homelessness, mental health law, social policy planning, and the history of the treatment of chronic mental illness to the experiential parts of the model. The presenters describe various aspects of the evolution of the training model, including a macroscopic view of outreach services, the legal advocacy role of the Dixon Committee, countertransference experiences, and the creation of an innovative program within an existing residency training curriculum.

REFERENCE

Cohen NL, Marcos LR: Psychiatric care of the homeless mentally ill. Psychiatric Annals 16:729-732, 1986

The Children of the Mentally Ill: Hospital Case Finding

Jacquelyn M. Zavodnick, M.D., Clinical Associate Professor, Jefferson Medical College, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the role of the general psychiatrist in psychiatric case finding focused on the children of their mentally ill patients. The participant should become aware of the effect of mental illness on children, the indicators of vulnerability in children, and intervention strategies for the population.

SUMMARY

The children of the mentally ill are not only vulnerable to the inheritability of mental disorders but are also at risk because of the effect of parental mental illness on their lives. The importance of case finding while the parent is hospitalized cannot be overemphasized. Any child of a chronic mentally ill individual deserves an evaluation of their own mental status, their risk in the home, and their needs for all types of services, as well as the return of a better functioning parent, not just a well adult.

Depressed parents are often seen as the least impaired in the psychiatric setting, yet they may have the most chronically detrimental effect on children. A schizophrenic parent may be very dangerous to his or her child, but the parent's bizarre behavior usually causes a response from the family that leads to intervention. On the other hand, a depressed parent's poor functioning usually presents no immediate danger and is often missed by other family members as detrimental to the children.

REFERENCE

Kron L, Kestenbaum CJ: Children at risk for psychotic disorder in adult life, in Handbook of Clinical Assessment of Children and Adolescents, Vol 2. Edited by Kestenbaum CJ, Williams DT. New York, New York University Press, 1987

Psychiatric Practice in CMHCs

Mitchell J. Cohen, M.D., Department of Psychiatry, Johns Hopkins University School of Medicine, and Medical Director, Community Psychiatry Program, Francis Scott Key Medical Center, Baltimore, MD
Raman G. Chahal, M.D., M.P.H., Assistant Professor of Psychiatry, Johns Hopkins University School of Medicine, and Consulting Psychiatrist, Community Psychiatry Program, Francis Scott Key Medical Center, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe various models for physician activity in community mental heatlh centers and their implications for professional identity and patient care. Participants should be able to formulate strategies for maintaining personal and legislated standards and for following American Psychiatric Association guidelines for practice in this busy setting.

SUMMARY

This workshop will present conceptual models of medical practice in community mental health centers (CMHCs) and strategies for managing issues of practice and professional identity that arise for psychiatrists working in CMHCs. We will consider American Psychiatric Association guidelines and relevant state regulations. We will describe consultant, supervisor, team, physician group, and other models for medical practice in this setting. The implications of each model for the entire clinical staff will be discussed. Approaches for increased efficiency, accountability, and preservation of professional standards will be presented. Our own routine clinical management plan and coordinated use of various levels of intervention within a unified system will be presented as methods intended to make maximum use of scarce physician time and to maintain standards of care. The larger function of physicians in this setting including teaching, clinical leadership, and research roles will also be considered.

REFERENCE

Clark GH, Vaccaro JV: Burnout among CMHC psychiatrists and the struggle to survive. Hospital and Community Psychiatry 38:843-847, 1987

A Conversation With...

Alan F. Schatzberg, M.D., Massachusetts Mental Health Center, Boston, MA, on "Pharmacologic Treatment of Refractory and Chronic Depression."

New Modalities for Managing Depression

Jonathan O. Cole, M.D., Director, Affective Disease Program and Chief, Psychopharmacology Program, McLean Hospital, Belmont, MA
James W. Jefferson, M.D., Professor of Psychiatry, University of Wisconsin Medical Schoo, Department of Psychiatry, Madison, WI

EDUCATIONAL OBJECTIVE

At the end of this course the participant should be able to better understand: the presenting symptoms and diagnosis of depression; the modalities currently available for effective treatment of major depressive episodes; and the use, efficacy, side effects, and role of pharmacologic agents in the overall management of depressed patients.

SUMMARY

The purpose of this program is to increase awareness among practitioners of the diversity of presenting symptoms of depression and its treatment, with emphasis on a new pharmacologic agent now available for the effective treatment of major depressive episodes.

Research on psychopharmacologic agents with mechanism of action different from those of conventional antidepressants has been motivated by several factors, including the heterogeneity of symptoms diagnostic of depression, the appreciation that neurobiologic systems other than those most extensively studied are involved in the etiology of depression, and dissatisfaction wtih the adverse effect associated with the adverse effect associated with conventional agents.

Bupropion is the result of an effort to develop an agent that is chemically and pharmacologically different from existing agents and that does not exert the sympathomimetic or anticholinergic effects characteristic of many existing agents. The efficacy of bupro-prion has been established in extensive clinical studies, including a placebo-controlled trial and comparative trials with such agents as amitriptyline and doxepin. Results of a recent placebo-controlled trial established bupropion's efficacy at 300 mg/d in out-patients treated for up to 6 weeks. Concern about bupropion's potential for inducing seizure has been evaluated in a 102-center safety study involving nearly 3,500 patients.

REFERENCES

Feighner J, et al.: Double-blind comparison of doxepin versus bupropion in outpatients with a major depressive disorder. J Clin Psychopharmacol 6:27-32, Feb. 1988
Mendels J, et al.: A comparative study of bupropion and amittriptyline in depressed outpatients. J Clin Psych 44:118-120, May 1983
Weintraub M, et al.: A chemically and pharmacologically unique antidepressant. Hospital Formulary 24:254-255, 258-259, May 1989

ALL-DAY WORKSHOP
Workshop 38

Tuesday, October 17, 1989
9:00 a.m.-5:00 p.m.

Facing the Challenge - Deafness and Mental Health

Faculty Coordinators: Annie Steinberg, M.D., Hospital of the University of Pennsylvania, Philadelphia, PA, Debra Katz, M.D., New England Medical Center, Boston, MA, Wesley Sowers, M.D., Bronx Psychiatric Center, Bronx, NY (All are 1988-1989 APA/MJ Fellows)

9:00-10:15 a.m.
Introduction by Annie Steinberg, M.D.

Advocacy as Mental Health Clinicians - Are We Impotent?

Moderator: Barbara Kannapell, Ph.D., Deafpride, Inc., Washington, DC

Lawrence J. Brick, M.A., Pennsylvania School for the Deaf, Philadelphia, PA
Sandy Duncan, Pennsylvania Office for the Deaf and Hearing-Impaired, Harrisburg, PA
Susan B. Newburger, National Academy of Deafness, Washington, DC
Alan Zamochnick, M.A., U.S. Department of Health and Human Services, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should develop heightened awareness regarding the philosophical, legal, ethical and practical aspects of psychiatric work with deaf clients.

SUMMARY

This workshop will acquaint participants with the special characteristics of the deaf community and identify their mental health needs. Through the visualization and discussion of a live or videotaped dramatic performance by deaf actors/actresses and/or live drama therapists, participants will have the opportunity to experience the unique nature of the deaf community and its members. Following the performance, a panel of deaf teachers, mental health professionals and lay persons will be available to answer questions, address pertinent, complex and often controversial points illustrated in the visualized drama, and generate discussion regarding deaf culture and the use of sign language as it pertains to mental health services.

REFERENCES

Harvey MA, Dym B: An ecological perspective on deafness. Journal of Rehabilitation of the Deaf. 21:12-20, 1988

Facing the Challenge - Deafness and Mental Health (Cont'd)

10:30 a.m.-12:00 noon

Diagnostic and Therapeutic Issues in Work with Deaf Clients

Moderator: Debra Katz, M.D., Tufts University Medical Center, Boston, MA.

Howard Dickman, Ph.D., Director, Hearing Impaired Health and Wellness, St. Paul Ramsey Medical Center, St. Paul, MN
Jerome F. Knast, Ph.D., Senior Psychologist for Deaf Treatment Program, Philadelphia Psychiatric Center, Philadelphia, PA
Allen Sussman, Ph.D., Gallaudet University, Washington, DC
McCay Vernon, Ph.D., Professor of Psychology, Western Maryland College, Westminster, MD, and Consultant, Springfield Hospital Center, Sykesville, MD

1:30-3:30 p.m.
Concurrent Workshops

The Inpatient Experience

Alvin I. Gerstein, Ph.D., Director, Deaf Treatment Program, and Director, Psychology Department, Philadelphia Psychiatric Center, Philadelphia, PA
Frank Gatti, M.D., Westborough State Hospital, Westborough, MA
Barbara Haskins, M.D., Attending Psychiatrist, Mental Health Center for the Deaf, Western State Hospital, and Assistant Professor, Department of Psychiatry, University of Virginia, Charlottesville, VA
Donald Rightmer, Ph.D., Connecticut Valley Hospital, Middleton, CT
Hugh Young, M.D., Rockland Psychiatric Center, Orangeburg, NY

Early Intervention

Moderator: Wesley Sowers, M.D., Bronx Psychiatric Center, Bronx, NY

Patrick J. Brice, Ph.D., Gallaudet University, Washington, DC
Kathryn P. Meadow-Orlans, Ph.D., Senior Research Scientist and Professor, Gallaudet Research Institute, Gallaudet University, Washington, DC
Lore Lyon Rosenthal, M.Ed., C.S.C., Pennsylvania School for the Deaf, Philadelphia, PA
Hilde Schlesinger, M.D., Professor in Residence, Department of Psychiatry, Center on Deafness, University of California, San Francisco, CA

Facing the Challenge - Deafness and Mental Health (Cont'd)

4:00-5:30 p.m.
Concurrent Workshops

Substance Abuse Treatment Programs

Moderator: William McCrone, J.D., Ed.D., Professor of Counseling, Gallaudet University, Washington, DC

Betty Lynch, M.A, C.A.C., Treatment Coordinator, Gosnold-Stephen Miller House, West Falmouth, MA
Eugene Mindel, M.D., Riverside Medical Center, Minneapolis, MN
Francine White, Ed.D., Gallaudet University, Washington, DC

Innovative Intervention Strategies

Moderator: Vicki Joy Sullivan, M.A., Drama Therapist, Woodside, NY

Kerry Altman, Ph.D., Clinical Psychologist, The Potomac Center, Alexandria, VA, and Consultant, Gallaudet University Counseling Center, Washington, DC
J. William Evans, M.D., Ross Hospital, Kentfield, CA
Michael Harvey, Ph.D., Clinical Psychologist, Framingham, MA
Jeffrey W. Lewis, Ph.D., Assistant Professor, Department of Counseling, Gallaudet University, Washington, DC

Lecture 39

Tuesday, October 17, 1989
9:00-10:00 a.m.

Update from NIMH

Ira D. Glick, M.D., Senior Science Advisor to the Director, National Institute of Mental Health, Rockville, MD, and Professor of Psychiatry, Cornell University Medical College, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the new initiatives and programs of the National Institute of Mental Health.

SUMMARY

This presentation focuses on the National Institute of Mental Health's major new initiatives for 1989-1990. Features of the National Plan for Schizophrenia, the Decade of the Brain, the National Plan for the Severely Mentally Ill, and the Public/Academic Liaison Program, as well as new measures to expand the infrastructure of the field, will be presented.

REFERENCES

No published references exist.

Update on Pharmacologic Treatment of Affective Disorders

James W. Jefferson, M.D., Professor of Psychiatry and Director of the Center for Affective Disorders, University of Wisconsin Medical School, Madison, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify useful treatment strategies for managing affective disorders.

SUMMARY

Pharmacotherapy is the cornerstone of treatment for major depression and bipolar disorder and plays a substantial role in the treatment of other mood disorders. With the advent of newer nontricyclic antidepressants, the reemergence of monoamine oxidase inhibitors, the expanded uses of lithium, and the promise shown by anticonvulsants, calcium channel blockers, and other less conventional agents, major strides have been taken in recent years. The creative application of various pharmacologic treatment modalities, a more complete understanding of the side effects of these agents, and innovative approaches that minimize the impact of side effects promise to improve compliance and enhance outcome.

Drug interactions are common. While some interactions may be beneficial (for example, lithium augmentation), all too often they are associated with adverse reactions and toxicity. Knowing which combinations to avoid and what steps to take to ensure the safe use of drug combinations are an essential aspects of effective treatment.

REFERENCE

Georotas A, Cancro R (eds): Depression and Mania. New York, Elsevier, 1988

Lecture 41

Tuesday, October 17, 1989
9:00-10:00 a.m.

Rehabilitation

Arthur T. Meyerson, M.D., Professor and Chairman, Department of Mental Health Sciences, Hahnemann University, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to appreciate current clinical practice, research, and government and private incentives in the area of psychiatric rehabilitation.

SUMMARY

The term "psychiatric rehabilitation" has come to represent a variety of conceptual models and practice methodologies, some of which are consonant but others of which are disparate and even conflicting. Various models and the relevant research that supports their application will be presented. A variety of government incentives in the area of research and clinical demonstration, as well as direct payment for rehabilitation services, will be discussed. The audience will be brought up-to-date on a new effort being launched by the National Institute of Mental Health in the area of psychosocial research on the major mental illnesses, in particular schizophrenia.

The U.S. Department of Education's Rehabilitation Services Administration (RSA) has funded several demonstration projects in supported employment, a model thought by RSA to be particularly suitable for the mentally ill. The presentation will conclude with a discussion of the need for future research and service development based on sound clinical principles drawn from that research.

REFERENCES

Psychiatric rehabilitation of schizophrenia (special section). Schizophrenia Bulletin 12:540-724, 1986

Meyerson AT, Fine T (eds): Psychiatric Disability. Washington, DC, American Psychiatric Press, 1987

Lecture 42

Tuesday, October 17, 1989
9:00-10:00 a.m.

Barriers to System Change

Charles A. Peters, Director, Allegheny County Mental Health/Mental Retardation Drug and Alcohol Program, Pittsburgh, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize barriers to change in the service delivery system and possible strategies to overcome these obstacles.

SUMMARY

The Commonwealth of Pennsylvania's ongoing efforts to establish a single-stream service delivery system that combines state hospital and community mental health services will be discussed, and the political, psychological, and financial barriers to system change will be explored. Strategies that may be used to surmount these barriers will be suggested.

REFERENCES

Peters, T: Thriving on Chaos. New York, Harper and Row, 1987

Lecture 43

Tuesday, October 17, 1989
9:00-10:00 a.m.

Opportunities for Public/Private Collaboration in the Delivery of Mental Health Services

Steven S. Sharfstein, M.D., Medical Director, Sheppard and Enoch Pratt Hospital, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify methods of promoting partnerships between the public and private sectors in the delivery of mental health services at state and local levels.

SUMMARY

Most care and support for people with long-term mental illness is delivered in the public sector. Too often treatment opportunities are lost because of economics of scale and the poverty of people who might benefit from intensive individualized treatment and support. A model of acute treatment and support in the private sector and long-term rehabilitative services through prospective payment and managed care as a collaborative public/private endeavor will be presented. Close linkages with the public sector's rehabilitative strategies complement the richness of psychopharmacologic and psychosocial treatments available in the private sector.

REFERENCE

Sharfstein SS: Financial incentives for alternatives to hospital care. Psychiatric Clinics of North America 8:449-460, 1985

Assuring Quality in Emergency Care

Andrew E. Slaby, M.D., Ph.D., M.P.H., Medical Director, Fair Oaks Hospital, Summit, NJ, and Psychiatrist-in-Chief, Regent Hospital, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the essential parameters of quality assurance in emergency psychiatric care.

SUMMARY

The essential elements in emergency psychiatric evaluation and emergency psychiatric care will be described. Examples will be provided so that participants will be able to apply the principles of care in community mental health centers, general hospitals, crisis intervention centers, health maintenance organizations, and private practice. These principles can serve as guidelines for the evaluation of the quality of emergency psychiatric care when periodic reviews of services are undertaken.

REFERENCE

Slaby AE, Lieb J, Tancredi LR: Handbook of Psychiatric Emergencies, 3rd ed. New York, Medical Examination Publishing, 1985

Lecture 45

Tuesday, October 17, 1989
9:00-10:00 a.m.

Improving the Acute Care Therapeutic Milieu: Contributions of Self Psychology

Allan Tasman, M.D., Professor of Psychiatry and Associate Chairman for Education, University of Connecticut Medical School, Farmington, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to summarize the self-psychology view of severe pathology and the function of a therapeutic community and to modify the treatment milieu to accommodate desired therapeutic aims.

SUMMARY

The concepts of self psychology, elucidated in the writings of Kohut and others, have contributed to a shift in our understanding of the nature of the intrapsychic deficits in patients with severe psychopathology. The psychotherapeutic techniques that derive from this view focus on maintenance of equilibrium and repair of self-fragmentation. This focus has allowed for more effective therapeutic intervention with more seriously disturbed patients. When these therapeutic principles are applied to hospital treatment, particularly to the therapeutic milieu, more efficient use is made of the hospital. The modifications in the principles of the therapeutic community fostered by this new understanding have been associated with significant psychotherapeutic benefits, even in short-stay, acute care units in a general hospital setting. This presentation will discuss how self-psychology principles can be applied in a short-term therapeutic milieu, with particular emphasis on staff roles and training.

REFERENCES

Gutheil TG. The therapeutic milieu: changing themes and theories. Hospital and Community Psychiatry 36:1279-1285, 1985

Ornstein PH (ed): The Search for the Self: Selected Writings of Heinz Kohut, 1950-1978. New York, International Universities Press, 1978

A Conversation With...

H. Richard Lamb, M.D., Department of Psychiatry, University of Southern California School of Medicine, Los Angeles, CA, on "What We Have Learned from Deinstitutionalization."

The Borderline Inpatient: A Brief and Therapeutic Approach

Howard E. Book, M.D., Psychiatrist-in-Chief, Women's College Hospital, Toronto, Ontario, Canada
Ruth Gallop, R.N., Ph.D., Assistant Professor, Faculties of Nursing and Medicine, University of Toronto, Toronto, Ontario, Canada

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to provide a method of rapid identification and short-term treatment of the hospitalized borderline patient.

SUMMARY

This workshop outlines a brief therapeutic approach to the identification and treatment of the inpatient with borderline personality disorder. Because of the rapid regression of these patients and emergent countertransference problems, patients and staff face premature discharges, interminable stays, and countertherapeutic readmissions. These outcomes result in increasing emotional costs to the patient and staff and escalating financial costs to hospitals. The brief therapeutic approach described in this workshop includes a rapid method of identifying borderline patients before regression by scanning for descriptive and defensive markers, a cohesive therapeutic team approach stressing clinical philosophies and interventions appropriate for the inpatient setting, and a means of identifying common countertransference responses. After the didactic presentations, participants are invited to present examples from their own clinical practice for discussion.

REFERENCE

Gallop R: The patient is splitting: everyone knows and nothing changes. Journal of Psychosocial Nursing and Mental Health Services 23(4):6-10, 1985

Workshop 48

Tuesday, October 17, 1989
10:30 a.m.- 12 noon

Revisions in Psychoanalytic Theory in the Treatment of Women

Jean W. Helz, M.D., Clinical Assistant Professor and Associate Director of the Consultation-Liaison Service of the Department of Psychiatry, Jefferson Medical College, Philadelphia, PA
Susan K. Ball, M.D., Director of Crisis Service, Crozer-Chester Medical Center, Chester, PA, and Clinical Assistant Professor, Hahnemann University, Philadelphia, PA
Mary Anne Delaney, M.D., Assistant Professor and Director of Medical Student Education, Department of Mental Health Sciences, Hahnemann University, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand current psychoanalytic concepts of female psychology. Also, they should more fully understand the implications of the model in the clinical situation.

SUMMARY

The practicing psychiatrist is frequently caught between the opposing dangers of applying theory that is both incomplete and offensive to many women and rejecting psychoanalytic theory in the treatment of women. In fact, there have been revisions to Freud's theory that unfortunately have not always permeated the teaching in our field. The purpose of this workshop is to provide an update on current theory, present some contrasting views, and show the relevance of the theory in the clinical situation. Dr. Delaney will review the current psychoanalytic understanding of female psychology, with particular reference to such issues as primary femininity, penis envy, and the "weaker" superego in women. Dr. Ball will discuss the contribution of feminist writers and the ways in which their views differ from traditional theory and will explore some of the implications of these differences for patients and trainees. Dr. Helz will focus on psychoanalytic theories and controversies in the areas of bulimia, pregnancy, and infertility and will describe the contributions of older insights and more current theories.

REFERENCES

Blum HP: Masochism, the ego ideal, and the psychology of women. Journal of the American Psychoanalytic Association 24(suppl):157-191, 1976
Gilligan C: In a Different Voice. Cambridge, Mass, Harvard University Press, 1982
Wilson CP (ed): The Fear of Being Fat. New York, Aaronson, 1985

Workshop 49

Tuesday, October 17, 1989
10:30 a.m.- 12 noon

Protecting the Children of Psychiatric Patients: A Model Program

Judith Herzig, M.D., Staff Psychiatrist, New York Hospital-Westchester Division, White Plains, NY
Ruth Corn, M.S.W., Associate Director of Social Work Services, Presbyterian Hospital, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to develop a child protection program and protocol specifically related to the special needs of a psychiatric health care facility.

SUMMARY

Clinicians in psychiatric facilities should be aware of the potential of their adult patients to abuse, neglect, or maltreat their children and should take action to ensure that these children are protected from harm.

The workshop will describe the development of a child protection program that encompasses administrative, clinical, educational, and research components. Both content and process in the development stages and the implementation of the ongoing program will be addressed. Problems of administrative responsibilities and placement in an administrative structure will be reviewed as systems issues.

Among the clinical practice and treatment implications to be discussed are alerting the clinician to significant aspects of the case history that require further exploration, recognizing the importance of certain diagnostic categories that may be associated with child maltreatment, making the decision to report a case to a state agency, and coping with the impact of a report on the therapeutic relationship. In addition, issues involved in discharge planning and developing a liaison with community agencies will be addressed. Education of administrators and members of the treatment team is a primary focus and will be reviewed in detail. Clinical cases will be presented to illustrate the often complex and difficult treatment issues that emerge and to describe a range of possible outcomes of reporting child mistreatment.

REFERENCES

1987 Preventive Intervention with Children of Hospitalized Psychiatric Patients. American Journal of Orthopsychiatry, Vol. 57(1) January, 1987

Group Psychotherapy in Acute Treatment Settings: Useful Theory and Practical Technique

Michael A. Hoge, Ph.D., Assistant Professor of Psychology (in Psychiatry), Yale School of Medicine, and Director, Day Hospital, Connecticut Mental Health Center, New Haven, CT
Kris A. McLoughlin, M.S.N., Clinical Nurse Specialist, Charles River Hospital, Wellesley, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify five therapeutic factors that facilitate patient change in group psychotherapy conducted in acute care settings and to list five therapeutic techniques for conducting such groups.

SUMMARY

As the average length of stay in inpatient and partial hospital settings has decreased, the task of conducting group therapy in these settings has become increasingly difficult. Among the realities now faced by group therapists are the constant changes in group membership, the limited number of sessions attended by each patient, the varying diagnostic categories represented in a given group, and the varying and often extreme levels of patient acuity. These realities have made the existing literature on group theory and technique largely irrelevant to the task of conducting groups in these settings. The purpose of this presentation is to draw together a useful theory of group psychotherapy in acute care settings by reviewing and integrating the findings from empirical studies that have assessed the therapeutic factors that appear to operate in such groups. The resulting theory will then be translated into practical techniques for conducting such groups.

REFERENCE

Beeber AR: A systems model for short-term, open-ended group therapy. Hospital and Community Psychiatry 39:537-542, 1988

Workshop 51

Tuesday, October 17, 1989
10:30 a.m.- 12 noon

The Mental Health Professional as Politician: Agility and Risk Taking

Stuart L. Keill, M.D., Professor and Vice-Chairman for Clinical Affairs, Department of Psychiatry, University of Maryland School of Medicine, and Medical Director, Institute of Psychiatry and Human Behavior, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identity and list techniques for using strategies of influence to enhance the delivery of mental health services and improve services for patients with psychiatric disorders and their families.

SUMMARY

The majority of mental health professionals are uncomfortable, sometimes for ethical reasons and sometimes for personal security reasons, about politics as an appropriate activity for the dedicated clinician. Of course, if utilized badly, such involvement can be dangerous. If utilized appropriately, however, it can be a powerful force for improving systems for the delivery of mental health services. An initial presentation of the strategy of political ventures will touch on timing, risks, agility, the importance of individual integrity and targets. Participants will be invited to discuss these and other political issues related to the mental health system.

As Joan Lawrence, M.D., has written, "The marriage of clinical skills with political expertise is another marriage of convenience that must be affected in the promotion of good leadership for the benefit of the mentally ill."

REFERENCES

Rochefort DA: The political context. New Directions for Mental Health Services, no 36:93-105, 1987

Simms M: Run a pressure group and change the law. British Medical Journal 295:772-773, 1987

Wilkinson CB: Mental health policy and the political process. American Journal of Psychiatry 140:875-876, 1983

Keill SL: Politics and public psychiatric programs. Hospital and Community Psychiatry 36:1143, 1985

Update on the Diagnosis and Treatment of Patients with Alzheimer's Disease

Vinod Kumar, M.D., Associate Professor of Psychiatry, and Chief, Geriatric Psychiatry, Southern Illinois University School of Medicine, Springfield, IL
Robert E. Becker, M.D., Professor and Chairman, Department of Psychiatry, Southern Illinois University School of Medicine, Springfield, IL

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the problems faced by psychiatrists in the diagnosis and treatment of patients with Alzheimer's disease, summarize recent advances in the treatment of psychiatric symptoms in patients with Alzheimer's disease, and list specific therapeutic agents to treat memory problems.

SUMMARY

Alzheimer's disease (AD), a primary degenerative disease of the brain, is associated with memory impairment, intellectual deterioration, personality change, and several psychiatric symptoms. The majority of AD patients have psychiatric symptoms and require treatment. There is no proven treatment to reverse memory deficits, but patients can benefit by appropriate diagnosis of their psychiatric symptoms and treatment with antipsychotic and antidepressant medication. Recently, several attempts have been made to treat memory and cognitive deficits of AD patients with cholinergic drugs such as physostigmine, RS86, and tacrine (tetrahydroaminacrine or THA). However, these potential therapeutic agents have severe side effects. Clinicians and researchers have faced difficulties in deciding how aggressively they should pursue therapeutic interventions in already frail patients.
During this workshop we will discuss advances in the diagnosis of Alzheimer's disease as well as the appropriate treatment strategies.

REFERENCES

Kumar V, Salama A, Desai B, et al: A community survey: drug prescribing in dementia and in the normal elderly. American Journal Alzheimer's Care and Research 3:16-20, 1988
Kumar V: Efficacy and side effects of THA in Alzheimer's disease patients, in Current Research in Alzheimer Therapy. Edited by Giacobine E, Becker R. New York, Taylor and Francis, 1988

Workshop 53

Tuesday, October 17, 1989
10:30 a.m.- 12 noon

Assessment of Sexual Abuse: How and When to Explore It During the Psychiatric Interview

Carol Anne Locke, M.D., Clinical Fellow in Psychiatry, Harvard Medical School, Boston, MA, and Resident in Psychiatry, McLean Hospital, Belmont, MA, 1988-1989 APA/Mead Johnson Fellow

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand how to take a history for sexual abuse, identify signs and symptoms indicating ongoing or prior abuse, identify factors associated with more severe clinical presentations, and be familiar with research on the prevalence of abuse in different patient populations.

SUMMARY

As evidence about the prevalence of sexual abuse increases, the need for clinicians to take a careful history concerning sexual abuse becomes more important. This history may not otherwise be revealed in a standard interview. The workshop will explore how to ask a patient about abuse experiences and will address the need for sensitivity about the rate of exploration and about the patient's sense of personal safety. Recent research on the prevalence of abuse in different populations will be reviewed to alert clinicians about populations who are at risk. Signs and symptoms suggestive of either ongoing abuse or a prior history of abuse will be discussed. Factors associated with more severe clinical presentations will be reviewed. Finally, the prevalence and implications of abuse histories in patients with a diagnosis of borderline personality disorder will be considered.

REFERENCES

Finkelhor D: Child Sexual Abuse--New Theory and Research. New York, Free Press, 1984
Herman J: Father-Daughter Incest. Cambridge, Mass, Harvard University Press, 1981

Workshop 54

Tuesday, October 17, 1989
10:30 a.m.- 12 noon

Capitated Financing for the Chronic Mentally Ill

Bentson H. McFarland, M.D., Ph.D., Assistant Professor of Psychiatry, Oregon Health Sciences University, and Director, Western Mental Health Research Center, Portland, OR
Sylvia K. Reed, Ph.D., MIS Project Director and Assistant Professor of Psychiatry, Department of Psychiatry, University of Rochester, Rochester, NY
Jose M. Santiago, M.D., Chairman, Department of Psychiatry, Kino Community Hospital, Tucson, AZ

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the advantages and disadvantages of providing mental health services to chronic mentally ill persons by means of capitated treatment systems.

SUMMARY

Treatment systems based on capitated financing are an important development in caring for the chronic mentally ill. Under capitation, providers are paid in advance to furnish services needed by their enrollees. Since the providers are at financial risk, this approach can encourage innovation but may also lead to substandard care. Theoretically, capitation affords the possibility for enabling chronic mentally ill persons to be treated in mainstream, community-based programs.

Presenters at this workshop will describe public and private capitated systems in seven states (New York, Massachusetts, Rhode Island, South Carolina, Minnesota, Arizona, and Oregon). While some of these mental health programs have been operational for years, others are just starting. Successes and difficulties of this new approach to financing will be summarized.

REFERENCE

Lehman AF: Capitation payment and mental health care: a review of the opportunities and risks. Hospital and Community Psychiatry 38:31-38, 1987

Quality of Life and Social Reintegration: Canadian and Belgian Surveys With the Severely Mentally Ill

Celine Mercier, Ph.D., Assistant Professor, Department of Psychiatry, McGill University, Verdun, Quebec, Canada
Philippe Corten, Department of Psychiatry, Medicine, and Pharmacy, University Hospital Brugman, Brussels, Belgium

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be familiar with some dimensions of the concept of quality of life, appreciate its usefulness in connection with social reintegration, and be informed of some approaches to its operationalization.

SUMMARY

Since the end of the 1970s, many authors have suggested that quality of life is crucial in the social reintegration of the severely mentally ill. The concept of quality of life has been thought of in terms of goals of services, criteria for program evaluation, and needs assessment. Use of this concept has stimulated interest in psychiatric patients' living conditions and in their perceptions of them.

This presentation reports on surveys held in Montreal, Canada, and Brussels, Belgium. The results show what can be learned from the severely mentally ill when they are offered the opportunity to talk about their experiences of life in the community. Theoretical and methodological issues will also be discussed.

REFERENCE

Gheung-tak C: Subjective quality of life in the planning and evaluation of programs. Evaluation and Program Planning 11(2):123-135, 1988

Interface Between the Public Mental Health System and the Police

Ann M. Norman, R.N., M.P.S., C.M.H.A., Assistant Regional Director for Program Development, Connecticut Department of Mental Health, Bridgeport, CT
Sara L. Kellerman, M.D., New York City Department of Mental Health, Mental Retardation, and Alcoholism Services, New York, NY
Raymond B. Pitt, Ph.D., Associate Professor of Sociology, John Jay College of Criminal Justice, City University of New York, and Project Director, Managing Situations With Emotionally Disturbed Persons (Police training program), New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to list at least three collaborative actions that can be taken by law enforcement and mental health systems to improve the management of mentally disturbed persons in the community.

SUMMARY

In response to the public health crisis created by the policy of deinstitutionalization, police and mental health systems across the country have reorganized systems of care, developed training programs in how to manage mentally disturbed people, and negotiated working agreements with one another. This presentation will describe comprehensive training curricula developed for police, transit, and housing authority officers in New York City and Stamford, Connecticut, collaborative planning and implementation of new training and crisis intervention services, and mutual assistance protocols developed in several communities. The need for training and conceptual issues to organize training curricula will be identified. Interagency issues and implications for future collaborations will be discussed.

REFERENCE

Murphy GR: Special Care: Improving the Police Response to the Mentally Disabled. Washington, DC, Police Executive Research Forum, 1986

Job Satisfaction and Need Satisfaction of Psychiatric Nurses

Amy A. Payson, Ed.D., R.N., C.S., Director of Nursing and Psychiatric Clinical Nurse Specialist, Greater Bridgeport Community Mental Health Center, Bridgeport, CT
Geraldine R. January, R.N., Director of Mobile Crisis Team and Lead Nurse Clinician, Greater Bridgeport Community Mental Health Center, Bridgeport, CT
Barbara P. Schafer, R.N., M.N.Ed., C.S., Psychiatric Clinical Nurse Specialist, Greater Bridgeport Community Mental Health Center, Bridgeport, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to list ten factors that are related to job satisfaction, identify two needs that are rated as very important to psychiatric registered nurses, recognize nursing models of care that promote job satisfaction, understand the relationship between job satisfaction and nurse manager decision-making style, and recognize participative, interdisciplinary and results-oriented management techniques that can be used by nurses who are in the roles of chief of an inpatient unit, team leader within an outpatient division, and director of a mobile crisis team.

SUMMARY

Managers must understand employees' needs to motivate them to work effectively toward organizational goals and objectives. Psychiatric nurse managers have faced the challenge of providing an environment that promotes job satisfaction. This presentation will highlight data from research on job satisfaction and need satisfaction of psychiatric registered nurses in relation to nurse manager decision-making style. Three influential nursing roles will also be presented.

REFERENCE

Vroom VH, Yetton PW: Leadership and Decision Making. Pittsburgh, University of Pittsburgh Press, 1973

Workshop 58 **Tuesday, October 17, 1989**
10:30 a.m.- 12 noon

Managed Mental Health Care

Lloyd I. Sederer, M.D., Associate Chief of Psychiatry, Mount Auburn Hospital, Cambridge, MA, and Assistant Professor of Psychiatry, Harvard Medical School, Boston, MA
Judith Feldman, M.D., Associate Chief, Central Psychiatric Programs, Harvard Community Health Plan, and Clinical Instructor in Psychiatry, Harvard Medical School, Boston, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to define managed care systems, to outline the forces that have led to their creation and growth, to understand how they work, to provide guidelines for psychiatrists in assessing whether to join a managed care system, and to examine the clinical, ethical, training, and research problems and opportunities created by managed care.

SUMMARY

Managed care includes alternate service delivery systems as well as cost containment organizations such as utilization review groups. Managed care can also be considered a philosophy or a method. With $500 billion now spent for health care each year, (more than 11 percent of the Gross National Product) and with the growth of health care costs twice that of inflation, managed care may best be understood as an effort, borne of necessity, to bring accountable cost containment to medical practice. The principal buyers of health care, namely the federal government, business, and labor, now insist that traditional "pay-for-whatever-was-done" medical economics must be replaced by budget-driven choices that determine what can be done effectively, promptly, and within the limits of a prepaid, capitated, or otherwise fixed-dollar health care system.

The presenters will examine and discuss the principal clinical, ethical, training, and research problems and opportunities that managed care systems have created. We will also review business, insurance, and legislative aspects of managed care. Our aim is to further understanding and problem-solving in an area that most practicing psychiatrists encounter today or will face in the years ahead.

REFERENCES

Flinn DE, McMahon TC, Collins MF: Health maintenance organizations and their implications for psychiatry. Hospital and Community Psychiatry 38:255-263, 1987
Sederer LI: Report of the Massachusetts Psychiatric Society's Task Force on Managed Care. 1988 (available from the author)

Roundtable 59 | Tuesday, October 17, 1989
10:30 a.m.- 12 noon

Training Mental Health Professionals to Work with Persons with Serious, Long-Term Mental Illness

Robert M. Factor, M.D., Ph.D., Associate Professor of Psychiatry, University of Wisconsin Medical School, and Medical Director, Emergency Services Unit, Mental Health Center of Dane County, Madison, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the key elements of an effective curriculum for training mental health practitioners to work well with persons with serious, long-term mental illness.

SUMMARY

The ability of mental health practitioners to treat effectively persons with serious, long-term mental illness has expanded significantly over the past two decades. Learning how to treat this population involves acquiring a broad base of knowledge and a complex range of skills. Such knowledge and experience must be incorporated into the basic curriculum for general psychiatrists, psychologists, and other mental health professionals. With some notable exceptions, curriculum change has not occurred for a number of important reasons, which will be discussed in this session.

The key elements of a good curriculum include specific learning goals, training experiences in an effective treatment system with high-quality clinical rotations, good role models, high-quality supervision, and a well-grounded didactic program. We will discuss these elements in detail and describe two training programs in psychiatry and psychology. We will encourage discussion among members of the audience about the successes and problems in other disciplines, including social work and nursing, and in other localities.

REFERENCE

Community Mental Health Journal. 24(4), 1988 (entire number)

Roundtable 60 | Tuesday, October 17, 1989
10:30 a.m.- 12 noon

Placing CMHC Clinicians At Risk - The Dark Side of the "New Technologies" in Community Mental Health

Alan S. Fine, M.D., Medical and Clinical Director, Denver Center for Mental Health Services, Denver, CO
Pamela Dunkin, M.D., Medical Director, Boardwalk Community, Denver Center for Mental Health Services, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand how some new programs in community mental health place clinicians in medicolegal, ethical, and physical jeopardy.

SUMMARY

The shift away from the medical model in community mental health has resulted in the development of many programs that place psychiatrists and other clinicians in serious jeopardy. These programs include consumer-run programs, which blur the boundaries of who may practice clinical care, external case management, which make clinicians responsible for care that is not under their control, and mainstreaming and outreach, which take place in unsafe settings.

REFERENCES

Mills M, and Cummins B: The Institutionalization Reconsidered. International Journal of Law and Psychiatry. 5:271-284, 1982

Anger Inoculation Group Therapy in an Inpatient Setting

Maurice S. Fisher, Sr., A.C.S.W., L.C.S.W., Director, Clinical Social Work Services, Eastern State Hospital, Williamsburg, VA
Walton F. Mitchell III, M.S.W., L.S.W., Assistant Director of Social Work, Catawba Hospital, Catawba, VA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to treat patients' anger using a systematic behavioral-cognitive group therapy approach.

SUMMARY

Grappling with patients' anger, provocation, and violent activities is difficult at best and complicated by the challenge of treating persons who are prone to outbursts. This presentation describes an interactive group therapy model that is based on the heuristics and principles of learning theory from both a behavioral and cognitive perspective. This model provides a systematic, concise, and well-structured approach that sensitizes the patient to the antecedents and cues that precede angry or violent outbursts, normalizes the feeling of anger as something that occurs to some degree in everyone, and provides specific intervention skills that the patient, even at a very low functioning level, can master.

REFERENCE

Novaco RW: Stress innoculation: a cognitive therapy for anger and its application to a case of depression. Journal of Consulting Clinical Psychology 45:600-608, 1977

Paradoxes in Training Residents in Psychosocial Treatment of Chronic Schizophrenia

Kenneth M. Minkoff, M.D., Chief of Psychiatry, Choate-Symmes Health Services, Woburn, MA, and Faculty, Cambridge Hospital, Department of Psychiatry, Harvard Medical School, Cambridge, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to list paradoxes that afflict clinicians working with the chronic mentally ill and to demonstrate the resolution of these paradoxes.

SUMMARY

Standard training in mental health disciplines does not prepare clinicians to work with chronic mentally ill patients. Most clinicians who try to apply their training to work with chronic patients bring with them assumptions and concepts that are more relevant to other types of patients, creating cognitive conflicts or paradoxes. These paradoxes lead to burnout and avoidance. The workshop illustrates techniques supervisors can use to identify and resolve paradoxes so that clinicians can derive greater satisfaction and have more success in their work with chronic patients. Integration of training with new "postinstitutionalization" ideologies for the care of chronic patients and new concepts of "recovery" in long-term outcomes are demonstrated as part of the resolution of these paradoxes.

REFERENCE

Minkoff K, Stern R: Paradoxes faced by residents being trained in the psychosocial treatment of people with chronic schizophrenia. Hospital and Community Psychiatry 36:859-864, 1985

How to Organize on Short Notice Mental Health Care Services for Disaster Victims

Eduardo Castro Urrutia, M.D., Centro Psiquiatrico de Puerto Rico, Rio Piedras, PR

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to organize a rational delivery of mental health services to a mass disaster area.

SUMMARY

After the San Juan Dupont Hotel fire of December 31, 1986, 143 victims were seen ad lib by a team of three psychiatrists who treated them and, as required, provided their clinical charts for litigation purposes. This experience was analyzed by computer, and several interesting measures were determined. Measures included the average number of visits per patient and per diagnosis, the average cost of services per patient and per diagnosis, the medications used per diagnosis and the period over which each was used, and the prognosis per diagnosis. These measures may be parameters or guidelines for the design of future critical contingency mental health services.

As a psychiatric ready-crew does not seem within the goals of present federal or state health systems, the management of future mass disaster victims will most likely fall into the hands of private and public mental health services near the disaster area. This presentation will help in planning the delivery of such services on short notice, should the need arise in participants' communities.

REFERENCE

Castro Urrutia E: Psychological impact on survivors of the Dupont Plaza fire. Presented at the 40th Institute on Hospital and Community Psychiatry, Oct 22-27, New Orleans, 1988

A Conservation With...

James W. Jefferson, M.D., University of Wisconsin Medical School, Madison, WI, on "Update on Pharmacologic Treatment of Affective Disorders."

Prevention of Homicide: A Community Psychiatry Approach

Carl C. Bell, M.D., Executive Director, Community Mental Health Council, and Associate Professor of Clinical Psychiatry, University of Illinois School of Medicine, Chicago, IL

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate a knowledge of the statistics on homicide, list factors that increase the risk of homicide, and list several prevention strategies that are under the purview of community psychiatry.

SUMMARY

Recent evidence has shown that black males have the highest homicide rate, a rate two times that for Hispanic males and almost seven times that for white males. Among all races, the homicide victim knew his assailant in more than half of all homicides, and more than half of all the homicides that occurred from 1976 to 1983 were not related to any other felony. Among all races, females were twice as likely as males to be killed by family members.

The presentation will focus on blacks, the population in greatest need for research and prevention, as homicide is the leading cause of death in blacks ages 15 to 34. The presentation will show how myths about who is being killed by whom prevents blacks from mounting self-help initiatives and how a public awareness campaign can dispel these myths and mobilize community action. In addition, use of the community psychiatry principle of community development as a means of reducing the problem of homicide will be demonstrated. Sociologic, psychologic, and acquired biologic factors that contribute to the problem of violence will be discussed. The workshop will demonstrate the implementation of several intervention strategies in actual communities.

REFERENCES

Bell CC, Prothrow-Stith DD, Murchison C: Black-on-black homicide: the NMA's responsibilities. Journal of the National Medical Association 78:1139-1141, 1986

The Panic Prison

Jack Gorman, M.D., Columbia Presbyterian Hospital, New York, NY
Brian B. Doyle, M.D., Member, Joint Commission on Public Affairs, American Psychiatric Association, Washington, DC
Lynn Schultz-Writsel, Associate Director of Public Affairs, American Psychiatric Association, Washington, DC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the benefits of using "The Panic Prison" public awareness film and the Medical Educaton Workshop to educate the public and professionals about panic disorder.

SUMMARY

"The Panic Prison" will preview to participants new and currently available tools in the APA Division of Public Affairs "Let's Talk About Mental Illness" Campaign: A public awareness film of the same title, an accompanying educational package and a medical education workshop designed to acquaint health professionals with panic disorder.

Participants will be able to review both the audio-visual and printed materials and will be apprised of the APA's campaign objectives and current uses of and future plans for both products. Following this orientation to the campaign materials, participants will be asked to interact with the faculty regarding their potential uses of the materials, means by which the current and future campaign materials can be improved, and new products the APA should develop to enhance public and professional awareness of mental illness and its treatment.

REFERENCES

American Psychiatric Association: Let's Talk Facts About Panic Disorder. American Psychiatric Press, Inc., 1989

Tardive Dyskinesia

William M. Glazer, M.D., Associate Professor of Psychiatry, Yale University School of Medicine, New Haven, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be familiar with the importance of informed consent as it applies to neuroleptic medications and, after viewing a videotape demonstration, should be able to recognize the signs of tardive dyskinesia. In addition, the participant should be able to understand the standard of care for neuroleptic medication maintenance and analyze data on the association of depot neuroleptics and tardive dyskinesia.

SUMMARY

Although the benefit of neuroleptic medications is well established, the frequent occurrence of tardive dyskinesia (TD) has required that these medications be prescribed within the context of a consideration of the treatment's risk-benefit ratio. Informed consent has become an important aspect of the psychiatrist's approach to patients who may benefit from neuroleptics. Attention needs to be given to standards of care concerning medication prescription. These standards include prescription of the minimal optimal dose of medication, more aggressive use of neuroleptic-free trials, and avoidance of other medications, particularly those with anticholinergic properties.

When TD occurs, it must be distinguished from other movement disorders. Videotaped examples will be shown to illustrate the distinction. Options for treating patients who develop TD include changing dose, changing neuroleptics, and nonneuroleptic strategies. Depot neuroleptic medications in particular have been strongly associated with TD. Studies will be critiqued and a case-control study of fluphenazine decanoate blood levels in patients with and without TD will be presented. The steady-state plasma level pharmacokinetics of haloperidol decanoate will be compared with those of fluphenazine decanoate.

The course of TD over time follows several patterns. Data from a study of neuroleptic discontinuation in TD patients will be presented. The differential diagnosis of TD will be discussed. Recommendations about the role of the physician and the nonphysician mental health professional in addressing TD will be given.

REFERENCE

Glazer WM, Moore DC: A tardive dyskinesia clinic in a mental health center. Hospital and Community Psychiatry 32:572-574, 1981

Symposium 72 | **Tuesday, October 17, 1989**
1:30-3:30 p.m.

Debate: Changing Commitment Laws in the State of Pennsylvania

Ernest D. Preate, Attorney General, Commonwealth of Pennsylvania, Harrisburg, PA
(additional faculty to be confirmed)

EDUCATIONAL OBJECTIVE

SUMMARY

REFERENCES

(COMPLETE INFORMATION UNAVAILABLE AT PRESS TIME)

An Overview of HIV Illness and Psychiatry

Stuart H. Levine, M.D., M.H.A., Director, Mental Health-HIV, University of Southern California, Los Angeles, CA, 1987-1988 APA/Mead Johnson Fellow
Margaret Kemeny, Ph.D., Director, HIV Psychoneuroimmunology Center, Department of Immunology and Psychiatry, UCLA Neuropsychiatric Institute, Los Angeles, CA
Rocco F. Marotta, M.D., Chief Resident, Payne Whitney Clinic, New York Hospital, New York, NY, 1987-1988 APA/Mead Johnson Fellow
Samuel Perry, M.D., Director, Consultation-Liaison Psychiatry, Payne Whitney Clinic, New York Hospital, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate an improved knowledge of the various psychiatric presentations and manifestations of HIV infections and of appropriate interventions and reasonable expected outcomes.

SUMMARY

The current AIDS crisis has brought to the forefront of psychiatry a multitude of dilemmas in the diagnosis, treatment, and management of the HIV infection even when the patient does not overtly manifest illness. The scope of the problem includes ethical, economic, social, political, and public health issues as well as diagnostic confusion (for example, HIV-related depression versus encephalopathy) and disagreement about the appropriate treatment for this illness. The final common denominator is the impact of psychological distress on the immune system. Dr. Perry will begin the symposium by providing an overview of psychiatric HIV illness, including the psychiatric manifestations of AIDS, and of the psychotherapeutic interventions most appropriate for these conditions. He will also include a synopsis of some of the ethical issues facing the practicing psychiatrist who treats AIDS patients. Dr. Marotta will discuss the disruptive effects of HIV delirium and HIV-related anxiety and adjustment disorders.

Dr. Kemeny will review the psychoneuroimmunologic literature and discuss her research on the correlation between depression and immune suppression in HIV disease. Dr. Levine will review the various psychopharmacologic interventions for HIV-related neuropsychiatric disorders including depression, dementia, delirium, and anxiety at various stages of HIV infection. He will discuss research involving fluoxitene and depression and new data on the alarmingly high rates of neuroleptic malignant syndrome in HIV-infected individuals.

REFERENCE

Fernandez F, Holmes VF, Levy JK, et al: Consultation-liaison psychiatry and HIV-related disorders. Hospital and Community Psychiatry 40:146-153, 1989

Rehabilitation

Thad Eckman, Ph.D., Rehabilitation Service, Brentwood VA Medical Center, Los Angeles, CA
Sally MacKain, Ph.D., Postdoctoral Scholar, University of Califronia at Los Angeles, CA
Jerome V. Vaccaro, M.D., Assistant Professor of Psychiatry, UCLA School of Medicine, and Assistant Chief, Rehabilitation Service, Brentwood VA Medical Center, Los Angeles, CA (983-1984 APA/MJ Fellow)

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify key factors in the adoption of skills training programs for the seriously mentally ill.

SUMMARY

This symposium will present a series of studies on the dissemination and effectiveness of a set of comprehensive, highly structured treatment "modules" designed to teach social and independent living skills to chronically mentally ill patients. Field tests have been conducted in state hospitals, outpatient, day treatment, and residential care facilities in order to measure knowledge and skill acquisition among module participants, to investigate the fidelity with which modules are implemented, and to obtain insights into the process by which innovations are adopted by practitioners.

Trainers included psychiatric technicians, psychologists, occupational therapists, and residential care operators. Results indicate that a wide range of sevrely psychiatrically disabled patients can learn the skills and can retain them for up to 2 years. Although trainer fidelity to the module (following the module as written) was related to amount of patient learning, trainer educational and professional background were not. These results will be disucssed in terms of future directions for treatment of the chronically mentally ill in a variety of settings.

Administrative issues in the implementation of social and independent living skills programs will also be discussed.

REFERENCES

Liberman RP, Mueser KT, Wallace CJ, Jacobs HE, Eckman TA, Massel HK: Training Skills in the Psychiatrically Disabled: Learning Coping and Competence. Schizophrenia Bulletin, Vol. 12, No. 4, pp. 631-647

Symposium 75 **Tuesday, October 17, 1989**
1:30-3:30 p.m.

New Applications of a Biosocial Model for Treatment and Rehabilitation in Enduring Psychotic Illnesses

William R. McFarlane, M.D., Director, Biosocial Treatment Research Division, New York State Psychiatric Institute, and Associate Clinical Professor of Psychiatry, Columbia University College of Physicians and Surgeons, New York, NY

Bonnie T. Horen, M.A., Senior Research Supervisor, Biosocial Research and Treatment Division, New York State Psychiatric Institute, New York, NY

David A. Moltz, M.D., Assistant Clinical Professor, Albert Einstein College of Medicine, New York, NY

Jules M. Ranz, M.D., Associate Director, Public Psychiatry Fellowship, and Assistant Clinical Professor of Psychiatry, New York State Psychiatric Institute, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the family psychoeducation model in its original applications, participate in discussions about the usefulness of adaptations of this model, and explore other possible applications.

SUMMARY

Family psychoeducation has become recognized as an extraordinarily promising treatment modality for schizophrenic patients. For the past five years, Dr. William McFarlane and the staff of the Biosocial Treatment Research Division at the New York State Psychiatric Institute have been conducting studies of various innovative applications of this model for the treatment of schizophrenia and other enduring psychotic illnesses. Six research projects conducted at 13 sites throughout New York State will be presented. The multiple family group model uniting these projects was adapted from the psychoeducation principles of Anderson, Reiss, and Hogarty and the behavioral approach to problem solving and communication skills developed by Falloon and associates. Initial training sessions, ongoing multiple family group meetings, and supervision support the overall goal of creating a calm, low-key environment for the patient; a gradual, modulated approach to rehabilitation; and a coordinated, naturalistic social network.

REFERENCES

Anderson CM, Reiss DJ, Hogarty GE: Schizophrenia and the Family. New York, Guilford, 1986

Falloon IRH, Liberman RP: Behavioral family interventions in the management of chronic schizophrenia, in Family Therapy in Schizophrenia. Edited by McFarlane WR. New York, Guilford, 1983

Stein LI, Test MA (eds): The training in community living model: a decade of experience. New Directions for Mental Health Services, no 26, 1985

Family Home-Based Service for Emotionally Disturbed Children

Marilyn A. Mennis, M.S.S., Vice President, Service Administration, Philadelphia Child Guidance Clinic, Philadelphia, PA
Connie Dellmuth, M.S.W., Chief, Division of Children and Youth Services, Pennsylvania Office of Mental Health, Harrisburg, PA
Glenda Fine, Project Director, Parents Involved Network, Mental Health Association of Southeastern Pennsylvania, Philadelphia PA
Nell Jackson, M.A., Program Director, Family First, Media Child Guidance Clinic, Crum Lynne, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the philosophy and service components of intensive family home-based mental health services for children and adolescents.

SUMMARY

The purpose of this presentation is to provide information about a new alternative mental health service for seriously disturbed children and adolescents who have histories of psychiatric hospitalization or who are at risk of hospitalization. The panel will focus on the philosophy and intervention techniques of the intensive home-based mental health program and its use as an alternative to hospitalization. Specific topics to be covered include differences between children and adults and implications for service delivery approaches, characteristics of children and adolescents and their families who are referred to intensive home-based services, treatment and service interventions used in this program, integration of the various service systems involved with children and their families, and the role of parents and the parent-professional partnership in family-based programs.

REFERENCE

Stroul B: Community-Based Services for Children and Adolescents who are Severely Emotionally Disturbed: Home-Based Services. Washington, DC, Georgetown University, 1988

Symposium 77 | Tuesday, October 17, 1989
1:30-3:30 p.m.

Concepts and Techniques of Supportive Psychotherapy

Henry Pinsker, M.D., Associate Director of Psychiatry, Beth Israel Medical Center, and Professor of Clinical Psychiatry, Mount Sinai School of Medicine, New York, NY
Richard N. Rosenthal, M.D., Physician-in-Charge, Psychiatric-Substance Abuse Service, Beth Israel Medical Center, and Assistant Professor of Clinical Psychiatry, Mount Sinai School of Medicine, New York, NY
Arnold Winston, M.D., Director of Psychiatry, Beth Israel Medical Center, and Professor of Clinical Psychiatry, Mount Sinai School of Medicine, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the conceptual basis of supportive therapy and should take pride in being able to do supportive therapy skillfully.

SUMMARY

Supportive therapy can be taught, supervised, and practiced as a unique treatment modality, not merely as a diluted version of expressive therapy. Although much psychotherapy involves a mixture of supportive and expressive elements, treatment that is essentially supportive can and should be conducted in a coherent, consistent fashion. However, supportive therapy has often been prescribed for low-functioning patients and is often conducted by therapists who have not been taught how to go about it. Supportive therapy may often be the treatment of choice for higher functioning outpatients when specific indications for expressive therapy are absent. This symposium will discuss the principles that underlie supportive therapy for both high- and low-functioning patients and will show how these principles guide the therapist's interventions.

REFERENCE

Winston A, Pinsker H, McCullough L: A review of supportive therapy. Hospital and Community Psychiatry 37:1105-1114, 1986

Family Intervention and Psychiatric Hospitalization

G. Pirooz Sholevar, M.D., Professor and Director, Division of Child, Adolescent and Family Psychiatry, Jefferson Medical College, and President of the Philadelphia Academy of Family Psychiatry, Philadelphia, PA
Ira D. Glick, M.D., Professor of Psychiatry, Cornell University Medical College, New York, NY, and Senior Science Advisor to the Director, National Institute of Mental Health, Rockville, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe the family interactional variables, such as expressed emotion, that contribute to recurrence of illness and hospitalization of patients, identify multiple models of inpatient family intervention with psychotic, depressed, and adolescent patients, and discuss the indications and limitations of inpatient family intervention. The participant should also be able to describe a comprehensive treatment model combining hospitalization, pharmacotherapy, and family intervention.

SUMMARY

The use of family intervention with hospitalized psychiatric patients has been the focus of intensive investigation and controversy in the past three decades. The purpose of this presentation is to examine the multiple aspects of family intervention with hospitalized psychiatric patients. The presentation will use the diathesis-stress model, a biopsychosocial model, to account for the range of vulnerabilities of psychiatric patients and their families, including genetic vulnerability to stress, and to understand the sources of stresses inside and outside the family that can precipitate a psychiatric disorder.

The presentation will review findings of a study of family crisis treatment conducted in Denver (1963) and will discuss the phenomenon of hospitalization for multiple family members. The contributions of active family conflict to hospitalization of adolescents, depressed patients, and patients with chronic and recurring psychosis will be examined. Special attention will be paid to the use of multiple psychoeducational models of family intervention, particularly with chronic patients, the simultaneous use of medication and family intervention, and strategies for working with families of mentally ill patients while avoiding some of the pitfalls described recently by the National Alliance for the Mentally Ill.

Family Intervention and Psychiatric Hospitalization
(Cont'd)

REFERENCES

Glick I, Clarkin JF, Kessler DR: Family intervention and the psychiatric hospital system, in Marital and Family Therapy, 3rd ed. Orlando, Fla, Grune & Stratton, 1987, pp 370-391

Sholevar GP: Family therapy with hospitalized and disabled patients, in Helping Families With Special Problems. New York, Aronson, 1983, pp 15-34

Sholevar GP: Families of institutionalized children, in Emotional Disorders in Children and Adolescents. Edited by Sholevar GP. New York, Pergamon, 1986, pp 181-190

Talbott JA: Families of the chronically ill, in Marital and Family Therapy, 3rd ed. Orlando, Fla, Grune & Stratton, 1987, pp 361-364

Crisis Residential Services: When Do They Work?

Marlene K. Desmond, M.S.N., Director, Crisis Program, Community Connections, Washington, DC
Maxine Harris, Ph.D., Clinical Director, Community Connections, Washington, DC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify characteristics of patients and situations benefiting from crisis residential services and to recognize impediments to such services.

SUMMARY

In an attempt to divert patients from costly inpatient treatment and to provide crisis services close to patients' residences, many communities have developed community-based crisis beds. As our experience with such alternatives to hospitalization increases we may begin to evaluate the effectiveness of community crisis programs. Moreover, data that indicates which patients both utilize and succeed in these programs is now available.

This workshop describes a community-based crisis program operating in a large urban area. Presenters discuss the philosophy of community-based services as well as detail an interdisciplinary team approach that utilizes the skills of both professional and paraprofessional staff. Finally the workshop will discuss the findings of a six-month outcome study conducted at Community Connections in Washington, D.C., on the utilization of community crisis beds. Impediments to the delivery of such services will be highlighted for both clinicians and program planners.

REFERENCE

Stroul B (ed): Crisis Residential Services in a Community Support System. Rockville, Md, National Institute of Mental Health, 1987

The Effect of Assertive Case Management on State Hospital Utilization

Jerry Dincin, Ph.D., Executive Director, Thresholds, Chicago, IL

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the principles of assertive case management and be able to apply them to their own situation.

SUMMARY

In response to severe overcrowding at Madden State Hospital, the Illinois Department of Mental Health funded three special case management projects specifically designed to reduce bed-days. Only one project, operated by Thresholds, was successful. While the number of bed-days in the hospital as a whole rose by 8 percent, the number of bed-days in the Thresholds ward decreased by 15 percent. Understanding the factors that accounted for this difference has monumental importance for any state system that desires to reduce bed-days. A particular style of assertive case management and community outreach, originated by the Mendota State Hospital Project and adapted by Thresholds to meet the particular needs of this focused project, will be discussed. The high level of cooperation between the Illinois Department of Mental Health, Chicago mental health clinics, and Thresholds has emerged as a model that can be replicated. The precise attributes of assertive case management, basic principles and practical applications of the model, the type of patient chosen, and evaluation techniques will be presented.

REFERENCE

Witheridge TF, Dincin J: The Bridge: an assertive outreach program in an urban setting. New Directions for Mental Health Services, no 26:65-76, 1985

Systems of Care for Seriously Mentally Ill Children and Adolescents

Mary Jane England, M.D., Program Director, Robert Wood Johnson Foundation Mental Health Services Program for Youth, Prudential Insurance Company of America, Roseland, NJ
Lenore Behar, Ph.D., Special Assistant for Child and Family Sserivces, North Carolina Department of Human Resources, Division of Mental Health, Mental Retardation, and Substance Abuse Services, Raleigh, NC
Robert F. Cole, Ph.D., Deputy Director, Mental Health Services Program for Youth, Prudential Insurance Company, Roseland, NJ
Ira S. Lourie, M.D., Chief, Child and Family Support Branch, National Institute of Mental Health, Rockville, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize program design issues and philosophy of care in the development of integrated systems of care organized through public-private and categorical agency collaboration.

SUMMARY

This workshop will provide an overview of the development of systems of care built around a continuum of home- and community-based services for seriously mentally ill children and adolescents through the collaborative efforts of mental health, child welfare, juvenile justice, and educational agencies. Special attention will be given to the Fort Bragg demonstration project and the strategies for the development and financing of home- and community-based services through state-community partnerships under the Mental Health Services Program for Youth of the Robert Wood Johnson Foundation.

REFERENCE

Behar L: Home and Community Based Services Vol. 1, 2. DC, CASSP Technical Assistance Center

Workshop 82

Tuesday, October 17, 1989
4:00-5:30 p.m.

How to be A Better Collaborator

R. Jeffrey Goldsmith, M.D., Associate Professor of Clinical Psychiatry, University of Cincinnati College of Medicine, and Clinical Director, Alcoholism Clinic, Cincinnati, OH
Gail A. Barker, M.D., Assistant Professor of Psychiatry, University of Cincinnati College of Medicine, and Attending Psychiatrist, Psychiatric Emergency Services, University of Cincinnati Hospital, Cincinnati, OH
Karen K. Miday, M.D., Assistant Clinical Professor of Psychiatry, University of Cincinnati College of Medicine, and Consultant, Mental Health Services East, Cincinnati, OH
Michael D. Paris, M.D., Assistant Clinical Professor, University of Cincinnati College of Medicine, and Consultant, University of Cincinnati Student Health Service and Psychological Services, Cincinnati, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to define the terms collaboration, consultation, and supervision and understand how self-psychological understandings of relationships among psychiatrist, therapist, and patient can improve the quality of patient care.

SUMMARY

While collaboration is common today, clinicians have not been eager to spend time exploring the pitfalls and potentials of the collaborative relationship. The American Psychiatric Association has emphasized the shared nature of the responsibility for the patient in its definition of collaboration. While others have pointed out the triangular relationship that develops as a result of collaboration, few have tried to describe the dynamics of these types of triangles. We feel that self psychology, with its concept of the self-object unit and its emphasis upon the centrality of empathy as a mode of listening, has much to offer in the understanding of these triangles. As clinicians go over the arrangements for collaboration, each can begin to understand the needs of the other. As clinicians discuss their perceptions of a case, they strive for the shared understanding that is essential for a harmony among all participants.

REFERENCE

Guidelines for psychiatrists in consultative, supervisory, or collaborative relationships with nonmedical therapists. American Journal of Psychiatry 137:1489-1491, 1980

Workshop 83

Tuesday, October 17, 1989
4:00-5:30 p.m.

Adults as Caregivers to Parents

Lissy Jarvik, M.D., Ph.D., Center for Advanced Study in the Behavioral Sciences, Stanford, CA
Peter V. Rabins, M.D., Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize developmental changes in parent-child relationships and examine their consequences.

SUMMARY

The concept of parent-child relationships tend to be restricted to the developmental period of legal minority even through most Americans alive today will continue to enjoy or endure the survival of their parents long after having reached the age of majority. Indeed, we can anticipate that the period of parent-child relations when all involved are adults will, on average, last at least twice as long as the periods of infancy, childhood, and adolescence combined. And yet, the psychiatric and psychological literature are practically devoid of contributions examining post-adolescent changes in parent-child relationships. The workshop will examine some of the reasons for this dearth of literature, summarize the knowledge that is available, and highlight the issue of role reversal as it pertains to the process of becoming a parent to one's parents, as opposed to the notion of "once my child, always my child." Further, the workshop will explore the influence of changing parent-child relationships and unresolved conflicts on a variety of adult relationships.

REFERENCE

Jarvik L, Small G: Parentcare: A Commonsense Guide for Adult Children. New York, Crown, 1988

Workshop 84

Tuesday, October 17, 1989
4:00-5:30 p.m.

Designing Psychiatric Medical Staff Quality Assurance Indicators/Monitors

David P. McWhirter, M.D., Medical Director, Mental Health Services, San Diego County Psychiatric Hospital, and Associate Clinical Professor of Psychiatry, University of California, San Diego, School of Medicine, San Diego, CA
Karenlee Robinson, M.S., M.H.A., Chief Executive Officer and Hospital Administrator, San Diego County Psychiatric Hospital, San Diego, CA
Kelley L. Phillips, M.D., M.P.H., Director of Clinical Affairs, Office of Quality Assurance, American Psychiatric Association, Washington, DC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to design a psychiatric service indicator for quality assurance.

SUMMARY

Everyone agrees that treatment outcomes are important measures of the quality of patient care. Because measures of outcome in the treatment of the chronic mentally ill are difficult to establish, the development of quality assurance indicators is problematic. This workshop will focus on the why, how, and when of designing monitors and indicators that tell the medical staff how well they are meeting their self-established standards of quality care. Concrete examples will be provided, and participants will have an opportunity to exchange ideas and ask questions about the development of psychiatric service indicators and monitors. The applicability of these indicators to other hospital services such as social work, nursing, and psychology will be discussed. The monitors should also prove useful in the development of an individual practitioner's treatment profile for use by peer review committees. The Agenda for Change developed by the Joint Commission on Accreditation of Healthcare Organizations and the current Health Care Financing Administration criteria will be at the core of this workshop.

REFERENCE

Consolidated Standards Manual. Chicago, Joint Commission on Accreditation of Healthcare Organizations, 1989
Joint Commission Perspectives, 8(9/10), 1988

Stigma: A Six Letter Word for Frustration, Anguish, and Loss of Prestige

Robin L. Rosner, M.H.T., Consumer Representative, Cleveland Mental Illness and Substance Abuse Task Force, and Trustee, Citizens Mental Health Assembly, Cleveland, OH
Harold I. Eist, M.D., Department of Psychiatry, Howard University, Washington, DC
Ardel N. Waller, Co-Chair, Sibling and Adult Children's Network, National Alliance for the Mentally Ill, Woodlands, TX

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the impact stigma has on the diagnosis, treatment, and outcome of mental disorders and on the lives of those who deal with these disorders in various roles.

SUMMARY

Various mental disorders have been in the spotlight over the years, and the illness in focus at a given time is frequently dependent on the most current media campaign. One mental health problem that remains constant and continues to have a crippling impact on mental health care and its delivery is stigma. It is a problem that affects not only those who have received care in the past, but also those who are currently receiving care. Stigma also affects those who provide care, those who may need care in the future, and the friends and families of those involved in the care or treatment process. The presenters represent diverse backgrounds, and bring to this workshop their own perspectives of stigma as consumers, professionals, and family members.

REFERENCE

Durgin FJ: Impact of stigma (ltr.) Psychiatric News Oct 3, 1986, pp 2, 33

Workshop 86 | Tuesday, October 17, 1989
4:00-5:30 p.m.

Development of a Center for Problem Gamblers

Lloyd I. Sederer, M.D., Associate Chief of Psychiatry, Mount Auburn Hospital, Cambridge, MA, and Assistant Professor of Psychiatry, Harvard Medical School, Boston, MA
William Betcher, M.D., Ph.D., Staff Psychiatrist, Center for Problem Gambling, Mount Auburn Hospital, Cambridge, MA
Thomas Cummings, Director, Massachusetts Council for Compulsive Gambling, Boston, MA
Michael Furstenberg, Ed.D., Program Director, Center for Problem Gambling, Mount Auburn Hospital, Cambridge, MA
Robert Pyles, M.D., Consulting Psychiatrist, Center for Problem Gambling, Mount Auburn Hospital, Cambridge, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe the creation and implementation of a state-supported treatment and research center; to describe the working relationships between the psychiatric, self-help, and governmental communities; and to provide demographic, diagnostic, and treatment information about a population treated for problem gambling.

SUMMARY

In March 1988 the Department of Psychiatry at Mount Auburn Hospital began the first Treatment Center for Problem Gamblers in Massachusetts. The program is funded by the Massachusetts Department of Public Health, with monies derived from the lottery. The project is a collaborative effort between Mount Auburn Hospital, the Department of Public Health, the Massachusetts Council on Compulsive Gambling (a lay informational, educational, and support agency), and the Center for Addiction Studies at Harvard Medical School.

REFERENCES

Custer R, Milt, H: When Luck Runs Out: Help for Compulsive Gamblers and Their Families. New York, Facts on File, 1985
Galki T: The Handbook of Pathological Gambling. Springfield, Ill, Thomas, 1987

Recruitment and Retention of Psychiatric Nurses: Imaginative and Successful Models

Gail W. Stuart, R.N., C.S., Ph.D., Associate Professor, College of Nursing, Medical University of South Carolina, Charleston, SC
Michele T. Laraia, M.S.N., R.N., Assistant Professor, College of Medicine and College of Nursing, Medical University of South Carolina, Charleston, SC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify issues related to recruiting and retaining psychiatric nurses and describe new approaches to address these problems.

SUMMARY

The presenter examines issues that affect the recruitment and retention of psychiatric nurses in a variety of health care organizations. Factors inherent to job satisfaction among nurses will be reviewed and examined in the context of characteristics necessary for professional psychiatric nursing care. New models of nursing service organizations and their implications for appropriate nursing, staffing, and utilization are discussed.

REFERENCES

Dawkins J, Depp F, Selzer N: Stress and the psychiatric nurse. Journal of Psychosocial Nursing 23:9-15, 1985
Prescott P: Another round of nurse shortage. Image: Journal of Nursing Scholarship 19:204-209, 1987

Workshop 88

Tuesday, October 17, 1989
4:00-5:30 p.m.

"Shake-and-Bake" Skills Training: Rationale and Practice

Jack F. Wilder, M.D., Professor of Psychiatry, Albert Einstein College of Medicine, Bronx, NY
Nancy A. Gewirtz, Psy.D., Clinical Instructor, Albert Einstein College of Medicine, Bronx, NY
Doreen Stewart, Ph.D., Research Fellow, Albert Einstein College of Medicine, Bronx, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the rationale and techniques used in a new series of skill training courses for the chronic psychiatric patient.

SUMMARY

The workshop will discuss the presenters' experience with the "ABC's" series of skill training courses for the chronic mentally ill. The courses have six special characteristics. First, they are teacher-friendly. Staff at all levels, patients, and volunteers can learn how to teach each course in three hours. Second, they are student-friendly. Patients at all levels of functioning can be students. Third, they are inexpensive. Courses consist of simple instructor and student guides and educational card games. Fourth, they are fun. Students enjoy learning as they role-play using educational card games. Fifth, they are flexible. Instructors can readily add their own personal touches to the teaching prompts and extend each course for as many sessions as they prefer. And sixth, they are organizational catalysts. The courses enable mental health programs to rapidly enrich their educational orientation. A year's experience of such courses as "The ABC's of Handling Your Medication" and "The ABC's of Handling Hassles" in a dozen mental health facilities is presented.

REFERENCE

Wilder JF, Gewirtz N, Stewart D: "Shake and Bake" Skills Training: Rationale and Practice (Submitted for publication)

Systems Change in Philadelphia

William H. Wilson, M.D., Oregon Health Sciences University, Portland, OR
Victoria S. Conn, R.N., M.N., M.A., Chair, Curriculum and Training, National Alliance for the Mentally Ill, Philadelphia, PA
Martha B. Knisley, Deputy Secretary for Mental Health, Department of Welfare, Commonwealth of Pennsylvania, Harrisburg, PA
Max Silverstein, Ph.D., Professor Emeritus of Social Work, University of Pennsylvania, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the key elements in a systems change project to convert a state hospital to a community-based system, identify the key elements that have worked well in Philadelphia, and discuss the problems that remain.

SUMMARY

In 1987 the Commonwealth of Pennsylvania decided to close the state hospital serving Philadelphia and replace it with comprehensive community-based services. Ambitious plans for this system change are being implemented. This systems change is controversial; many individuals regard the change as highly progressive, and others feel that clients will be poorly served by community programs. This presentation brings together systems planners and caregivers to assess the progress of systems change. Family members and consumers will provide their perspectives. Many points of view will be represented, and lively and impassioned debate can be expected.

REFERENCE

Wilson WH: Re-evaluation of chronically ill psychiatric patients. Journal of Clinical Psychiatry 49:413-414, 1988

Roundtable 90 Tuesday, October 17, 1989
4:00-5:30 p.m.

(THIS SESSION CANCELLED)

Supporting the Colleague with a Borderline Disorder: Alternatives to Yet Another Rejection

Jennifer FauntLeRoy, M.D., Staff Psychiatrist, Tri-City Community Mental Health Center, Everett, MA, 1985-1986 APA/Mead Johnson Fellow
Marilyn Gewacke, Ph.D., Director, Borderline Outpatient Treatment Program, Capital District Psychiatric Center, Albany, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify borderline pathology affecting the treatment team and have some practical protocols for coping with these issues both personally and institutionally.

SUMMARY

When we fantasize a work place in which the set of all strong (mature, healthy, wise) people is on our side of a divide, cheerfully helping the set of all weak (developmentally arrested, sick, foolish) people, we are recreating, on an institutional level, the world of the borderline. Actually we all know that mental health service providers come to the field for a mixture of healthy and unhealthy, conscious and unconscious reasons and that we all bring our unresolved personal issues to work with us. These issues can be particularly highlighted when working with the borderline patient.

This workshop will explore what can happen when staff with borderline features or who have borderline personality disorder are part of the treatment team. We will discuss the dangers both to patients and to staff harmony created by the usual borderline defenses, especially idealization/devaluation splits and projective identification. We will discuss practical coping strategies, such as separating supervision from job evaluation, firm guidelines on allowable relationships with patients, "buddy systems," and separating therapy from case management and advocacy. We will emphasize ways to increase staff identification with the "family of staff" to modify overidentification with patients.

This discussion will take place in a context of respect for the real accomplishments of our personality-disordered colleagues and recognition that if given adequate support and supervision, they may be especially effective as therapists and role models for more impaired borderline patients.

REFERENCES

None provided.

AIDS and the Community Mental Health Workshop

Keith Gockel, M.D., Resident in Psychiatry, University of Wisconsin, and Mental Health Center of Dane County, Madison, WI
Anne K. O'Brien, Clinical Specialist, Emergency Services Unit, Mental Health Center of Dane County, Madison, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to begin the process of developing a policy on AIDS for their own facility and understand the kinds of policies that have been developed by other facilities.

SUMMARY

This workshop will focus on the process the Mental Health Center of Dane County went through in establishing a comprehensive program intended to educate staff as well as clients about the risks of AIDS and how infection can be avoided and to insure that infected clients and employees receive compassionate, confidential care in a nondiscriminatory fashion. The process involved discussions of many social, ethical, moral, medical, and financial concerns. The workshop will focus on the decision-making process and how AIDS policies can be created in community mental health centers.

REFERENCE

Simon RI (ed): Ethical treatment of patients with AIDS. Psychiatric Annals 18(10), 1988

Can Career Commitments Survive Systems in Turmoil? Reflections of Senior Clinicians

George S. Sigel, M.D., Bridgewater State Hospital, Bridgewater, MA
Charles W. Carl, M.D., Staff Psychiatrist, Worcester Area Community Mental Health Center and Worcester State Hospital, and Assistant Professor, University of Massachusetts Medical Center, Worcester, MA
Bruce L. Mermelstein, Ed.D., Chief Executive Officer, Community Outpatient Services, Chelmsford, MA
Richard G. Morrill, M.D., Admission Unit Director, Westborough State Hospital, Westborough, MA, and Associate Professor, Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the natural points of tension between the need for treatemtn and the community's need for protection.

SUMMARY

"Titicut Follies" presented Bridgewater State Hospital as a prison with minimal clinical services. Public reaction forced the building of a new facility and a major infusion of new clinical resources. Disagreement persisted over whether this new facility was to be a prison or a hospital. Twenty years later the debate continues: Can a prison become a hospital? At what point do security issues over-ride clinical concerns? Is violence a symptom of illness? Should psychiatric patients be subjected to discipline? How does the malingerer affect the treatment milieu? Do forensic patients benefit from involuntary hospitalization? Can correctional staff become effective participants in treatment programs? Can clinical staff appreciate the need for security measures? These are a number of issues to be raised in this workshop which will serve as a one-year update of last year's well attended "Titicut Follies" review.

REFERENCES

Kaufman K: Prison Officers and Their World, Harvard University Press, 1988

The Politics of the Maryland Plan

Walter Weintraub, M.D., Professor and Director of Graduate Education, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD
Henry T. Harbin, M.D., Clinical Associate Professor, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD
Gary W. Nyman, M.D., M.B.A., Clinical Associate Professor, Department of Psychiatry, University of Maryland School of Medicine, and Chief of Psychiatry, VA Medical Center, Baltimore, MD
Stuart B. Silver, M.D., Director, Mental Hygiene Administrator, Department of Health and Mental Hygiene, State of Maryland, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand political strategies for dealing with state and university resistances to the recruitment of highly qualified psychiatrists into the public sector.

SUMMARY

Although well-publicized, inexpensive, and successful, the Maryland Plan for recruiting university-trained psychiatrists into state service has not been replicated in other states. Why? Financial and professional rewards of public service alone cannot draw well-trained young psychiatrists into the public sector. The Maryland Plan can be viewed as a state-wide crusade of young psychiatrists that occurred because of local peculiarities. It developed as a consequence of the student protest movement of the 1960s and as a reaction to the excesses of the community mental health movement. Like most crusades, the Maryland Plan has had an ideology, an agenda, enemies, and scapegoats. It has also had a code of honor, a shared faith, older mentors, and charismatic leaders. The presentation will deal with the sociopolitical factors that have been responsible for the successes and failures of the Maryland Plan.

REFERENCE

Weintraub W, Harbin HT, Book J, et al: The Maryland Plan for recruiting psychiatrists into public service. American Journal of Psychiatry 141:91-94, 1984

Pharmacologic Therapy and the Long-Term Course of Schizophrenia
Sponsored by Sandoz Pharmaceuticals

John M. Kane, M.D., Chairman, Department of Psychiatry, Long Island Jewish Medical Center, Hillside Hospital, Glen Oaks, NY, and Professor of Psychiatry, albert Einstein college of Medicine, New York, NY

Gerard Hogarty, M.S.W., Professor of Psychiatry and Director of Research in Schizophrenia, Western Psychiatric Institute and Clinic, Pittsburgh, PA

Jeffrey Lieberman, M.D., Director of Research, Department of Psychiatry, Hillside Hospital, Glen Oaks, NY, and Associate Professor of Psychiatry, Albert Einstein College of Medicine, New York, NY

George Simpson, M.D., Director, Clinical Psychopharmacology, Medical College of Pennsylvania, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to provide up-to-date knowledge about the longitudinal course of schizophrenia, the optimal dosage of anti-psychotic medication, the duration of an adequate clinical trial, the management of side effects including granulocytopenia and the integration of pharmacologic treatment with psychosocial therapies.

SUMMARY

Clozaril (clozapine) is a novel antipsychotic drug expected to be introduced into the United States in the near future. There is strong evidence that it is unlike any other available antipsychotic in efficacy, side effects, and mechanism of action. Controlled clinical trials indicate that it is more efficacious in a substantial proportion of both typical and treatment-resistant schizophrenic patients. The onset of clinical response may be rapid and is usually progreessive when it occurs. Clozapine also produces fewer extrapyramidal symptoms but has other side effects, such as granulocytopenia, weight gain, sedation, and cardiovascular effects. Speakers in this symposium will consider the long, term outcome of schizophrenic patients with typical drug treatments, the effects of clozapine over the short and long term on positive and negative symptoms and social function, and the optimal use of clozapine in everyday clinical practice, including the use of psychosocial treatments with clozapine and typical neuroleptic drugs. The potentially large impact on the mental health system of the expected approval of clozapine for use in treatment-resistant schizophrenic patients will be discussed.

REFERENCES

Kane J, et al.: Clozapin for the Treatment Resistant Psychiatric Patient. Archives of General Psychiatry 45-9:789-796, 1988

Challenges in Treating Depression in the Medically Ill or Elderly Patient

Sponsored by Eli Lilly

Troy L. Thompson, II, M.D., Professor and Chair of Psychiatry, Jefferson Medical College, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the end of this course, the participant should be able to review the effects of normal aging and medical illnesses associated with changes in the pharmacokinetics (absorption, distribution, and metabolism) of antidepressant and other psychotropic drugs.

SUMMARY

The effects that a number of medical illnesses (particularly cardiac, neurologic, hepatic, and renal illnesses) have on the pharmacokinetics of antidepressants and other psychiatric drugs will be reviewed, as will the effects of the normal aging process on the absorption, distribution, and metabolism of these drugs. Because medical illnesses may significantly prolong the half-life of many medications, smaller dosages and a much longer time before the medication reaches steady state may be necessary. The elderly person may also have increased end organ-sensitivity to a given serum level of medication. For these reasons, antidepressants and other psychotropic drugs must be used much more judiciously in the medically ill and elderly. In general, the physician should start at a much lower dose than usual and increase the dose more slowly than in a younger or medically healthy individual. A number of side effects of antidepressant medications, especially those that increase in frequency and severity in the medically ill and elderly, will also be discussed.

REFERENCE

Thompson TL, Moran MG, Nies AS: Psychotropic drug use in the elderly. New England Journal of Medicine 308:134-138, 194-199, 1983

ALL-DAY WORKSHOP
Workshop 94

Wednesday, October 18, 1989
9:00 a.m. - 5:00 p.m.

Wisdom in the Practice of Psychotherapy

T. Byram Karasu, M.D., Professor of Psychiatry, Albert Einstein College of Medicine, Bronx, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize various techniques of different schools of therapy, understand the basic ingredients of psychotherapeutic approaches, and develop a nonsectarian theory for the practice of psychotherapy.

SUMMARY

Different schools of psychotherapy often attempt to capture, if not exalt, their uniqueness, mask their derivations from and similarities with other systems, and make partisan claims of superiority. This workshop intends to transcend different conceptualizations of psychopathology and the therapeutic techniques of various schools to free the practice of psychotherapy from theoretical dogma. The workshop will explore the generic components of psychotherapy that cut across all schools of thought, examine what is specific about their nonspecific elements, and identify mutative processes of healing and therapist development. Designed for psychotherapists working in any setting, the workshop aims toward a therapeutic philosophy and wisdom that will engender personal and professional growth.

REFERENCES

Karasu TB: Psychotherapies: an overview. American Journal of Psychiatry 134:851-863, 1977
Karasu TB: The specificity versus nonspecificity dilemma: toward identifying therapeutic change agents. American Journal of Psychiatry 143:687-695, 1986

Adolescent Suicide: Assessment, Treatment, and Research Issues

James T. Barter, M.D., Director, Illinois State Psychiatric Institute, Chicago, IL
Graciela Viale-Val, Psy.D., Director of Training in Psychology, and Research Scientist, Adolescent Research Section, Illinois State Psychiatric Institute, Chicago, IL

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the risk factors and situational stresses related to adolescent suicide, should be familiar with transference and countertransference issues mobilized in the treatment of suicidal adolescents and their families, and should demonstrate knowledge of prevention.

SUMMARY

This workshop will provide an update on advances in the assessment and treatment of suicidal behavior in adolescents. The presenters will review the literature on suicide attempts and completed suicides with the goal of enhancing the understanding of the psychological deficits, environmental conditions, and precipitating events that contribute to adolescent suicidal behavior. Negative reactions and management difficulties encountered in the treatment of suicidal adolescents and their families will be addressed. Finally, strategies for working with adolescents and other survivors of suicide and the role of the mental health professional in the prevention of adolescent suicide will be explored.

REFERENCE

Hendin H: Youth suicide: a psychological perspective. Suicide and Life-Threatening Behavior 17:151-165, 1987

Workshop 96 | Wednesday, October 18, 1989
9:00-10:30 a.m.

Confronting Stigma: Mental Health Interventions in the Public Schools

John Battaglia, M.D., Instructor in Psychiatry, University of Texas Southwestern Medical Center, Dallas, TX (1986-1987 APA/MJ Fellow)
Craig P. Bushong, M.D., Clinical Fellow in Child Psychiatry, McLean Hospital-Harvard Medical School, Boston, MA
John H. Coverdale, M.D., Fellow in Psychiatry, Baylor College of Medicine, Houston, TX

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand how to construct, implement, and evaluate a prevention program with adolescents.

SUMMARY

The workshop includes a review and discussion of the existing literature on interventions designed to affect the mental health of teenagers (for example, primary prevention of suicide and drug abuse), a description of a model program in Houston, Texas, that has implemented these ideas in an experimental fashion, and a discussion of results from a controlled study of the Houston project and their implications for further studies.

The presenters will emphasize an integration of theory with practice and address the question, How can we use the available data to design programs for mental health interventions in the schools? Discussion with participants will be an integral part of the workshop.

REFERENCE

Blum R: Contemporary threats to adolescent health in the United States. JAMA 257:3390-3395, 1987

Difficulties and Benefits of a Department of Psychiatry and a Community-Based Residence Working Together

Harvey J. Bluestone, M.D., Director, Department of Psychiatry, Bronx-Lebanon Hospital Center, and Professor of Psychiatry, Albert Einstein College of Medicine, Bronx, NY
Eleanor Clarke, R.N., Executive Director, HOMEE Clinic, Inc., Bronx NY
Michael G. Kaufman, M.S., Director, Crotona Park Community Mental Health Center, Bronx-Lebanon Hospital Center, Bronx, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the mutual benefits and problems of a department of psychiatry and a community-based residential program working together.

SUMMARY

The Department of Psychiatry of Bronx-Lebanon Hospital Center and HOMEE Community Residence work together to treat severely mentally ill patients, many of whom also abuse alcohol or drugs. The two facilities, located in the South Bronx of New York City, treat a poor, urban, minority population.

The collaboration between a large hospital and a free-standing agency has been both difficult and beneficial. Referral and admission present many obstacles to overcome for two separate agencies. Treatment planning and case management must be handled by joint case conferences and frequent contact. Dual diagnosis requires the staffs of the two facilities to have similar philosophies and close coordination. Short-term hospitalization must be provided, but long-term hospitalization has been reduced, and attendance and compliance with treatment has been high.

REFERENCE

Okin RL: Expand the community care system: deinstitutionalization can work. Hospital and Community Psychiatry 36:742-745, 1985

Collaborative Nursing Practice: Combining Emergency Psychiatric and Nursing Care

Gail L. Boggs, R.N., M.S.N., Nurse Clinician, Psychiatric Emergency Services, and Staff Development Educator, Psychiatric Nursing, University of Cincinnati Hospital, Cincinnati, OH
Elizabeth A. Morris, R.N., Ambulatory Nurse Manager, Psychiatric Emergency Services, University of Cincinnati Hospital, Cincinnati, OH
Deborah Jane Schwytzer, R.N., B.S.N., C.E.N., Nurse Clinician, Center for Emergency Care, University of Cincinnati Hospital, Cincinnati, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify how collaboration between medical and psychiatric nurses improves the quality of nursing care delivered in a critical care emergency service.

SUMMARY

Collaborative emergency psychiatric and medical nursing practice has evolved to provide holistic psychiatric and medical care for the patient and family. Upon entering the emergency department, the patient is initially triaged to assess for acute or chronic care needs after which the patient is channeled to the area of the emergency department that is best suited to address the presenting symptoms. The psychiatric triage consists of a brief initial social history, a physical assessment, and a determination of legal status. Patients may present with psychiatric symptoms caused by a physical illness. Psychiatric disorders may present with physical symptoms. The initial presentation may necessitate collaborative efforts for the care of simultaneously occurring psychiatric and medical conditions. The emergency service evaluates, stabilizes, and makes referral arrangements in coordination with community-wide mental health and medical resources. Through a collaborative approach, a high degree of skill in medical and psychiatric nursing is combined to give the patient and family quality emergency care.

REFERENCE

Boggs GL: Psychiatric emergency nursing. Ohio Nurses Review, May, 1985

Alternative Roles in Psychiatric Care Delivery

Ann Marie T. Brooks, R.N., D.N.Sc., M.B.A., Director of Nursing and Associate Dean for Nursing Practice, University of Rochester Strong Memorial Hospital, Rochester, NY
Diane E. Gibson, M.A., O.T.R., Director of Activity Therapy, The Sheppard and Enoch Pratt Hospital, Baltimore, MD, and Editor, Occupational Therapy and Mental Health Journal

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify specific strategies to meet the health care shortage, describe functions that can be carried out by alternative roles within the psychiatric setting, describe documentation practices that meet established standards of care, and describe collective monitoring mechanisms to ensure efficient and effective care delivery.

SUMMARY

The current shortage in selected health care categories has created problems in the provision of care in all psychiatric sectors. To meet this shortage, each discipline involved should establish psychiatric sectors. It is also critical that interdisciplinary collaboration take place so that collective creativity and expertise can be used in designing or restructuring the psychiatric system to meet changing needs. While fiscal constraints and changes in reimbursement systems are often cited as the major reason for change, the issue of alternative roles and responsibilities must be addressed as part of an ongoing commitment to innovative and creative practice environments.

REFERENCE

Schutte JE: What the nurse shortage means to doctors. Medical Economic, Nov 7, 1988, pp 51-58

Workshop 100 **Wednesday, October 18, 1989**
9:00-10:30 a.m.

Hypnotic Interventions for Medical Patients

Brenda Byrne, Ph.D., Clinical Assistant Professor, Department of Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, PA
Clorinda G. Margolis, Ph.D., Clinical Professor, Department of Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to apply criteria for identifying appropriate patients for the use of hypnosis in medical settings, perform one or more simple hypnotic inductions that can foster the relaxation response, formulate posthypnotic suggestions appropriate to specific needs of medical patients, name five to ten medical situations in which hypnotic intervention may be effective, and identify patients and situations in which hypnosis may be contraindicated.

SUMMARY

This workshop is designed for professionals in psychiatry or psychology who wish to apply hypnosis as a tool for intervention in the care of medical patients with a range of difficulties and needs. The workshop will cover medical problems and situations appropriate for hypnosis, screening and preparing patients for hypnotic intervention, simple hypnotic techniques for the medical setting, and minimizing risk of adverse effects.

REFERENCES

Brown DP, Fromm E: Hypnotherapy and Hypnoanalysis. Hilldale, NJ, Erlbaum, 1986
Hilgard ER, Hilgard JR: Hypnosis in the Relief of Pain. Los Altos, Calif, Kaufmann, 1983

Clinical Strategies for AIDS Prevention in the Chronic Mentally Ill: Interdisciplinary Perspectives

Mary Cheevers, R.N., AIDS Coordinator and Human Rights Officer, Massachusetts Mental Health Center, Boston, MA
Stephen M. Brady, Ph.D., Director of Adult Day Services, Fuller Mental Health Center, Boston, MA
Elaine Carmen, M.D., Assistant Medical Director, Fuller Mental Health Center, and Professor of Psychiatry, Boston University School of Medicine, Boston, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to teach clinicians about strategies for AIDS prevention among the chronic mentally ill and to implement these approaches in clinical practice.

SUMMARY

AIDS prevention for the chronic mentally ill is one of the great challenges confronting public mental health. The three presenters, all of whom have clinical and administrative responsibilities in large inner-city community mental health centers, discuss their individual and collaborative efforts in AIDS prevention. Several clinical approaches will be discussed including the drop-in group as a model for AIDS prevention in an outpatient setting, individual and group education in day hospitals and acute inpatient units, systematic HIV risk assessment in a psychiatric aftercare setting, and the integration of AIDS prevention goals into ongoing psychiatric treatment. The particular challenge of AIDS prevention for patients with a history of sexual abuse will be addressed. Strategies for coping with institutional barriers to AIDS education and the complementary roles of nursing, psychiatry, and psychology for effective treatment will be addressed.

REFERENCE

Siegel K (ed): AIDS education: the public health challenge. Health Education Quarterly 13(4), 1986

What Does it Take to Train Practitioners to Work With the Seriously Mentally Ill and Their Families?

Victoria S. Conn, M.N., M.A., Chair, Curriculum and Training, National Alliance for the Mentally Ill, Arlington, VA
Diane T. Marsh, Ph.D., Professor of Psychology, University of Pittsburgh, Greensburgh, PA
Ursula C. Gerhart, M.S.W., Ed.D., A.C.S.W., Professor, School of Social Work, Rutgers University, New Brunswick, NJ
William H. Wilson, M.D., Oregon Health Sciences University, Portland, OR

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize specific skills, knowledge, and attitudes required for mental illness professionals to address the needs of the seriously mentally ill and their families and to understand ways of changing curriculum and training to include and emphasize this content.

SUMMARY

The current upsurge in interest in working with the seriously mentally ill and their families reminds one of the story of Tom Sawyer whitewashing the fence! A task that until recently no one wanted much to do with has become one to which each discipline claims to have a unique contribution. Yet it is recognized that training programs within all the core disciplines need to be modified and brought in line with current concepts. In this session, which is organized by the Curriculum and Training Network of the National Alliance for Mentally Ill, leaders in psychiatry, social work, nursing, and psychology suggest models for curriculum and training aimed at producing graduates with the skills, knowledge, and attitudes needed to provide the range of treatment, care, and services required by the seriously mentally ill and their families.

REFERENCE

Wintersteen RT: Rehabilitating the chronically mentally ill: social work's claim to leadership. Social Work 31:332-337, 1986

The Right to Refuse Treatment: Nonmedication Issues

Robert Eilers, M.D., Medical Director, Ancora Psychiatric Hospital, Hammonton, NJ
Margaret A. Klein, A.C.S.W., Executive Assistant to the Chief Executive Officer, Ancora Psychiatric Hospital, Hammonton, NJ
Theodore S. Novak, Esq., Assistant Deputy Public Advocate, New Jersey Department of the Public Advocate, Division of Mental Health Advocacy, Camden, NJ

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the legal issues involved in the right to refuse treatment and will be able to develop effective strategies for managing patients who are resisting needed services in the hospital.

SUMMARY

One of the most difficult problems confronting clinicians in their day-to-day work is dealing with the hospitalized patient who resists treatment. While discussion about the right of the involuntarily committed patient to refuse treatment has focused on medication issues, several related areas can also have considerable impact on the delivery of care in the hospital. In the absence of a clear emergency, nonconsenting patients who have not been adjudicated incompetent can delay treatment services by refusing medical services, failing to follow special diets, or resisting involvement in therapeutic programs. To assist staff in providing needed services to patients who refuse treatment, the administration of a state psychiatric hospital opened a dialogue with patients' legal advocates. A series of case vignettes will illustrate how clinical and legal issues may be resolved. The discussion will present these issues from the point of view of a psychiatrist, a hospital administrator, and a legal advocate.

REFERENCE

Waller DA, Altshuler KZ: Perspectives on patient noncompliance. Hospital and Community Psychiatry 37:490-492, 1986

Management of Mental Health Care: A Review of Models

Mary Jane England, M.D., Vice President, Medical Services, Prudential Insurance Company of America, Roseland, NJ
Ellen F. Doerner, B.S.N., R.N.C., Manager, Group Medical Services, Mental Health Service, Prudential Insurance Company of America, Roseland, NJ
Dorothy Dugger, M.D., Director, Medical Services, Prudential Insurance Company of America, Horsham, PA
H.G. Whittington, M.D., Director, Medical Services (Psychiatry), Prudential Insurance Company of America, Houston, TX

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand why management of mental health services is necessary, why our knowledge base allows us to manage in a fair and clinically correct manner, and how nurse reviewers and psychiatrists administer a medical necessity review program.

SUMMARY

The concept of managed care becomes increasingly confusing to practitioners as methods of management proliferate and acronyms increase. Management efforts may be focused on cost, quality, locus, type, and quality (benefit) issues. Mechanisms for achieving desired changes include benefit design, rate setting, utilization management, peer review, case management, organized systems such as health maintenance organizations, risk and incentive arrangements, and modification of patient behavior.

REFERENCE

Goldman W: Mental health and substance abuse services in HMOs. Administration in Mental Health 15:189-200, 1988

Diagnosis and Treatment of Winter Depression

James R. Gaddy, Ph.D., Assistant Professor in Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, PA
Karl Doghramji, M.D., Assistant Professor of Psychiatry and Human Behavior, Jefferson Medical College, and Director of the Sleep Disorders Center, Philadelphia, PA
Karen T. Stewart, Ph.D., Director, Seasonal Affective Disorders Program, and Postdoctoral Fellow, Department of Neurology, Jefferson Medical College, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize and treat seasonal mood disorder.

SUMMARY

Attention to seasonal variations in mood disorders has led to the identification of seasonal affective disorder and the addition of "seasonal pattern" to the classification of mood disorders in DSM-III-R. In addition, milder seasonal variations in mood have been found in epidemiological studies. The accepted treatment for winter mood depression is retinal exposure to bright light. A joint program between the Departments of Psychiatry and Neurology of Jefferson Medical College has sponsored research and phototherapy of winter depression since the winter of 1986. These personnel now propose to train others in practical methods of diagnosis and treatment of seasonal depression. We will discuss diagnostic criteria and methods, schedules of phototherapy, light sources, and the psychophysiological effects of light.

REFERENCE

Rosenthal NE, Sack DA, Skwerer RG, et al: Phototherapy for seasonal affective disorder. Biological Rhythms 3:101-120, 1988

The Clinician Stands Alone

Nancy E. Gerber, M.S., A.T.R., Supervising Director of Creative Arts Therapies, Friends Hospital, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the psycho-social, theoretical, and personal factors that affect clinicians currently practicing in our mental health care system. Through didactic and experiential exercises, the participant will be able to recognize responses of withdrawal and isolation as both common and treatable symptoms exhibited by mental health professionals.

SUMMARY

The premise of this presentation is that individuals who work in the human services operate under a great deal of pressure from both external and internal sources. The external factors include sociological, cultural, and economic trends. The internal factors include the personality predisposition of those choosing these professions in combination with the nature of the therapeutic relationship. The convergence of these factors upon the helpgiver often leads to frustration, withdrawal, and isolation.

Many clinicians believe consciously or unconsciously that because they are the helpers they must deny their own insecurities, anxieties, disappointments, and feelings of helplessness. This "Wizard-of-Oz" syndrome, as it is called in this workshop, is supported by the external and internal factors mentioned above. Many clinicians inherently operate in this fashion, and the systems within which they work support this modus operandi. Some individuals may begin to consider their feelings abnormal and resort to self-imposed isolation rather than open interactions with coworkers. This workshop presents techniques designed to help professionals, who generally help others, help themselves. Verbal and imagic languages are used in combination with group process.

REFERENCE

Bellah RN: Habits of the Heart: Individualism and Commitment in American Life. Berkeley, University of California Press, 1985

Psychotherapy in the Treatment of Schizophrenia

Michael J. Kaminsky, M.D., Clinical Director of Ambulatory Services, Department of Psychiatry and Behavioral Sciences, and Assistant Professor of Psychiatry, Johns Hopkins University Hospital, Baltimore, MD
Mary E. Fosler, M.S.W., L.C.S.W., Senior Psychiatric Therapist, Community Psychiatry Program, Johns Hopkins University Hospital, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to more fully conceptualize and treat patients with the chronic mental illness of schizophrenia.

SUMMARY

The success of pharmacotherapy in treating schizophrenia, and more recently, the achievements of psychosocial rehabilitation and family intervention strategies have met in part the challenge of treating the schizophrenic patient in his community. As such, they have been both causes of and responses to deinstitutionalization. The relative success of contemporary treatments has shifted the focus of care from psychological issues to environment and disease phenomena.

Individual insight-oriented psychotherapies employed alone have generally proved innocuous or harmful in treating schizophrenia. Nevertheless, making sense of one's experience and sensibilities continue to be important to the patient. This workshop will focus on the personhood of patients with schizophrenia, the particular psychological vulnerabilities and consequences of the illness itself, and the necessity to recognize psychotherapeutically that, while the illness may limit and diminish the person, it does not extinguish him. In addition to evaluation, education, and prescriptions for care and management, the treatment of schizophrenia requires that the therapist as an auxiliary ego, help the patient to articulate, decipher, and clarify confused thinking; to validate experience while supporting reality testing; to facilitate problem solving; and to integrate disparate and dissembling experience into a more cohesive, adaptive, and meaningful one.

REFERENCE

Paykel EX: Psychopharmacological and social aspects of schizophrenia: recent developments. Australian and New Zealand Journal of Psychiatry 14:241-247, 1980

The Inpatient Unit As Consultant to the Outside Psychiatrist

Richard M. Sobel, M.D., Assistant Professor, Department of Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, PA
Steven E. Samuel, Ph.D., Chief Psychologist, Jefferson Medical College and Thomas Jefferson University Hospital, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should have a greater sense of the role of the inpatient unit as consultant to the outpatient therapist and a greater appreciation of how individual therapy transference and countertransference issues are played out in the inpatient milieu. Participants will learn to recognize and deal with resistance to this process on the part of both the referring therapist and inpatient staff.

SUMMARY

A psychiatric hospitalization is often precipitated by a crisis in the patient's life. Very often this crisis includes difficulty in outpatient therapy, with possible problems in transference, therapist countertransference, and medication regime. The inpatient hospital staff is in a unique position to provide consultation to the referring therapist. In doing so, the inpatient staff face various challenges that are presented by different models of care. These models include a staff physician acting as inpatient attending psychiatrist and the outside therapist not seeing the patient, a staff physician as inpatient attending psychiatrist with the outside therapist maintaining the same frequency of visits as in the outside therapy, and the outside therapist serving as inpatient attending psychiatrist. Difficulties for the staff arise from potential idealization or devaluation of the referring therapist. The potential narcissistic injury to the therapist in having his or her professional work and possible countertransference issues "exposed" must be dealt with sensitively.

We propose to review current literature on this topic and present cases that demonstrate aspects of this issue from the perspective of the inpatient staff and referring therapist. Audience participation, with questions, discussion, and sharing of clinical experience will follow.

The Inpatient Unit As Consultant to the Outside Psychiatrist
(Cont'd)

REFERENCES

Bernstein SB: Psychotherapy consultation in an inpatient setting. Hospital and Community Psychiatry 31:829-834, 1980

Grotjahn M: Psychiatric consultations for psychiatrists. American Journal of Psychiatry 126:932-937, 1970

Jacobs DH, Rogoff J, Birnbaum B, et al: The neglected alliance: the inpatient unit as a consultant to referring therapists. Hospital and Community Psychiatry 33:377-381, 1982

Kolb LC: Consultation and psychotherapy, in Current Psychiatric Therapies, Vol 8. Edited by Masserman JH. New York, Grune & Stratton, 1968, pp 1-10

Roundtable 109

Wednesday, October 18, 1989
9:00-10:30 a.m.

Excessive Costs of Mental Health Payment Systems

Douglas A. Bigelow, Ph.D., Assistant Professor, Department of Psychiatry, Oregon Health Sciences University, Portland, OR
Bentson H. McFarland, M.D., Ph.D., Assistant Professor, Department of Psychiatry, Oregon Health Sciences University, and Director, Western Mental Health Research Center, Portland, OR

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the structure and costs of Canadian and U.S. payment systems for mental health services and identify possible means of improving administration and increasing direct services.

SUMMARY

Canadian and U.S. payment systems for mental health services will be compared. The dimensions compared include consolidation of funding, number of payment mechanisms per service sector, and isolation of the patient from payment. Consequences for the extent of clinical and administrative documentation and clinicians' decision making are compared. Also compared are costs of the payment apparatus and access to care. The presenters argue that nearly 10 percent of mental health dollars might be diverted to additional direct care and present research on this potential efficiency.

REFERENCE

Bigelow D, McFarland B: Comparative costs and impacts of Canadian and American payment systems for mental health services. Hospital and Community Psychiatry 40:805-808, 1989

Rating Legislators on Issues Affecting Public Psychiatry Patients

Audrey Newell, M.D., House Officer, Department of Psychiatry, University of Michigan Medical Center, Ann Arbor, MI, 1988-1989 APA/Mead Johnson Fellow

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to use federal and state sources to determine bills and amendments that affect public psychiatry patients, rate legislators' voting records, and disseminate the results.

SUMMARY

Government policy on many issues not traditionally seen as directly relevant to psychiatry can have a great impact on the mental health of public psychiatry patients. Cuts in low-income housing programs lead to more homeless patients who do not take their thiothixene because there is no room for it in their duffel bags. Macroeconomic policies that lead to high unemployment cause increased child abuse, alcoholism, and suicide. Establishing a rating system for legislators' voting records on issues affecting public psychiatry patients (for example, aid to the homeless, jobs, housing, special education, vocational rehabilitation, gun control, and day care, as well as mental health) could increase legislative support for such measures by raising consciousness, generating publicity, and guiding political contributions by mental health professionals and their organizations' political action committees. Research has established that rating systems and political contributions change votes. The development and results of a rating system will be explained. Audience discussion will be encouraged.

REFERENCES

Congressional Quarterly, 1980-1988

What Do You Do at the End of the Line?
Treatment Strategies for Long-Term Inpatients in the State Hospital

Jack W. Barber, M.D., Staff Psychiatrist, Western State Hospital, Staunton, VA, and Assistant Professor of Behavioral Medicine and Psychiatry, University of Virginia, Charlottesville, VA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to give a general description of the patient population and common clinical problems, identify the changes in this population in the post-deinstitutionalization period, summarize the treatment strategies employed in such patients including both pharmacologic and psychosocial interventions, and discuss the general goals of such treatment and the components critical to the community care of this group of patients once behaviorally stabilized.

SUMMARY

State hospital inpatients with lengths of stay greater than one year occupy up to half of the beds in some public psychiatric facilities. Trends in our hospital suggest that this population is becoming younger and more behaviorally disturbed. Refractory psychosis, dangerous and disruptive behaviors, denial of illness, low motivation, and young adult developmental issues combine to make this a very difficult group of patients to treat. Further, their often mixed diagnostic picture, refusal to cooperate, and state hospital residence make them unlikely patients to be involved in clinical study. They utilize our most expensive level of care for extended periods of time and yet there is little in the literature describing their treatment within the context of long term areas of state hospitals. This presentation will involve a pragmatic discussion of this patient population and treatment strategies designed to meet their needs. Areas to be covered will include: 1) general characteristics and the evolution of this group of patients, i.e., from those requiring custodial care to the present treatment of refractory cases, 2) common clinical problems and why patients remain hospitalized, 3) general clinical goals of inpatient treatment, 4) structural and organizational framework of treatment, the ward program, 5) the nature and purpose of therapeutic activities, 6) issues of balance between individual treatment plans and group "management" realities, 7) the importance and purpose of indiviudal and group therapies, 8) medication strategies and realistic goals, and 9) the key components of aftercare frequently necessary to transfer the patient to the community.

The primary purpose of the presentation will be the description of the strategies employed to treat those patients who are truly "at the end of the line" on long term wards in state facilities, within the context of the often limited resources in such settings.

What Do You Do at the End of the Line?
Treatment Strategies for Long-Term Inpatients in the State Hospital
(Cont'd)

REFERENCES

Barber J, Kerler R, et al: Clinical and demographic characteristics of long stay inpatients: findings and implications for further research. Psychiatric Quarterly

Length of Stay and Recurrent Hospitalization: A View from Public Emergency Psychiatry

Marjorie O. Brooks, Ph.D., Assistant Professor, Department of Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, PA
Vincenzo R. Sanguineti, M.D., Assistant Professor, Department of Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, PA
Marilyn Tadlock, M.S.S., Acute Services Manager, Office of Mental Health, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to summarize patient and system characteristics related to recurrent emergency psychiatric hospitalizations and understand length of stay to be a complex, multifocused index for treatment and mental health service evaluation.

SUMMARY

Length of stay is often regarded as a unitary index and is used as both an independent or outcome variable in evaluation of patient management, treatment effectiveness, resource utilization, cost containment, and other activities associated with patient service. Some studies have identified various patient, family, socioenvironmental, diagnostic, and treatment variables related to length of stay; others have indicated that length of stay is primarily a function of the characteristics of treatment, judicial, and political systems.

This presentation reviews length-of-stay relationships and factors contributing to multiple hospitalizations from a three-year retrospective of operations of a five-day involuntary hospitalization program for severely psychiatrically impaired persons. We will consider the effects on rehospitalization of various system-wide challenges in providing appropriate out-of-hospital services and will appraise the significance of length of stay as a criterion measure for various components of patient service when length of stay is multivariately determined.

REFERENCE

Caton CLM, Gralnick A: A review of issues surrounding length of psychiatric hospitalization. Hospital and Community Psychiatry 38:858-863, 1987

How to Produce A Video*

Wendy J. Campbell, Filmmaker and Occupational Therapist, Mental Health Video Library, Toronto, Ontario, Canada
Grania Gurievitch, Filmmaker, TOGG Films, Inc., New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should understand the steps involved in making an educational videotape.

SUMMARY

This program will be presented by two experienced documentary filmmakers-one working in New York, the other in Toronto. Both have been involved in making films on health care and community programs. Their presentation will cover the process of producing a video, including defining the audience, designing the budget, developing a plan to raise money, creating a shooting script, choosing the participants, arranging distribution, and making technical decisions.

REFERENCES

No published reference available.

*Category II CME Credit

Treating the Homeless:
The Methods and Attitudes in Psychiatric Training
(Presented by 1987-1988 APA/Mead Johnson Fellows)

Lance D. Clawson, M.D., Child and Adolescent Psychiatry Fellow, Department of Psychiatry, Walter Reed Army Medical Center, Washington, DC
Hunter L. McQuistion, M.D., Fellow, Public Sector Psychiatry, Columbia Presbyterian Hospital, Long Island, NY
Susan Beckwitt Turkel, M.D., Department of Psychiatry, University of Southern California Medical Center, Los Angeles, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be aware of the critical need for specialized training in providing care to the homeless mentally ill, understand several approaches for developing and implementing such programs, and appreciate trainees' attitudes and experiences with the homeless mentally ill.

SUMMARY

Part of the problem in providing care to the homeless mentally ill is the need to develop and implement effective methods to teach psychiatric residents the special skills required. House staff attitudes may interfere with the ability to engage therapeutically with these patients, but these attitudes can change as a result of direct clinical experience and education. The results of a survey of trainees' attitudes toward the homeless will be presented, and several approaches to the problem of teaching psychiatric residents to work with the homeless mentally ill will be described. The experience of initiating and establishing a training program from the point of view of educators and trainees involved in the controversial involuntary hospitalization program at Bellevue Hospital in New York City and in a program in Washington, DC, in which psychiatric residents work at community-based shelters will be presented.

REFERENCE

Neilson AC, Stein LI, Talbott JA, et al: Encouraging psychiatrists to work with chronic patients: opportunities and limitations of residency education. Hospital and Community Psychiatry 32:767-775, 1981

Women's Issues in Psychiatric Training

(Presented by 1988-1989 APA/Mead Johnson Fellows)

Emily Finkelstein, M.D., Payne Whitney Clinic, New York Hospital, New York, NY
Sarah Hartman, M.D., New York State Psychiatric Institute, New York, NY
Debra Katz, M.D., Department of Psychiatry, New England Medical Center, Boston, MA
Sue Massoth, M.D., Menninger Foundation, Topeka, KS
Marylyn Wright, M.D., University of Hawaii of Manoa, Honolulu, HI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe crucial issues for women in psychiatric training and to discuss their impact on patient care.

SUMMARY

Women constitute an increasingly large proportion of psychiatric residents, but the ramifications of this trend for psychiatric education and clinical care have not been studied extensively. The workshop will delineate personal and institutional issues for women in psychiatric training and will suggest that these concerns cannot be understood in isolation from one another. Issues to be considered include the content of teaching on the psychology and treatment of women, sexism as it arises in the context of supervision, transference to the woman psychiatrist, the impact of pregnancy and motherhood on the psychiatric resident, and conflicts in identity as a female psychiatrist.

REFERENCES

Bernstein A, Warner GM: Women Treating Women: Case Material from Women Treated by Women Psychoanalysts. International University Press, New York, 1984

Workshop 116

Wednesday, October 18, 1989
11:00 a.m. - 12:30 p.m.

Putting Families in Charge of Hospitalization

Michael R. Fox, M.D, Clinical Assistant Professor, Department of Psychiatry, Johns Hopkins University Hospital, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand and implement an alternative to traditional hospitalization that is remarkably successful with difficult patients.

SUMMARY

Fifteen severely delinquent adolescents and 18 chronic mentally ill adults were hospitalized in a variety of settings using a family therapy approach that delegates authority to make all decisions to the nonhospitalized family members. The staff maintains responsibility for carrying out the family's decisions involving all aspects of treatment, including medication and discharge. Staff function as consultants and have no authority to change decisions unless grave risk is present. Eleven of the 15 adolescent cases (73 percent) were successful four or more years postdischarge. Among the adult cases, 17 percent were asymptomatic, 73 percent were significantly improved, and 22 percent failed over the course of eight years. The pattern of rehospitalization was significantly interrupted.

REFERENCE

Fox MR: Treating families with a member diagnosed as mentally ill, in Families in Trouble, Vol 4. Edited by Nunnally EW, Chilman CS, Cox FM. Newbury Park, Calif, Sage, 1988

Substituting Group Decision-Making for Individual Decision-Making

Esmat M. Gabriel Ed.D., Instructor, Department of Psychiatry and Human Behavior, Thomas Jefferson Medical College, Philadelphia, PA
Carol L. Carrino, M.S., A.T.R., Art Therapist, Department of Geropsychiatry, Thomas Jefferson University Hospital, Philadelphia, PA
Barry Goldstein, D.O., Clinical Assistant Professor, Department of Psychiatry and Human Behavior, Director, Center for the Study of Geropsychiatry, Jefferson Medical College, and Medical Director, Jefferson Geriatric Partial Hospitalization Program, Philadelphia, PA,

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the ineffectiveness of the individual approach to decision-making in a partial hospitalization program and to formulate a model of team decision-making that complies with state regulations.

SUMMARY

The workshop presents the results of a study that examined the legitimate performance of the individual model of decision-making in the psychiatric partial hospitalization program at Thomas Jefferson University Hospital. The individual approach--relying on the judgment of a single individual--was responsible for a number of inappropriate diagnostic evaluations. The study also examined new state regulations that mandate a specific model of decision-making known as the "team approach." The state-designated team includes a minimum of three mental health professionals. Such teams are to be responsible for making decisions about patients' evaluation and treatment plan objectives.

REFERENCES

Hersey P, Blanchard K: Management of Organizational Behavior. Prentice-Hall, New Jersey 52-58, 1988

Workshop 118

Wednesday, October 18, 1989
11:00 a.m. - 12:30 p.m.

Descriptive and Treatment Profiles of High and Low Users of Case Management Services

Maxine Harris, Ph.D., Community Connections, Washington, DC
Helen C. Bergman, M.S.W., A.C.S.W., Community Connections, Washington, DC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify diverse patterns of case management service use.

SUMMARY

The workshop will focus on three separate aspects of case management service use. First, extreme patterns of high and low use will be articulated. Characteristics of patients in each group will be presented, and explanations for the particular patterns and their implications for community tenure will be offered. Second, longitudinal data will be presented, tracking the use patterns of a small group of patients over a three-year period. Using a case-study approach, presenters will attempt to show individual differences and consistencies in use patterns over time. Finally, data will be presented on a group of patients who prematurely terminated case management services. Reasons for the terminations will be discussed, and suggestions will be offered on how to better tailor case management services to the needs of specific patients.

REFERENCE

Harris M, Bergman HC: Misconceptions about use of case management services by the chronic mentally ill: a utilization analysis. Hospital and Community Psychiatry 39:1276-1280, 1988

Teaching Patients About Schizophrenia: How, What, Why?

Marion R. Hall, B.S.N., C.S., Head Nurse, VA Medical Center, Perry Point, MD
Kay J. McCrary, Ed.D., Director, Patient and Family Education Center, South Carolina State Hospital, Columbia, SC, and President, American Psychiatric Patient Education Association

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to outline a rationale for teaching patients about schizophrenia, identify topics to be covered in such training, and describe teaching methods designed to facilitate learning in schizophrenic patients.

SUMMARY

Over the past several years, teaching family members about schizophrenia has become increasingly popular. Less has been written about teaching schizophrenic patients themselves about schizophrenia. Busy practitioners have few guides on conducting such education. Based on recent literature and the presenters' clinical experience, the rationale, content, and methods of such education are explained. Major emphases are on helping patients recognize prodromal signs of relapse, build on strengths, and develop a plan to get help. Limitations and possible contraindications of such education--topics rarely considered--will also be discussed.

REFERENCE

Goldman CR, Quinn FL: Effects of a patient education program in the treatment of schizophrenia. Hospital and Community Psychiatry 39:282-286, 1988

Social Integration and Vocational Rehabilitation With the Long-Term Mentally Ill

Shirl G. Husk, L.C.S.W., Director, Community Rehabilitation Program, Harbor City Unlimited, Baltimore, MD
James S. Haskell, M.A., Coordinator of Vocational Services, Harbor City Unlimited, Baltimore, MD
John Herron, L.C.S.W., Executive Director, Harbor City Unlimited, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be aware of vocational rehabilitative initiatives and should be able to identify barriers to successful integration of the long-term mentally ill into the work place and to utilize a model to conceptualize the career development process for the long-term mentally ill.

SUMMARY

Social integration is recognized as a primary deficit in long-term mentally ill persons who seek employment. Methods are presented for breaking through social isolation within a support system that allows for fluctuations in levels of functional ability. Methods for promoting peer support networking, improving self-awareness, facilitating and coordinating clinical support services, and providing ongoing relapse prevention and employment support services are presented. The "Mountain Climbing Model" is used to illustrate key concepts, and ideas for application are presented for discussion.

REFERENCE

Crotty P, Kulys R: Social support networks: the view of schizophrenic clients and their significant others. Social Work 30:301-309, 1985

Workshop 121

Wednesday, October 18, 1989
11:00 a.m. - 12:30 p.m.

Psychiatric Treatment of the Impulsive and Acting Out Patient

Gary W. Nyman, M.D., M.B.A., Chief of Psychiatry, Loch Raven VA Medical Center, and Associate Clinical Professor of Psychiatry, University of Maryland School of Medicine, Baltimore, MD
Russell R. Monroe, M.D., Professor of Psychiatry, University of Maryland School of Medicine, and Attending Psychiatrist, VA Medical Center, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to use DSM-III-R to categorize patients with impulsive and acting out behavior. The participant will have an understanding of useful treatment techniques, transference and countertransference problems, and the issues involved in maintaining a treatment alliance.

SUMMARY

The work of Monroe is used as the basis for a definition of impulsive and acting out behavior. An overview of the literature, including the works of Freud, Reich, Alexander, and others, provides the foundation for an exploration of the current diagnostic complexities and categories concerning impulsive and acting out patients. Clinical descriptions from the presenters' work are used to approach dilemmas in treatment alliances. Treatment techniques and issues in transference and countertransference responses are each explored from the perspective of research and case material. Follow-up will be presented from Monroe's intensive work with more than 50 patients and from Nyman's work with 14 patients.

REFERENCES

Monroe RR: Episodic Behavior Disorders. Cambridge, Mass, Harvard University Press, 1970
Monroe RR: The psychotherapy of the impulsive and acting out patient. Journal of the American Academy of Psychoanalysis 10:1-26, 1982

Toward the Establishment of Self-Esteem in Black Men: Group Therapy in a Community Psychiatry Setting

Annelle B. Primm, M.D., M.P.H., Medical Director, Community Support Treatment and Rehabilitation (COSTAR), Baltimore, MD
Cyprian L. Rowe, M.S.W., Ph.D., Research Associate, Community Support Treatment and Rehabilitation (COSTAR), and Assistant Professor, University of Maryland School of Social Work and Community Planning, Baltimore, MD,
Lori A. Yerrell, B.S.N., Nurse-Therapist, Community Support Treatment and Rehabilitation (COSTAR), Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to summarize the essential elements required to begin a group focused on establishing self-esteem. Participants should understand how to attract participants, how to plan and structure the sessions, and what techniques and audiovisual aids are most useful for group leaders.

SUMMARY

This presentation will describe work with a group of black men who have been diagnosed as having major psychiatric disorder and who are poor and living in the inner city. The men engage in a weekly formal group experience that focuses on the necessity of self-esteem in the pursuit of mental wellness. The group's tasks concentrate on affirming the value of black men both as essential members of the community of black people and as self-directing individuals. The group attempts to discern and challenge the underlying causes of society's prevalent negative stereotypes of black men. Members are challenged to collectively rid themselves of unwanted habits and tendencies through demonstrable acts of catharsis and to affirm the value of spiritual belief in bolstering self-esteem, pride, and self-empowerment. The strengths of black men are modeled by reference to leaders such as Martin Luther King and Malcolm X, and the responsibility of black men to share in the leadership of their families and their broader communities is stressed.

REFERENCE

Lee CC: Black manhood training: group counseling for male blacks in grades 7-12. Journal for Specialists in Group Work 12:18-25, 1987

Preventing Professional Burnout

Jack F. Wilder, M.D., Department of Psychiatry, Albert Einstein College of Medicine, Bronx, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize symptoms, signs, phases, and causes--organizational and individual--of professional burnout and to identify ways an organization and individual can prevent or interrupt the process.

SUMMARY

This workshop will cover the symptoms, signs, phases, and organizational and individual causes of professional burnout. Participants will have an opportunity to explore organizational approaches to preventing, interrupting, or reversing the process. Furthermore, individuals will have an opportunity to identify their own profile of 20 professional needs, the degree to which they are being satisfied, and steps they can take to reduce or cope more effectively with shortfalls between strengths and need satisfactions. The workshop has both educational and self-help objectives.

REFERENCE

Paine WS (ed): Job Stress and Burnout: Research Theory and Intervention Perspectives. Beverly Hills, Calif, Sage, 1982

Spinning Straw Into Gold: Implementing a Vocational Program for Adults With Chronic Mental Illness

Jeanne C. Labozetta, L.M.F.C.C., Director of Mental Health, Catholic Charities of San Jose, Santa Clara, CA
Marilyn Droke, L.M.F.C.C., Program Director, Vocational Learning and Treatment Center, Catholic Charities of San Jose, Santa Clara, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to summarize the steps, the rewards, and the pitfalls of designing and implementing a vocational training program for adults with mental illness.

SUMMARY

Participants will learn why employment is a preferred treatment for adults with mental illness. They will learn how to establish a vocational training program for adults with mental illness, how to develop assessment techniques and appropriate vocational education and training, and how to establish supported employment sites, job placements, and follow-up services. Techniques for establishing working relationships with industry, building and using an effective consultation network, and selling products and services will be presented, and participants will learn how to establish an agency-owned business that employs people with mental illness. The emotional and financial rewards to the workers, the agency, and patients will be discussed.

REFERENCE

Moon S, Goodall P, Barcus M, Brooke V: The Supported Work Model of Competitive Employment for Citizens with Severe Handicaps: A Guide for Job Trainers. Virginia Commonwealth University, Richmond, VA 1986

Stress, Health Care Workers, and AIDS

Stuart H. Levine, M.D., M.H.A., Director, Mental Health-HIV, University of Southern California, Los Angeles, CA, 1987-1988 APA/Mead Johnson Fellow
Rocco F. Marotta, M.D., Chief Resident, Payne Whitney Clinic, New York Hospital, New York, NY, 1987-1988 APA/Mead Johnson Fellow

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to better understand and recognize signs of stress in the work place, especially as it relates to rendering care to patients with illness related to human immunodeficiency virus (HIV), and should be able to implement the appropriate interventions.

SUMMARY

This workshop is designed to define the current AIDS crisis in the United States and to examine the variety of psychological responses of health care workers who work in this environment. These responses will be examined as an acute phase reaction as well as a chronic stress syndrome. AIDS anxiety has affected both the medical and psychiatric settings and the medical center as a whole. It has become the psychiatrist's responsibility to assess and intervene for hospital personnel and patients alike and to train the consultation-liaison psychiatry team to oversee this function. These interventions must be cognizant of rational and irrational fears and anxiety, the growing AIDS literature, and the tremendous ignorance and stigma concerning HIV. In addition, these interventions must be prospective and reinforce team building across professional disciplines. For patients, homogenous cognitive support groups are effective in helping at-risk groups cope and begin to relieve the overwhelming impotence felt universally in dealing with AIDS crisis.

REFERENCE

Amchin J, Polan HJ: A longitudinal account of staff adaptation to AIDS patients on a psychiatric unit. Hospital and Community Psychiatry 37:1235-1238, 1986

The Los Angeles County Arraignment Court Diversion Program

Elsie Go Lu, Ph.D., Deputy Director, Forensic Mental Health Services Bureau, Los Angeles County Department of Mental Health, Los Angeles, CA
Grant E. Lee, Ph.D., Director, Forensic Aftercare Program, Los Angeles County Department of Mental Health, Los Angeles, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the essential factors necessary for successful jail diversion of the chronic mentally ill.

SUMMARY

A growing number of chronic mentally ill persons are being housed in jails, largely due to dwindling public resources and inadequate community-based service systems. To address this problem, the Arraignment Court Diversion Program in Los Angeles County identifies mentally ill misdemeanor offenders at the point of entry into the jail system (arraignment court) and provides careful psychiatric assessment, crisis intervention, and diversion from the legal system to appropriate mental health and community support services. The program includes extensive follow-up case management to assure continuity of care to diverted clients and to reduce recidivism. Funded partially by the Robert Wood Johnson Foundation, the diversion program operates in five Los Angeles County courts. From January through October 1988, over 1,700 diversions were completed, with an estimated savings of 6,000 jail days and $450,000 in jail and court costs.

REFERENCE

Lamb HR, Schock R, Chen R, et al: Psychiatric needs in jails: emergency issues. American Journal of Psychiatry 141:774-777, 1984

(THIS SESSION CANCELLED)

Tools to Help Community Mental Health Services Look at Themselves

Alan Rosen, F.R.A.N.Z.C.P., M.R.C. Psych, D.P.I., Coordinator, Area Mental Health Services Research Project, Department of Psychiatry, University of New South Wales, and Royal North Shore Hospital and Catchment Area Community Mental Health Service, Sydney, Australia
Roger O. Gurr, M.R.C. Psych., Director of Psychiatry, Western Sydney Area Health Service, Blacktown, New South Wales, Australia

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to design easily applied and rewarding strategies for assessing their own services in ways that address the concerns of experienced practitioners, service users, and care givers.

SUMMARY

Comprehensive catchment area mental health services have developed unevenly in New South Wales, Australia. Some services provide 24-hour mobile crisis care, assertive clinical and functional management, and a wide range of community-based rehabilitation and residential services, which are integrated with local inpatient services. This diversity prompted a research study that generated a range of nonalienating strategies for the consistent and comparative evaluation of how such services care for people affected by serious psychiatric disorders. We discuss the Life Skills Profile, an empirically tested, multidimensional, visually presented profile of functional strengths and impairments that is completed easily from several points of view by nonexpert raters who are in closest contact with subjects. We also present a set of standards of care, which, in contrast to existing quality assurance and accreditation standards, is specific to mental health; involves all mental health treatment settings, professional disciplines, service users, and care givers; and relies on observable outcomes, rather than documentation of procedures. Also exemplified will be the psychiatric data base system and the linking of resources to evaluation.

REFERENCE

Rosen A, Hadzi-Pavlovic D, Parker G: The Life Skills Profile: a measure assessing function and disability in schizophrenia. Schizophrenia Bulletin (in press)

A Conservation With...

Leonard I. Stein, M.D., Chair, Institute Program Committee, and Department of Psychiatry, University of Wisconsin, Madison, WI, on "Community Care of Persons with Severe and Persistent Mental Illness".

Civil Commitment Revisited: A Mock Trial

Elissa P. Benedek, M.D., Director of Training and Research, Center for Forensic Psychiatry, State of Michigan Department of Mental Health, and Clinical Professor of Psychiatry, University of Michigan Medical School, Ann Arbor, MI
JoAnn E. Macbeth, J.D., Onek, Klein & Farr, Washington, D.C.
Joseph N. Onek, J.D., Onek, Klein & Farr, Washington, D.C.
Robert L. Sadoff, M.D., Clinical Professor of Psychiatry, University of Pennsylvania School of Medicine, Jenkintown, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize civil commitment criteria for mentally ill patients.

SUMMARY

A mock civil commitment trial of a patient with bipolar affective disorder will be held, followed by a panel discussion.

REFERENCE

Appelbaum P: How flexible are our civil commitment statutes? Hospital and Community Psychiatry 39:711-712, 1988

System Changes

Introduction: Leonard I. Stein, M.D., University of Wisconsin Medical School, Madison, WI

Charles M. Biss, Regionalization Project Director, Vermont Department of Mental Health, Waterbury, VT
Mary Rose Geckle, M.A., Director of Community Support Programming, Hamilton County Community Mental Health Board, Cincinnati, OH
John Hoult, M.B., F.R.A.N.Z.C.P., Consulting Psychiatrist, Inner City Mental Health Service and St. Vincent's Hospital, Sydney, Australia

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate knowledge of an improved system of mental health care delivery, and of some of the steps necessary to bring about change in a state's mental health system.

SUMMARY

This workshop explores systemwide change in mental health service by drawing on the experience of the presenters in three diverse geographic settings--metropolitan Cincinnati, the State of Vermont, and the State of New South Wales, Australia. Cincinnati is reorganizing mental health services by coordinating an array of community support services, including housing, case management, and a consortium of day, crisis, vocational, and related services.

Since 1987, the Vermont Regionalization Project has been developing a state mental health system to serve virtually all adults with severe psychiatric disabilities in their communities by 1991. Intensive outreach case management, crisis support, local inpatient access, housing and vocational supports, and community involuntary care options have been enhanced or developed.

New South Wales has a population of 5 1/2 million people. In 1982, the mental hospital population had fallen by two-thirds over the preceding 20 years, but care for those outside the hospital was not good. Since then, the State has been changing its system of mental health care to one based on the Madison, Wisconsin model. The changes to the system have been bitterly opposed by many factions and last year became an issue in the State elections. However, further research has shown that patients and relatives are pleased with the changes. The system of care envisioned and the political, bureaucratic and industrial steps that are necessary to bring about the change will be described.

System Changes
(Cont'd)

REFERENCES

Carling PJ, Daniels L, Randolph FL: A Feasibility Study to Examine the Development of a Regional Community Mental Health System as an Alternative to Vermont State Hospital. Report submitted to the Vermont Department of Mental Health, Dec 15, 1985

Backer TE, Liberman RP, Kuehnel TG: Dissemination and adoption of innvoative psychosocial interventions. Journal of Consulting and Clinical Psychology 54:111-118, 1986

Hoult J: Community care of the acutely mentally ill. British Journal of Psychiatry 149:137-144, 1986

Psychodynamics of Medicating

Harold I. Eist, M.D., Department of Psychiatry, Howard University, Washington, DC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the pre-eminent importance of the "psyche" in psychopharmacology; understand how patient dynamics wil inform and optimize appropriate dosing, minimize side effects and control development and speed recovery.

SUMMARY

Too often the "psyche" has been left out of psychopharmacotherapy, robbing both the clinician and the patient of vital understandings necessary for optimal treatment. The presentation, illustrated with extensive case materials, will demonstrate how patients' experiences, families, perceptions, wishes, fantasies, needs, and characteristic modes of reaction influence medication compliance. Psychodynamic assessment of side effects is critical to appropriate dosing, to the patient's growth and self-understanding, and to effective patient self-regulation. Prescription writing will be discussed as a treatment element, not as simply a clerical task.

REFERENCES

Eist HI: Medication Treatment and Psychotherapy of a Borderline Adolescent. Proceedings of First Annual DC Institute of Mental Hygiene meeting on Community Mental Health, Washington, DC, 1975

Clinical Treatment of Eating Disorders

James M. Ferguson, M.D., Psychiatrist/Clinical Researcher, Pharmacology Research Institute, Salt Lake City, UT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the concepts of treatment for bulimia nervosa, anorexia nervosa, and compulsive overeating.

SUMMARY

Eating disorders are the diseases of the 80s and presumably the 90s. They are prevalent in all socioeconomic groups and found throughout the world. Although most cases are mild and have spontaneous remission with no further evidence of eating problems, many cases become chronic or lead to eventual death.

The major breakthrough in the treatment of these disorders has been in the area of psychopharmacology. A high incidence of affective disease has been noted in the families of these patients for many years. Current research indicates that antidepressants, particularly seratenergic compounds, markedly affect the outcome in the treatment of individuals with eating disorders.

REFERENCES

Garfinkel P, Garner D: Anorexia Nervosa: A Multidisciplinary Perspective. Brunner/Mazel, New York, 1982

The Five Percent Solution: Heavy Users of Psychiatric Care

Trevor R. Hadley, Ph.D., Director, Section on Public Psychiatry and Mental Health Services Research, and Associate Professor, Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia PA,
Martin C. McGurrin, Ph.D., Senior Research Scientist, Philadelphia Department of Public Health, and Clinical Associate Professor, Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia PA
Richard Pulice, Ph.D., M.P.H., Director of Community Support and Special Evaluation Projects, New York State Office of Mental Health, Albany, NY, and Lecturer in Psychiatry, Harvard Medical School, Boston, MA
William A. Sonis, M.D., Philadelphia Child Guidance Center, and Associate Professor, Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be informed of current and developing treatment, funding, and applied research strategies that are being used in several large public mental health systems to deal with multiple problems in the care of a relatively small proportion of patients, called heavy users, who utilize a disproportionately large amount of resources and repeatedly return to emergency and inpatient services.

SUMMARY

A relatively small proportion of patients experience repeated admissions to psychiatric emergency inpatient services, thereby utilizing a large proportion of public mental health resources. Many of these "heavy-user" patients appear similar in diagnosis and treatment history to young adult chronic patients. Analysis of service utilization and Medicaid claims data for several large public mental health systems, including Philadelphia, Pennsylvania, and New York State, has established that heavy users constitute approximately 5 percent of the patient population but utilize about 45 percent of public system funds. This symposium will focus on the identification and characteristics of "heavy users" in the Pennsylvania and New York public systems. Special emphasis will be placed on specific subgroups, such as children and the elderly. The symposium will examine the demographic and clinical characteristics of heavy users and will address treatment strategies, service system designs, and funding and reimbursement policies for this population. Both longitudinal and cross-sectional results will be discussed.

REFERENCE

Surles RC, McGurrin MC: Increased use of psychiatric emergency services by young chronic mentally ill patients. Hospital and Community Psychiatry 38:401-405, 1987

Reaching the Seriously Mentally Ill Elderly

Peter V. Rabins, M.D., M.P.H., Associate Professor of Psychiatry, Johns Hopkins University School of Medicine, Baltimore, MD
Beatrice M. Robbins, R.N., M.S., C.S., Clinical Nurse Specialist, Francis Scott Key Medical Center, Baltimore, MD
Dean J. Storer, M.D., Instructor, Department of Psychiatry, Johns Hopkins University School of Medicine, Baltimore, MD
Mary E. Tlasek, R.N., B.S., Psychogeriatric Clinical Nurse, Johns Hopkins Hospital, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to teach the variety of options available to improve mental health care delivery to seriously mentally ill elderly patients.

SUMMARY

Evidence abounds that the elderly suffer high rates of mental disorder but are less likely than younger individuals to attend psychiatric services. This presentation will describe a variety of services that have attempted to address this issue by bringing mental health services to the elderly or by examining possible reasons that the elderly underuse services. Presentations will include data on all patients 60 years of age or older who presented to the Johns Hopkins Community Mental Health Center during a one-year period, a description of patients seen in the Harbel Community Mental Health Center's outreach program to the elderly, results of outreach to elderly residents of city housing, experiences in providing consultation services to elderly in a chronic care facility, and a study of elderly attenders to a non CMHC-based psychogeriatric outpatient clinic.

REFERENCE

Reifler BV, Kethley A, O'Neill P, et al: Five-year experience of a community outreach program for the elderly. American Journal of Psychiatry 139:220-223, 1982

Consumer Issues

Joseph A. Rogers, President, National Mental Health Consumers' Association, Philadelphia, PA, and President, Project SHARE
Mark A. Davis, President, Pennsylvania Mental Health Consumers' Association, Philadelphia, PA, and Director, Involved Consumer Action Network
Hikmah Gardiner, Coordinator, Homeward Bound I, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand some of the vital issues involved in the mental health consumer movement.

SUMMARY

Three leaders of the mental health consumer movement (locally, statewide, and nationally) will present some of the issues that drive the movement. These issues include the right to refuse treatment, the need to fight stigma, the superiority of treatment in the community over hospitalization, and the importance of housing and job training programs in putting an end to the "revolving-door" hospitalization syndrome. Also discussed will be issues concerning the treatment of minorities, the value of consumer-run programs, and the vital role of self-help in the continuum of care.

REFERENCE

Chamberlin J, Rogers J, Sneed C: Consumers, families, and community support systems. Psychosocial Rehabilitation Journal 12:93-106, 1989

Update on DSM-IV Activities

Harold Alan Pincus, M.D., Deputy Medical Director, Director and Office of Research, American Psychiatric Association, Washington, DC
Allen Frances, M.D., Chair, Task Force on DSM-IV, American Psychiatric Association and Payne Whitney Clinic, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the development of DSM-IV and will be aware of some of the specific diagnostic issues work group members will try to resolve for DSM-IV.

SUMMARY

This presentation will give participants a broad understanding of the process and issues involved in the development of DSM-IV. The three levels of data collection for DSM-IV will be explained as well as the organizational structure of the effort. Drs. Frances and Pincus will highlight some of the specific diagnostic issues the work groups are addressing and the ways in which some of these issues will be resolved.

REFERENCE

Frances A, Widiger T, Pincus H: The development of DSM-IV. Archives of General Psychiatry 46:373-375, 1989

The Philadelphia Story - Closing the State Hospital

Mary W. Hurtig, Director of Policy Development, Mental Health Association of Southeastern Pennsylvania, Philadelphia, PA
John Ciavardone, Executive Director, Benjamin Rush Center for Mental Health and Mental Retardation Services, Philadelphia, PA, and Vice-President of Operations, Northwestern Corporation
Loretta Ferry, President, Alliance for the Mentally Ill of Eastern Pennsylvania, Philadelphia, PA
Martha B. Knisley, Deputy Secretary, Office of Mental Health, Department of Public Welfare, Harrisburg, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the successes, failures, and continual challenges brought about by the decision to close Philadelphia State Hospital. The participant should also be aware of various perspectives on the hospital closing, including those of state and county government, family members, advocates, consumers, and providers.

SUMMARY

The presentation reviews the circumstances, processes, and outcomes involved in closing Philadelphia State Hospital and developing a community-based system of mental health care in the nation's fifth largest city.

The presentation will include descriptions of the public role and the private responses of the four presenters, who have been intimately involved in the closure process. The presenters--a family member, an advocate, a provider, and a state mental health administrator--will discuss the process from the perspective of the constituency they represent. The presentation will also consider the current status of the closure process and offer projections about its future course.

REFERENCES

Gralnick A: Build a better state hospital: deinstitutionalization has failed. Hospital and Community Psychiatry 36:738-741, 1985
Okin RL: Expand the community care system: deinstitutionalization can work. Hospital and Community Psychiatry 36:742-745, 1985

An Update on Pharmacologic Treatment of Schizophrenia

Carl Salzman, M.D., Associate Professor of Psychiatry, Harvard Medical School, and Director of Psychopharmacology, Massachusetts Mental Health Center, Boston, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe several new psychopharmacological approaches to the treatment of schizophrenia.

SUMMARY

Several pharmacologic strategies for the treatment of schizophrenia, including low-dose neuroleptic threshold treatment, low-dose neuroleptic maintenance, and the use of clozapine, will be described. Strategies for the management of agitation and aggression that use beta blockers and intramuscular benzodiazepine will be presented; neuroleptic augmentation with lithium, carbamazepine, and sodium valproate will be discussed; and the symptoms and treatment of depression related to schizophrenia will be described.

REFERENCE

Salzman C, Green AI, Rodriguez-Villa F, et al: Benzodiazepine in combination with neuroleptics for the management of acute and severe disruptive behavior. Psychosomatics 27(Jan suppl), 1986

Collaborative Discharge Planning in an Era of Cost Containment

Helen Altman, M.S.W., A.C.S.W., Consultant, Four Winds Hospital, Katonah, NY
Winifred R. Christ, M.S.W., A.C.S.W., Associate Director, Social Work Department, New York Hospital-Westchester Division, White Plains, NY, and Lecturer in Social Work and Psychiatry, Cornell University Medical College, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify at admission patients who are high risk for presenting significant discharge planning difficulties and to use the model of collaborative discharge planning within their own settings or hospital.

SUMMARY

Although psychiatric discharge planning is a complex clinical task requiring a high degree of skill and knowledge, it has not been described systematically in the literature or linked to theory. The presenters will highlight a practice-based, research model of discharge planning.

The collaborative discharge plan (CDP) has proven useful for maximizing patient and community linkages and minimizing the potential loss of family support and community networks. In this model all providers, including inpatient staff and community aftercare housing and program staff, meet together with the patient and the family before discharge. This collaboration has been found to enhance the implementation of the discharge plan. Of critical importance is that the people involved with the patient be in continuing communication with each other. This study demonstrates that patients who experienced the CDP meeting were able to remain in the community three times longer than patients for whom this model was unavailable. Perhaps of greater importance, the compliance with aftercare recommendations was 83 percent in the CDP group, compared with 27 percent in the nonCDP group.

The second presenter will describe a discharge planning program specifically designed for one subset of the psychiatric inpatient population--patients who pose the greatest number of difficulties and dilemmas for social work, the institution, and the community. The program contains seven major elements that are combined to increase patient adherence to the discharge plan, to avert the possibility of discharges against medical advice, to circumvent acute homelessness, and to meet regulatory and financial mandates. The high-risk discharge planning program has been implemented in a large private voluntary teaching hospital that serves a high proportion of severely and persistently mentally ill persons and their families.

Collaborative Discharge Planning in an Era of Cost Containment
(Cont'd)

REFERENCES

Altman H: A collaborative approach to discharge planning for chronic mental patients. Hospital and Community Psychiatry 34:641-642, 1983

Altman H: Collaborative discharge planning for the deinstitutionalized. Social Work 27:422-427, 1982

Caton C, Goldstein J, Serrano O, et al: The impact of discharge planning on chronic schizophrenic patients. Hospital and Community Psychiatry 35:255-263, 1984

Christ W: Factors delaying discharge of psychiatric patients. Health and Social Work 10:178-187, 1984

Green JH: Frequent rehospitalization and noncompliance with treatment. Hospital and Community Psychiatry 39:963-966, 1988

Hall JG: Discharge planning for the psychiatric client. Discharge Planning Update 3:7-10, 1983

An Acute Care Partial Hospitalization Program: Initial Results

David A. Grady, Psy.D., Psychiatric Consultant, Senior Psychiatrist, Friends Hospital, Philadelphia, PA
Jan Doeff, M.D., Psychiatric Consultant, Friends Hospital, Philadelphia, PA
Loretta J. Heyduk, M.S.N., R.N.C., Senior Nurse/Coordinator, Friends Hospital, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the differences and similarities between acute care in inpatient settings and in partial hospitalization programs. The potential benefits and problems of partial hospitalization for those in need of intensive treatment will be identified.

SUMMARY

The experiences and results of the first five years of operation of an innovative program offering intensive treatment to adult psychiatric patients in a partial hospitalization format will be presented. The program functions as a cost-effective alternative to full hospitalization. Staffing, patient population, intensity of treatment and length of stay are comparable to those of the hospital's inpatient services. Comparisons between this program and inpatient services will be offered, and data on the program's clinical, administrative, and economic functioning will be presented. Presenters will also give their observations on problems encountered by a nontraditional program both within an institutional milieu and within the professional communities.

REFERENCE

Weiss K, Dubin W: Partial hospitalization: state of the art. Hospital and Community Psychiatry 33:923-928, 1982

A Family Systems Approach to Psychiatric Consultation

Mahlon S. Hale, LL.B., M.D., Associate Professor of Psychiatry and Director, Consultation Services, University of Connecticut Health Center, Farmington, CT
Margot R. Mikita, R.N., M.S.N., C.S., Clinical Instructor of Psychiatry, University of Connecticut-John Dempsey Hospital, Farmington, CT
Heather L. Spear, R.N., M.S.N., C.S., Clinical Nurse Specialist, University of Connecticut Health Center, Farmington, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize opportunities to use family interventions to modulate transitions from inpatient to outpatient care and to prevent dysfunctional family responses to illness.

SUMMARY

The majority of requests for psychiatric consultation are patient-focused. Yet family members are significantly involved in patients' hospitalizations and dispositions. To address the family's collaborative role in patient management as well as the family's coping response to a relative's illness and hospitalization, our multidisciplinary consultation service has developed a model for family assessment and treatment. This model provides conventional assessment and assistance in transitional management after discharge. Elements of this model include the consultation-liaison service team's systematized response to families who have a relative hospitalized on a medical surgical floor. Distinct yet collaborative roles are rendered by the attending psychiatrist, residents, clinical nurse specialists, and social worker.

Physician responsibilities include diagnosis and treatment, legal management, and liaison with the medical staff and hospital administration. The clinical nurse specialists provide family therapy on both an inpatient and outpatient basis, maintain liaison with medical and surgical nursing staffs, and coordinate service research projects. The social worker also provides family therapy and maintains liaison with unit-based medical and surgical social workers.

This model for family therapy within a consultation-liaison context provides early intervention with opportunities for selective matches between families and various psychiatric professionals, enables the consultation-liaison service to distribute appropriately the demanding workload among team members, thereby minimizing burnout, and facilitates a multidisciplinary approach to treatment, teaching, and research endeavors. Three vignettes that feature a psychologically minded family dealing with a malignancy, a nonpsychologically minded family dealing with AIDS, and a disturbed family dealing with a terminal illness will be presented.

A Family Systems Approach to Psychiatric Consultation
(Cont'd)

REFERENCE

Berlin RM, Sluzki CE: Consultation-liaison psychiatry and the family system. Psychosomatics 28:206-208, 1987

Workshop 145 | Wednesday, October 18, 1989
4:30-6:00 p.m.

HIV Training in a Psychiatric Setting

Rita A. Martin, R.N., B.S.N., AIDS Coordinator, Massachusetts Department of Mental Health, Boston, MA
Mona B. Bennett, M.D., Deputy Commissioner for Clinical and Professional Services, Massachusetts Department of Mental Health, Boston, MA
Mary Cheevers, R.N., B.A., AIDS Coordinator and Human Rights Officer, Massachusetts Mental Health Center, Boston, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize issues involved in developing and implementing the role of an AIDS coordinator, as well as ways the coordinator can collaborate successfully with a service system.

SUMMARY

It is estimated that 90 percent of the HIV-positive population will develop neuropsychiatric complications and that 10 percent of the HIV-positive population initially present with neuropsychiatric complaints. Because new cases of AIDS are being diagnosed at a rate of one every 16 minutes, mental health care providers must be prepared with accurate information about AIDS and must have the ability to convey this information to the clients they serve. This workshop will address the role of an AIDS coordinator in a state-funded community mental health center. Development of the role of an AIDS coordinator, boundaries, and the implementation of an AIDS curriculum to meet varying educational needs of staff will be discussed. In addition, issues of client education and staff response, ways of overcoming system impediments, legal issues, and the spoken and unspoken ethical and theological concerns of clients and staff will be addressed.

REFERENCE

Salisbury DM: AIDS: psychosocial implications. Journal of Psychosocial Nursing 24:13-16, 1986

Workshop 146

Wednesday, October 18, 1989
4:30-6:00 p.m.

Group Therapy for Borderline Personality Disorder

Nadine M. Nehls, Ph.D., Assistant Professor, School of Nursing, University of Wisconsin, Madison, WI
Ronald J. Diamond, M.D., Medical Director, Mental Health Center of Dane County, and Associate Professor of Psychiatry, University of Wisconsin, Madison, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to list the potential advantages and disadvantages of group counseling for patients with borderline disorder and consider the implications for future practice and research.

SUMMARY

It has become increasingly clear that community mental health centers need to consider treatment options for borderline personality disorder that are both effective and economical. The presenters suggest that group counseling or therapy is a treatment alternative that deserves further attention. The presenters will provide a brief review of relevant literature, describe the intervention strategies used in group counseling sessions for persons with borderline personality disorder, present the results of both process and outcome measures, and discuss the implications of their clinical experience and research.

REFERENCE

Macaskill ND: Therapeutic factors in group therapy with borderline patients. International Journal of Group Psychotherapy 32:61-73, 1982

Developing a Managed Care Approach

Robert B. Ostroff, M.D., Director, Waterbury Hospital Psychiatric Center, Waterbury, CT, and Assistant Clinical Professor of Psychiatry, Yale University School of Medicine, New Haven, CT
Jeffrey Boyd, M.D., Director of Ambulatory Services, Waterbury, CT
Doreen J. Elnitsky, R.N.C., Psychiatric Nursing Supervisor, Waterbury Hospital Psychiatric Center, Waterbury, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the problems in organizing a managed care approach to treatment and generate practical solutions to these problems.

SUMMARY

Since the advent of deinstitutionalization in the 1960s, psychiatry has struggled to find adequate alternative treatment for patients with enduring mental illness. There is a need to develop an approach to the long-term care of the chronic mentally ill that integrates multidimensional interventions along a continuum. The practical aspects of developing an integrated approach to treatment, called managed care, are rarely dealt with in the literature. We approached the treatment of the chronic mentally ill patient by organizing our resources into a system of managed care that provides a continuum of treatment from inpatient hospital care to outpatient interventions. Our experience in the development of such a system in a community hospital, using hospital, city, state, and federal resources, will be used to illustrate the difficulties in the creation of such a system. We will address such issues as changing the treatment culture, educating staff about their treatment philosophy, reeducating patients, and changing the community hospital's relationships with community and state agencies.

REFERENCE

Shore MF: Organizing the System. New Directions for Mental Health Services 39:17-24, 1988

Workshop 148 | Wednesday, October 18, 1989 4:30-6:00 p.m.

Workshop 148 — **Wednesday, October 18, 1989**
4:30-6:00 p.m.

An Approach to Stigma for Would-Be Physicians

Stuart R. Schwartz, M.D., Professor of Clinical Psychiatry and Director of Postgraduate Education, University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School, Piscataway, NJ

Bertram D. Cohen, Ph.D., Professor of Psychiatry, University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School, Piscataway, NJ, and Professor of Psychology, Rutgers University, New Brunswick, NJ

Linda Goldwater Gochfeld, M.D., Clinical Associate Professor of Psychiatry, University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School, Piscataway, NJ

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate methods for the early exposure of medical students to the experience of the seriously mentally ill.

SUMMARY

An important place to address the problem of stigma is with future physicians even before they enter medical school. Medical students in the earliest phase of their training are eager for patient contact and open to empathizing with patients' experience. This workshop will describe an innovative summer fellowship program, supported by a grant from the National Institute of Mental Health, that introduced prospective and first-year medical students to intensive contact with psychiatric patients. The program is set in a university-run outpatient psychosocial rehabilitation program. Students participate as auxiliary staff in daily activities. This experience quickly instills the view of the patient as a human being struggling with problems in the community, work place, family, and health care system. Seminars and supervision by psychiatric faculty emphasize both affective experience and cognitive knowledge and demonstrate the integrative role of the clinical psychiatrist. A weekly "therapy-and-training" process group composed of students and patients has led to poignant dialogue as patients gain self-esteem through teaching students about their experience and students share their own struggles with role definition. A videotape will be shown to illustrate this process.

REFERENCE

Cohen B, Epstein Y: Empathic communications in process groups. Psychotherapy: Theory, Research, and Practice 18:4, 1981

Policy Implications of Developing New Systems of Care for the Chronically Mentally Ill

Miles F. Shore, M.D., Director, Robert Wood Johnson Foundation Program on Chronic Mental Illness, and Bullard Professor of Psychiatry, Harvard Medical School, Boston, MA
Martin D. Cohen, A.C.S.W., Deputy Director, Robert Wood Johnson Foundation Program on Chronic Mental Illness, Boston, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify impediments to providing effective service for people with serious mental illness and summarize ways that government can assist in developing effective systems of care.

SUMMARY

The Robert Wood Johnson Foundation Program on Chronic Mental Illness is demonstrating that people with serious mental illness can live in the community, given the appropriate support services and low-cost housing. The program has initiated changes in several large urban areas, including developing central management authority, a full range of services, continuity of care, financing reforms, and new housing options. The presenters will discuss specific policy considerations in the areas of entitlements, financing, housing, and support services based on what has been learned from the systems of care developed under the demonstration program.

REFERENCE

Mental Health Financing and Programming: A Legislator's Guide. Denver, National Conference of State Legislatures, May, 1988

Violence

Joe P. Tupin, M.D., Medical Director and Professor of Psychiatry, Department of Psychiatry, University of California, Davis, Medical Center, Sacramento, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to formulate a strategy for the evaluation and emergency management of patients exhibiting violent behavior and will have some awareness of long-range strategies for managing this population.

SUMMARY

Violence is caused by a variety of factors. A violent individual often may have a psychiatric illness as well as social, cultural, or biologic problems that contribute to the violent activity. The presentation reviews emergency care, as well as long-term care, of individuals with a pattern of violent behavior. It emphasizes diagnostic assessments related to the multiple factors that have been identified in descriptive research as potential causes of violence. Careful evaluation of violent individuals and the use of psychopharmacologic agents for individual violence are also emphasized.

REFERENCES

Management of Violent Behavior: Collected Articles from Hospital and Community Psychiatry. Washington, DC, H&CP Service, 1988

Lion JR, Reid WH: Assaults Within Psychiatric Facilities. New York, Grune & Stratton, 1983

Tupin JP: Clinical treatment of the violent person, in Psychopharmacology and Aggression. Edited by Roth LF. Washington, DC, US Department of Health and Human Services, 1985

Workshop 151

Wednesday, October 18, 1989
4:30-6:00 p.m.

Religion, Spirituality, and the Mental Health Professional

Shimon Waldfogel, M.D., Department of Psychiatry and Human Behavior, Thomas Jefferson University, Philadelphia, PA
James A. Borbely, S.J., M.A., M.Div., Associate Director, Manresa Retreat Center, Annapolis, MD
Paul R. Wolpe, Ph.D., Coordinator of Research and Instructor, Department of Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the importance of religious and spiritual beliefs in mental health and illness and to incorporate spiritual and religious elements into treatment planning.

SUMMARY

Religious identification and spiritual beliefs assume an important role in the manifestation and treatment of mental illness. However, the religious and spiritual dimensions of the patient are often overlooked by mental health professionals in both their training and clinical practice.

In this presentation we will explore various aspects of religious and spiritual issues and how they impact on the diagnosis and treatment of mental illness. Case studies will be used to illustrate the assessment of spiritual and religious beliefs in mental health and mental pathology. Ways of incorporating religious and spiritual issues into treatment planning will be discussed, and the role of spiritual and religious variables in mental pathology will be explored through case studies focused on addiction, posttraumatic stress disorder, and psychosis. The presentation will conclude with a question-and-answer period and discussion of clinical case material.

REFERENCE

Larson DB, Pattison M, Blazer DG, et al: Systematic analysis of research on religious variables in four major psychiatric journals, 1978-1982. American Journal of Psychiatry 143:329-334, 1986

Roundtable 152

Wednesday, October 18, 1989
4:30-6:00 p.m.

Community Mental Health: Where Are We?

Lee R. Chartock, M.D., M.P.P., Massachusetts General Hospital, Boston, MA, 1988-1989 APA/Mead Johnson Fellow

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to assess expansion and utilization of mental health services from post-World War II to the present.

SUMMARY

This seminar will focus on how community mental health has been affected by federal actions, the efficacy of psychosocial interventions, mental health economics, and the changing political climate. Participants will be able to place achievements, such as the expansion and utilization of mental health services and decreased barriers to access to community services, in the context of failures, such as homelessness of the chronic mentally ill, limited program evaluations, and restrictive financial support. These issues remain critical in shaping the mental health agenda for the 1990s.

REFERENCE

Klerman GL: Community Mental Health Developments in the United States, in Rapaport, R.N. Children, Youth and Families: The Action-Research Relationship. Cambridge University Press, 1988

Roundtable 153

Wednesday, October 18, 1989
4:30-6:00 p.m.

Pet Facilitated Psychotherapy

Raymond L. Sheets, M.D., Medical Director, Mount Vernon Development Center, Mount Vernon, OH
Liesl, Canine Therapist, Mount Vernon Developmental Center, Mount Vernon, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to appreciate the use of pet facilitated psychotherapy, a therapeutic modality that is valuable in the management of psychotic patients, especially those who exhibit violence and aggression. Participants should also be able to describe indications for and techniques used in this modality.

SUMMARY

The success of pet therapy is based on the proposition that many patients, both children and adults, may accept the love of a dog and develop the ability to give love to the dog before they can accept love and give love to another human being. The patient often relates positively to the pet through nonverbal communication and tactile interaction. Pet therapy is often effective in working with individuals who, for one reason or another, have not been able to establish satisfactory social relationships. Because animals give a completely accepting love that is nonthreatening and nonconditional, the patient can accept the animal. Once the therapist establishes a relationship with the patient through the animal, he can then begin to help the patient with his particular problems. This presentation includes demonstrations featuring a canine therapist.

REFERENCE

Corson S, Corsen E, Gwynne P, et al: Pet dogs as nonverbal communication links in hospital psychiatry. Comprehensive Psychiatry 18:61-72, 1977

Creating Interdependent Client Communities

Lawrence Telles, Ph.D., Robert Wood Johnson Project Manager, Santa Clara County Mental Health Bureau, San Jose, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to increase the mutual support potential of client communities in his or her area.

SUMMARY

In the Clustered Apartment Project, people with serious psychological disabilities are helped to develop membership in a supportive community based in permanent housing. The goal of this program is the mutual interdependence of program clients. The task of the staff is to develop the client communities as a whole, rather than to provide counseling and support services for individual clients. Community supports are peer-based and clearly distinguished from treatment services.

The shift in the location of community supports--away from those maintained by agency staff and toward those within the client community--has great promise for improving the effectiveness of community support services. In this model, both staff and clients must adopt innovative roles. To provide training, we studied community organizing, minority subcultures, neighborhood mediation techniques, organizational consulting methods, and cybernetic planning models. We also learned from the expatient self-help movement.

REFERENCE

Bellah R: Habits of the Heart. New York, Harper & Row, 1986

Working with Children at High Risk and Their Families
(Presented by 1987-1988 APA/Mead Johnson Fellows)

Susan Beckwitt Turkel, M.D., Department of Psychiatry, University of Southern California, Los Angeles, CA
Lance D. Clawson, M.D., Fellow, Child and Adolescent Psychiatry, Department of Psychiatry, Walter Reed Army Medical Center, Washington, DC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe common problems in assessing high-risk children, enumerate their risks for emotional and behavioral disturbance, and describe several approaches for effective intervention.

SUMMARY

Premature and homeless children have serious emotional and behavioral problems and are at high risk for oppositional and conduct disorder, depression, and anxiety. Their parents often have difficulty parenting. We review the techniques for the assessment of high-risk children and describe our experience and approach to working with these children and their families. At the Small Premie Clinic at Los Angeles County-University of Southern California Medical Center in Los Angeles, we provide individual and family therapy and have a parents' group. A similar approach at the House of Ruth Homeless Shelter in Washington, D.C., includes groups for parents and older children, parenting classes, and a day care program for preschool homeless children. By describing our experience, we hope to offer suggestions and support to others who work with high-risk children and their families and, by increasing awareness of the considerable risks these children face, to stimulate others to seek more effective interventions.

REFERENCE

Breslau N, Klein N, Allen L: Very low birth weight: behavioral sequelae at nine years of age. Journal of the American Academy of Child and Adolescent Psychiatry 27:605-612, 1988

Wednesday, October 18, 1989
4:30-6:00 p.m.

A Conversation With...

Bert Pepper, M.D., Vice-Chair, American Psychiatric Association, Council on Psychiatric Services, Blauvelt, NY, on "Forces Demanding Fusion of Psychiatry and Substance Abuse"

Workshop 157

Thursday, October 19, 1989
9:00-10:30 a.m.

Quality Assurance and the Joint Commission Survey

Roger L. Coleman, M.D., M.P.H., Director of Psychiatry, Memorial Hospital, Meriden, CT, and Consultant Surveyor , Joint Commission on Accreditation of Healthcare Organizations

Leo E. Kirven, Jr., M.D., Eastern State Hospital, Williamsburg, VA, and Consultant Surveyor, Joint Commission on Accreditation of Healthcare Organization

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to develop, implement, monitor, and evaluate standards for quality of care with specific reference to the standards of the Joint Commission on Accreditation of Healthcare Organizations.

SUMMARY

The presentation will provide an educational and practical experience in developing quality assurance standards and in preparing for a Joint Commission survey. The presenters, who are consultant surveyors for the Joint Commission and directors of departments of psychiatry, will provide information from both perspectives. Designed to give practical hands-on experience, this presentation will explain both the content of the survey and the process of implementing Joint Commission standards within psychiatric and substance abuse departments and facilities. Topics relating to Joint Commission standards include credentialing and appointment requirements, medical staff organization, departmental review, bylaws, and quality assurance. The process of implementing quality assurance programs, including problem solving, motivation, team building, turf issues, and leadership, will also be addressed.

REFERENCE

Medical Staff Monitoring and Evaluation: Departmental Review. Chicago, Joint Commission on Accreditation of Healthcare Organizations, 1988

Workshop 158

Thursday, October 19, 1989
9:00-10:30 a.m.

Why and How to Get Involved in a State-University Collaboration

Carolyn B. Robinowitz, M.D., Deputy Medical Director, American Psychiatric Association, Washington, DC
Gary W. Nyman, M.D., M.B.A. Chief of Psychiatry, Loch Raven VA Medical Center, and Associate Clinical Professor of Psychiatry, University of Maryland, Baltimore, MD
Larry Faulkner, M.D., Director of Education, Department of Psychiatry, Oregon Health Sciences University, Portland, OR

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to inform the participants in this symposium of the advantages for the various potential partners in state-university collaborative efforts, and to outline the new APA/NASMHPD/AACP/AACDP/AADRPT Program of Consultation

SUMMARY

For several years, a consortium of individuals representing the state commissioners, academic chairmen, residency directors, and child psychiatry leaders have been meeting under the aegis of the APA to analyze public-university collaborations in teaching, service and research. A national conference was held in 1984, a book derived from the conference published in 1986, and the PEW Memorial Trusts awarded the consortium a sizeable grant to carry on further activities last summer.

A question frequently asked by potential participants in such ventures is - "What's in it for me?" This symposium will attempt to answer that question as well as give an overview of current state-university collaborations throughout the country. It will also outline the PEW Project of in-depth consultation to states desirous of fostering such collaborative activities.

REFERENCE

Talbott JA, Robinowitz CB: Working Together: State University Collaboration in Mental Health. American Psychiatric Press, Inc., Washington, DC

Workshop 159

Thursday, October 19, 1989
9:00-10:30 a.m.

Typical Family Issues That Interfere with the Treatment and Rehabilitation of Schizophrenia

Alexander P. Hyde, M.D., Clinical Assistant Professor, University of South Carolina School of Medicine, and Psychiatric Service Chief, Bryan State Hospital, Columbia, SC
Charles R. Goldman, M.D., Associate Professor, University of South Carolina School of Medicine, and Department of Neuropsychiatry, W.S. Hall Psychiatric Institute, Columbia, SC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to better recognize and manage family issues in the treatment, rehabilitation, and case management of patients with schizophrenia.

SUMMARY

In addition to specific family problems, a number of issues confront families who have a schizophrenic patient living with them. Some of these issues interfere with effective treatment and rehabilitation of the patient. The schizophrenic patient may intimidate the family, thus preventing treatment and rehabilitation because the family is unable to insist on good therapeutic behavior. The "walking-on-egg-shells" syndrome occurs when the family fearfully avoid "stressing" the schizophrenic patient by demanding or expecting a reasonable performance. Many families have difficulty determining whether the schizophrenic patient's problematic behaviors are due to personality or to the patient's laziness and fears of failure. After a brief review of our treatment and rehabilitation techniques, we detail the practical management measures we use to address these issues.

REFERENCE

Hyde AP: Living with Schizophrenia, 4th ed. Chicago, Contemporary Books, 1982

Workshop 160

Thursday, October 19, 1989
9:00-10:30 a.m.

Managed Care: How to Maintain A Clinical and Financial Perspective

Ethel Davis Jackson, R.N., M.S., Deputy Director, Monroe County Office of Mental Health, and Former Director of Extended Care, Park Ridge Mental Health Center, Rochester, NY
Fran R. Hegarty, M.S., Director of the Capitation Payment System Program, Park Ridge Mental Health Center, Rochester, NY
Thomas R. Zastowny, Ph.D., Director, Ambulatory Programs, Park Ridge Mental Health Center, and Assistant Professor of Psychiatry, University of Rochester Medical Center, Rochester, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the dilemmas encountered by the primary therapist who tries to manage both clinical and fiscal treatment planning, implementation, monitoring, and evaluation and to identify creative and flexible solutions using the case management model.

SUMMARY

The significance of the Monroe/Livingston County Capitation Payment System derives from its shifting the focus of care for the chronic mentally ill from a state institution to the community by means of a fundamental change in the mechanism for funding services. The new system constitutes a natural experiment to determine the responses of community providers to the fiscal incentives inherent in a managed care model of care. This approach has been identified as a major national policy option worthy of focused implementation and detailed study.

This presentation will focus on the experience of Park Ridge Mental Health Center, which was part of the larger system that provides care to the chronic mentally ill under the managed care concept. The center participated in developing a model of care based on individualized treatment, flexible primary care management, interagency collaborative efforts, cost effectiveness over the first year of the project, and staff training and retraining. Detailed data on psychiatric service utilization will also be presented for patient groups with different levels of severity and chronicity.

**Managed Care:
How to Maintain A Clinical and Financial Perspective**
(Cont'd)

REFERENCES

Talbott JA: The future of unified mental health services. New Directions for Mental Health Services, no 18:107-111, 1983

Rubin J: The national plan for the chronically mentally ill: a review of financing proposals. Hospital and Community Psychiatry 32:704:713, 1981

Wallack SS: Financing care for the chronically mentally ill: the implications of the various approaches, in Economics and Mental Health. Edited by McGuire TG, Weisbrod BA. Pub No (ADM) 81-1114. Washington, D.C., U.S. Department of Health and Human Services, 1981

Toward a National Plan for the Chronically Mentally Ill. Washington, D.C., Department of Health and Human Services Steering Committee on the Chronically Mentally Ill, 1980

Workshop 161

Thursday, October 19, 1989
9:00-10:30 a.m.

Clinical Genetics and Psychiatric Care

David B. Mallott, M.D., Assistant Professor, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD
Susan H. Black, M.D.C.M., Clinical Geneticist, Genetic and In Vitro Fertilization Institute, Fairfax, VA, and Assistant Clinical Professor, Medical College of Virginia, Richmond, VA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize clinical signs and symptoms in psychiatric patients that warrant genetic evaluation and use this information to modify treatment plans.

SUMMARY

Many psychiatric syndromes are caused by or compounded by genetic disorders. Classic disorders such as Down's and Klinefelter's syndromes are widely known. However, many other genetic disorders are unrecognized or underrecognized in populations of psychiatric patients. These include Fragile X disease and carrier states, metabolic disturbances, uncommon syndromes with dysmorphic features coupled with mild to severe mental retardation, and many more. Due to the mental status changes patients with these conditions experience, they are often identified as having psychiatric syndromes. This presentation will focus on psychiatric symptoms and clinical findings that warrant further genetic evaluation. Examples from a variety of psychiatric settings will be presented to highlight a clinical framework for assessment of individual patients, as well as specific, relatively common, unrecognized genetic diseases. Modification of treatment plans in light of genetic findings will be reviewed and discussed.

REFERENCE

Reiss AL, Hagerman RJ, Vinogradov S, et al: Psychiatric disability in female carriers of the fragile X chromosome. Archives of General Psychiatry 45:25-30, 1988

A Psychosocial Social Program for Mentally Ill Older Adults

Marla Hassinger Martin, Ph.D., Licensed Clinical Psychologist, Senior Health and Peer Counseling, Santa Monica, CA, and Staff Psychologist, UCLA Neuropsychiatric Institute and Hospital, Los Angeles, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to develop outpatient programs appropriate for chronic mentally ill older adults, effectively link clients to such services, and develop effective linkages with other agencies.

SUMMARY

The Senior Health and Peer Counseling Center, a community-based center serving the western portion of Los Angeles County, is testing an innovative healthcare delivery plan for chronic mentally ill older adults. This three-year demonstration program, funded by the Robert Wood Johnson Foundation, has seven main components, including assessment and treatment, socialization services, peer counseling, structured volunteer experience, health promotion and education, coordination of care, and psychiatric treatment. Services are offered to both mobile and homebound patients with a wide range of psychiatric diagnoses.

This presentation addresses our success in maintaining clients in the community, getting them into the center's ongoing health promotion programs, reducing their isolation, increasing their productivity, and enhancing their perceptions of begin useful and worthwhile to themselves and others. Suggestions for facilitating effective linkage of clients to appropriate programs are offered, and case examples are presented to highlight the clients' perspectives on how participation in this program has affected their lives.

REFERENCE

Waxman HM: Community mental health care for the elderly--a look at the obstacles. Public Health Reports 101:291-300, 1986

Thursday, October 19, 1989
9:00-10:30 a.m.

Role of Professionals with Self-Help Groups: Exploration of Models

Diana McIntosh, R.N., M.S.N., C.S., Director, Supportive Treatment Service, Central Psychiatric Clinic, and Adjunct Instructor, Department of Psychiatry, University of Cincinnati, Cincinnati, OH

Maureen J. Nowlan, R.N., M.S.N., C.S., Clinical Nurse Specialist, Department of Psychiatry, University of Cincinnati, Cincinnati, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify several existing models for self-help groups and the extent of professional involvement in each.

SUMMARY

The relationship between professionals and clients will be examined from an historical perspective. The changes in this relationship will be set forth in light of the past and present social context, which includes economics, gender issues, political and social trends, and trends in the delivery of health care. Several existing models for self-help groups will be described. The extent and intensity of professional involvement will be the key variant. An innovative model for looking at the interface between professionals and clients in self-help groups will be recommended.

REFERENCE

Toro PA, Rappaport J, Seidman E: Social climate comparison of mutual help and psychotherapy groups. Journal of Consulting and Clinical Psychology 55:430-431, 1987

Continuum of Care in Community Child Psychiatry Programs

Melinda B. Stein, Ph.D., Instructor in Medical Psychology, Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, and Clinical Director, Child and Adolescent Psychiatry Services, Francis Scott Key Medical Center, Baltimore, MD
Josie Bodenstein, M.A., M.S.W., Supervisor, Children's Center, Child Psychiatry Service, Francis Scott Key Hospital, Baltimore, MD
Mitchell J. Cohen, M.D., Medical Director, Community Psychiatry Program, Francis Scott Key Medical Center, and Assistant Professor of Psychiatry, Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the need for a continuum of care among child psychiatry programs to meet the complex needs of multiproblem children and families.

SUMMARY

It has become apparent that the complex psychosocial needs of children cannot be adequately met by traditional programs. The Child Psychiatry Service of Francis Scott Key Medical Center in Baltimore has addressed these needs by establishing a continuum of care that includes outpatient, day treatment, and home intervention/community outreach programs. Each component provides interventions according to the needs of the child and his family. These interventions may include evaluation, treatment, parent education, liaison with schools and social agencies, home visits, case management, and advocacy. The overall goal is to maintain children in the community, prevent more restrictive treatment or out-of-home placement, promote treatment compliance, and provide services to those who "fall between the cracks." Our experience in developing these programs, preliminary data on patient characteristics and treatment process, and implications for service, training, and research will be discussed.

REFERENCE

Stroul B, Friedman R: A System of Care for Severely Emotionally Disturbed Children and Youth. Washington, DC, CASSP Technical Assistance Center, 1986

Workshop 165

Thursday, October 19, 1989
9:00-10:30 a.m.

Cost Effective Community Hospitalization for the Involuntary Patient: A Feasible Reality or a Contradiction in Terms?

Stewart A. Shevitz, M.D., Director, Department of Psychiatry and Behavioral Medicine, Sacred Heart General Hospital, and Chief of Staff, Lane County Psychiatric Hospital, Eugene, OR

Al Levine, Ph.D., Supervisor of Emergency Services, Lane County Mental Health Division, Eugene, OR

Marsha Snortland, R.N., Nurse Manager, Department of Psychiatry and Behavioral Medicine, Sacred Heart General Hospital, and Director of Nursing, Lane County Psychiatric Hospital, Eugene, OR

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the key components in structuring a treatment program for acutely ill involuntary patients that integrates some of the cost-saving features of a residential treatment facility with the standards for a licensed psychiatric hospital.

SUMMARY

Residential treatment facilities have gained increasing popularity as alternatives to state hospitalization for the emergency evaluation and treatment of involuntary patients. Although reported to be less expensive, concerns can be raised about the decreasing availability of medical hospitalization for acutely ill psychiatric patients. This workshop will describe the Lane County Psychiatric Hospital, a 15-bed treatment facility in Eugene, Oregon, where many of the cost savings of the residential model have been preserved while simultaneously preserving medical hospitalization in a licensed free-standing psychiatric facility.

The unique partnership of the state and county mental health divisions, community psychiatrists, and the local general hospital that has enabled this innovation to occur will be described. Cost per treatment episode at Lane County Psychiatric Hospital is significantly less than at the state hospital, quality of care has been enhanced, and the ability to treat these patients in a local hospital setting has been maintained.

REFERENCES

Moltzen S, Gurevitz H, Rappaport M, et al: The psychiatric health facility: an alternative for acute inpatient treatment in a nonhospital setting. Hospital and Community Psychiatry 37:1131-1135, 1986

Faulkner LR, McFarland BH, Bloom JD: An empirical study of emergency commitment. American Journal of Psychiatry (in press)

Choice Point--Planning with Limited Resources

Peggyanne G. Smith, Ph.D., Chief, Program Review and Development, San Diego County Mental Health Services, San Diego, CA
Areta Crowell, Ph.D., Deputy Director, San Diego County Mental Health Services, San Diego, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize and understand the steps in the Choice Point planning process, from initiation through study and research to development and implementation of a service delivery model.

SUMMARY

Over the past few years, San Diego County Mental Health Services has faced a number of critical events, including an acute psychiatric hospital bed shortage, funding shortfalls, and an increasing demand for services. Staff used a strategic planning process--the Choice Point Model and Implementation Plan--to develop an innovative service delivery plan for the future.

The presentation will cover the initiation of the project, the development of the Choice Points, a synthesis of the research, and the steps to implementation of the model.

REFERENCE

Frances A, Clarkin J: Differential therapeutics: a guide to treatment selection. Hospital and Community Psychiatry 32:537-545, 1981

Thursday, October 19, 1989
9:00-10:30 a.m.

Madness and Motherhood

Anna Spielvogel, M.D., Assistant Clinical Professor of Psychiatry, University of California, San Francisco, CA
Maryellen Handel, Ph.D., Director, Psychiatric Ambulatory Services, Newton-Wellesley Hospital, Newton, MA
Joanne R. Wile, L.C.S.W., Assistant Clinical Professor of Psychiatry, University of California, San Francisco, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the etiology, onset, symptoms, risks, and treatment for the three major postpartum disorders and recognize and treat women who have experienced losses of the opportunity to mother.

SUMMARY

The profound impact of motherhood on women's psychology is gradually being recognized. Recent reports of infanticide by psychotic women without prior psychiatric histories highlight the dilemmas in identifying risk factors and implementing preventive treatment. Clinicians must be aware of the etiology, onset, symptoms, risks, and recommended treatment for women with and without prior psychiatric disorders who become mothers. An equally profound experience for women is the loss of the opportunity to mother. Infertility, abortion, miscarriage, child neglect and abuse, and adoptive placement represent many of the losses that can occur. Case examples will demonstrate how the impact of loss can be understood and treated in women with a wide range of psychological strengths and vulnerabilties.

REFERENCE

Brockington IF, Kumar R: Motherhood and Mental Illness. London, Academic, 1982

Computer Management Information Systems (MIS) in CMHCs

David A. Pollack, M.D., Adjunct Assistant Professor of Psychiatry and Associate Director, Public Psychiatry Training Program, Department of Psychiatry, Oregon Health Sciences University, and Medical Director, Mental Health Services-West, Portland, OR
Douglas A. Bigelow, Ph.D., Assistant Professor of Psychiatry, Department of Psychiatry, Oregon Health Sciences University, Portland, OR

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify key factors to consider in setting up a computer management information system and should be aware of recommendations for successful system design and implementation strategies.

SUMMARY

Mental health programs have an increasing need to track patients, relate data, streamline paperwork, and provide rapid feedback to clinicians, administrators, and outside agencies. Computers and software can now be afforded by direct service agencies. However, design and implementation can be intimidating and sometimes disastrous. The authors describe successful introduction of computers into a direct service agency. Identification of appropriate information requirements, judicious integration and segregation of data and functions, simple and synergistic design of forms and reports, realistic implementation planning, and maintenance of staff cooperation and accuracy are described. Models of data analysis for clinical supervision, program monitoring, research, and support of fiscal operations are presented. Although solutions may vary among agencies, certain common design principles are critical to successful outcome.

REFERENCE

Taylor JB: Introducing Microcomputers Into Social Service Agencies. Beverly Hills, Calif, Sage, 1981

Needs of Well Siblings of Schizophrenic Patients

Charles Leo Whelton, M.D., F.R.C.P., Attending Psychiatrist, Hamilton Program for Schizophrenia and Assistant Professor, McMaster University, Hamilton, Ontario, Canada
Janet Landeen, R.N., M.Ed., Director of Education, Hamilton Program for Schizophrenia, and Lecturer, McMaster University School of Nursing, Hamilton, Ontario, Canada

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the needs of well siblings of schizophrenic patients and describe one method of addressing these needs.

SUMMARY

The needs and concerns of 65 siblings, and 19 spouses of siblings, of schizophrenic patients in a rehabilitation program were assessed. A one-day workshop for siblings of schizophrenic patients is outlined. In the overall sibling group, the need for information and desire for affiliation with other siblings of schizophrenic patients were endorsed. Siblings also identified interpersonal difficulties with their ill sibling that may be amenable to skills training. This study supports the hypothesis that siblings of schizophrenic patients have specific needs in relation to their ill sibling and suggests strategies for addressing these needs and concerns.

REFERENCE

Samuels L, Chase L: The well siblings of schizophrenics. American Journal of Family Therapy 7(2):24-35, 1979

Thursday, October 19, 1989
11:00 a.m.-12:00 noon

Presidential Address

Psychiatrists' Response to Today's Challenges

Herbert Pardes, M.D., President, American Psychiatric Association; Vice President for Health Sciences and Dean of Faculty of Medicine, College of Physicians and Surgeons, Columbia University; and Professor and Chairman, Department of Psychiatry, Columbia University, New York, NY

EDUCATIONAL OBJECTIVE

At the end of the program, the participant will be able to bridge major developments in society which impact psychiatry. It will further lay out a course of action for American psychiatry to address these concerns.

SUMMARY

American psychiatry is experiencing important and profound changes which include: tighter public policy on reimbursement for health care including mental health care; rising involvement of citizen groups; rapid expansion of its knowledge-base; and a steady increase in the involvement of third parties in quality of care, length of stay, doctor and hospital behavior, etc.

How can American psychiatry effectively respond to the challenges that these changes in general represent? What can we in psychiatry do to allow psychiatry to take full advantage of these developments and also recognize their interlocking effects?

There are many examples of how taking advantage of one trend facilitates another, e.g.; additional citizen activity can represent a new partnership advocating quality clinical care and appropriate reimbursement; and research producing more information about clinical psychiatry can position the field far better in terms of its working for and delivering high quality clinical care.

Blueprint for Implementing Effective Psychiatric Patient Education

Cynthia Bisbee, Ph.D., Psychologist, Alabama Department of Mental Health, and Director of Organizational Development, AMI West Alabama Hospital, Tuscaloosa, AL

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe the rationale for psychiatric patient education, list pertinent topic areas to be taught to patients, and summarize applications and specific methods.

SUMMARY

Psychiatric patient education is a growing movement. It is currently being recognized as an important aspect of treating the seriously mentally ill. This presentation will elucidate issues involved in the implementation of programs to educate psychiatric patients about their illness, treatment, and role. Topics covered will include the rationale, research base, formats, and origin of the movement. Suggestions for educational content, and including biochemistry, diagnoses, medications, stress management, healthy life-style, and roles of the patient and family are provided. A method for teaching illness monitoring and relapse prevention, special considerations for educating mentally ill patients, media and other resources for psychiatric patient education, and networking for psychiatric patient educators will also be covered. The presenter will draw on experience with psychiatric patient education in a variety of settings and provide both theoretical and practical information for program implementation.

REFERENCE

Osmond H, Mullaly R, Bisbee C: The medical model and the responsible patient. Hospital and Community Psychiatry 29:522-524, 1978

Diagnostic Drawing Series

Jeanne Creekmore, M.A., Art Therapist, Expressive Therapies Department, Mount Vernon Hospital, Alexandria, VA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be familiar with the Diagnostic Drawing Series format and with how it is used in a group setting for evaluation purposes and as a structure for group discussion. Participants will be oriented to features typically drawn by patients with schizophrenia, major depression, and borderline personality disorder.

SUMMARY

The Diagnostic Drawing Series, designed by art therapists for use by art therapists in the clinical setting, is presented. The presenter is currently part of a nationwide research project that correlates information from this standardized three-picture series with DSM-III nosology. The pictures are rated according to structural criteria. The progression of the full series is also evaluated. The drawing task directives provide differing amounts of structure, and the individual's ability to respond graphically to both concrete and abstract subject matter is noted. A comparison can be made between the patient's verbal associations and the graphic content of the pictures.

Previously, the Diagnostic Drawing Series was administered solely on an individual basis. This presentation marks the first review of the series administered in a group format. Variations between the two formats and issues such as instructions for groups, contamination of individual samples, and processing of pictures will be discussed. Examples of drawings will be shown to illustrate diagnostic information.

REFERENCE

Cohen BM, Hammer JS, Singer S: The Diagnostic Drawing Series: a systematic approach to art therapy evaluation and research. Arts in Psychotherapy 15(1):11-21, 1988

We Are Happy Nurses

Ben R. Kuhner, M.D., Medical Director, Kitsap Mental Health Residential Treatment Center, Bremerton, WA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand and use an eight-day nursing (or other 24-hour) schedule that ensures coverage for all shifts, on-call availability, and adequate time off.

SUMMARY

On a small inpatient unit with only one nurse per shift and extreme difficulty finding on-call nurses, a self-contained system was designed to ensure coverage. An eight-day base of rotation rather than a seven-day base was used. Nurses work four days in a row, are on call for two days, and are off for two days. They are paid for one eight-hour shift for the 48 hours they are on call. During the time they are on call, they are obligated to come in if called. An actual schedule will be presented showing how this innovative system works, how vacations are handled, and how the numbers of shifts add up to ensure adequate coverage.

REFERENCE

Arbeiter J: What smart hospitals do to retain nurses. R.N. Magazine, Nov 1988, pp. 22-23

Innovative Use of Computerized Weekly Medication Review

Tram K. Tran-Johnson, Pharm. D., Assistant Professor of Pharmacology, University of Texas Health Science Center, San Antonio, TX

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the objectives and methods of computerized weekly medication reviews for psychiatric patients and recognize the resultant improvement in efficiency and optimization of patient care.

SUMMARY

Clinical pharmacy services in state psychiatric hospitals are limited by both the financial resources of the facility and the shortage of trained personnel. At San Antonio State Hospital, weekly medication reviews are mandated and historically have been performed with the presence of both the staff psychiatrist and a clinical pharmacologist. Other participants such as medication nurses and pharmacy/psychiatric residents also may be present. The clinical pharmacologists are doctors of pharmacy who have completed a residency or fellowship in psychiatric pharmacy practice.

The objectives of these reviews are to provide an opportunity to review data pertinent to pharmacotherapy that has been collected during the previous week, provide drug information to psychiatrist and nursing staff, evaluate and refine the goals of pharmacotherapy, define relative montioring parameters and target symptoms, and intitiate necessary orders. Historically, the list of medications, their start and stop dates, initial psychiatric target symptoms, and lab values are recopied and updated weekly. Over the past year this process has been computerized using a Macintosh computer network to improve efficiency. Updates can be entered quickly before printing the weekly medication review. At the time of the review, changes in a patient's behavior, rationale for changes in medications, pertinent physical and lab assessment parameters, and other information can be written by either the psychiatrist or pharmacologist after discussion and decision-madking by the team. The weekly medication reviews and the participation of a multidisciplinary team have optimized drug therapy and, improved patient care and documentation. Examples of weekly medications reviews and procedures involved in this process will be presented.

REFERENCE

Saklad SR, Ereshefsky L, Jann MW, et al: Pharmacists' impact on prescribing in an acute adult psyhiatric facility. Drug Intelligence and Clinical Pharmacy 18:632-634, 1984

Computer Training for Psychiatric Inpatients

Robert L. Brieff, Ed.D., Psychologist and Program Coordinator, Kingsboro Psychiatric Center, Brooklyn, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to list the steps necessary to implement a computer-based, prevocational training program for a selected population of psychiatric patients.

SUMMARY

The purpose of this presentation is to inform participants of a method for involving patients who are hard to reach but who may potentially be rehabilitated in an ongoing treatment exprience. The presentation will provide background on presenter's program and a step-by-step outline of program development, including selection of equipment and software, screening pf patients, and establishment of appropriate goals and learning objectives. Course content, instructional methods, and program evaluation techniques will also be discussed.

REFERENCES

Armstrong J, Rennie J: We can use computers too: the setting up of a project for mentally handicapped residents. British Journal of Occupational Therapy 49:297-300, 1986

Bell FH: Why is computer-related learning so successful? Educational Technology 14(12):15-18, 1974

Friedman RM: The use of computers in the treatment of children, Child Welfare. 59:152-160, 1980

Lawrence GH: Using computers for the treatment of psychological problems. Computers in Human Behavior, 2:43-62, 1986

McCollum SG: Computers can help, Federal Probation. 49(3):35-39, 1985

Roberts C: The use of computers in occupational therapy at the rehabilitation unit, Odstock Hospital: a review. British Journal of Occupational Therapy 49:157-160, 1986

A Multidisciplinary Approach to Patient Assessment in a State Psychiatric Hospital

Mark E. Booher, Ph.D., Director of Extended Care, Westborough State Hospital, Westborough, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the steps necessary to conduct a multidisciplinary assessment of patient skill level in a state psychiatric hospital and recognize the benefits of this assessment.

SUMMARY

The purpose of this presentation is to describe the procedures used in planning and implementing a one-time multidisciplinary assessment of all the adult inpatients in a state psychiatric hospital. The emphasis will be on practical do's and don't's and their impact on the quality of the information obtained. Information gathered can be used for hospital management, patient leveling, treatment planning, program planning, discharge planning, and research.

REFERENCE

Farkas MD, Rogers ES, Thurer S: Rehabilitation outcome of long-term hospital patients left behind by deinstitutionalization. Hospital and Community Psychiatry 38:864-870, 1987

Art Therapy: A Nonverbal Treatment: Identification and Usage

Jennifer A. Killeen, A.T.R., Registered Art Psychotherapist and President-Elect, Delaware Valley Art Therapy Association, Newton Square, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize art therapy as an alternative viable method of diagnosis and as a means of reflecting patient dynamics and implementing patients' goals.

SUMMARY

This study shows the use of an art therapy evaluation as a diagnostic instrument on a short-term acute inpatient unit. Subjects were two males and eight females between the ages of 18 and 66. All subjects were assessed by an art therapy evaluation and a standardized battery of psychology tests. Half of the subjects received an art therapy evaluation first and psychological testing second, and half received the psychological testing first and the art therapy evaluation second. The art therapy evaluation included free drawing, Dot-to-Dot, Draw a Group of People Doing Something, and Draw This Plant. Time needed for the art therapy evaluation ranged between nine and 44 minutes and required only one sitting. The psychological testing consisted of the Bender Visual-Motor Gestalt Test, the Wechsler Adult Intelligence Scale-Revised, the Minnesota Multiphasic Personality Inventory, Draw a House-Tree-Person, and the Rorschach. Time needed for psychological testing ranged from three hours, 35 minutes to six hours, 15 minutes. Between two and 16 days were needed to complete the psychological testing.

It was hypothesized that the diagnoses made with art therapy evaluation can be used as an initial diagnostic tool in short-term acute care settings, where staff must make rapid psychological evaluation and the art therapy evaluation yielded the same DSM-III Axis I diagnosis seven of ten times. The results suggest that art therapy evaluation can be used as an initial diagnostic tool in short-term acute case settings, where staff must make rapid assessments and expedite formation of treatment plans.

REFERENCES

Anastasi, A: 1968 Psychological Testing. 3rd Edition. London. MacMillan Company
Fink PJ: 1973 Art as a Reflection of Mental Status. Art Therapy, Vol 1, 17-30
Art as a Reflection of Mental Status.
Fink PJ, Levick MF, Goldman MJ, 1973 Art Therapy; A Diagnostic & Therapeutic Tool, International Journal of Psyciatry, Vol 11, pp 104-118

D.A.R.E. (Developing Alternatives in Rehabilitation Employment)

Helen G. Muhlbauer, M.D., Chief Psychiatrist and Medical Director, Altro Health and Rehabilitation Services, Inc., Bronx, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be aware of vocational alternatives to the sheltered workshop for persons with chronic mental illness who cannot sustain competitive employment.

SUMMARY

The seriously and persistently mentally ill who are able to succeed in the sheltered workshop often become demoralized in that setting, which does not allow for further vocational progress and integration into the community. The workshop without walls is a satellite site of Altro Health and Rehabilitation Services. At this site, clients are integrated with the employees of a local factory but continue to receive clinical support and work adjustment training from Altro staff. Data are presented comparing the D.A.R.E. group of 20 clients with a matched control group in the sheltered setting. We demonstrate that clients have not shown any stress-related diminution in attendance, productivity, or program satisfaction as a result of the higher expectations placed on them in the integrated work setting.

REFERENCE

Dombrawe H: Vocational rehabilitation for psychologically handicapped patients. Rehabilitation 25(2):53-58, 1986

The Four Winds-Saratoga/Skidmore College Program

James Hennessey, Ph.D., Program Director, Four Winds-Saratoga, Saratoga Springs, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize a model of psychiatric care that promotes the integration of psychotherapy and education.

SUMMARY

The Four Winds-Saratoga/Skidmore Program is an innovative program designed to address the particular needs of college students hospitalized for psychiatric reasons. The program has served more than 70 students from over 45 different colleges and universities. This poster session will define for the viewer the components of the program, specifically illustrating how the educational piece is incorporated into the treatment plan. We will demonstrate how our patients remain academically engaged as students while in the hospital.

REFERENCE

Hoffmann FL, Mastrianni X: The mentally ill student on campus: theory and practice. Journal of American College Health 38:15-20, 1989

Association of Life Events With Symptoms of PTSD in WWII Veterans

Bruce A. Kaup, M.D., Staff Psychiatrist, Geropsychiatry Program, Mentally Hygiene Clinic, VA Medical Center, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize that veterans with prior or ongoing post traumatic stress disorder (PTSD) may have an exacerbation of symptoms during life changes, such as retirement or change in physical health.

SUMMARY

Recent case reports suggest that life changes associated with aging may promote the expression of PTSD symptoms. To explore this relationship, clinic records of WWII veterans referred to the Baltimore VA Medical Center for evaluation of PTSD since 1980 were reviewed. Of 20 veterans identified, 12 had a diagnosis of PTSD and 8 reported symptoms of PTSD. Symptoms most commonly reported were insomnia (80 percent), nightmares (75 percent), irritability (65 percent), social isolation (50 percent). Sixteen veterans had an exacerbation of symptoms co-occurring with one or more life stresses, such as retirement (50 percent), deteriorating health (31 percent), and death of a loved one (25 percent). We conclude that life events may exacerbate PTSD in elderly WWII veterans.

REFERENCE

Cristenson RM, Walker JI, Ross DR, et al: Reactivation of traumatic conflicts. American Journal of Psychiatry 138:984-985, 1981

Social Skills Training for Acute Psychiatric Inpatients

Stephen R. Levine, M.A., Supervising Psychologist, Philadelphia Geriatric Center, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe how a social skills training program was set up and run and discuss its effects on a population of psychiatric inpatients.

SUMMARY

A social skills training program for acute psychiatric inpatients is described. The treatment aims to enhance patients' competence at managing interpersonal conflicts by teaching two specific skills over a two-week period: expressing negative feelings and competence and negotiation. Results of a study of 115 patients who participated in the group indicate that the program was effective at improving the skill performance of patients who were actively involved. Acute inpatient treatment settings may improve patients' social skill functioning by establishing similar, cost-effective social skills training programs.

REFERENCE

Liberman RP, DeRisi WR, Mueser KT: Social Skills Training for Psychiatric Patients. New York, Pergamon, 1989

Drug and Alcohol Abuse in Schizophrenia

Kim T. Mueser, Ph.D., Assistant Professor of Psychiatry, Medical College of Pennsylvania at Eastern Pennsylvania Psychiatric Institute, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe demographic and clinical correlates of substance abuse in schizophrenic patients.

SUMMARY

The relations between substance abuse and demographics, diagnosis, history of illness, and symptoms were examined in 149 patients who had DSM-III-R diagnoses of schizophrenia, schizoaffective disorder, and schizophreniform disorder. Recent abuse and lifetime incidence of abuse were evaluated for six different classes of drugs: stimulants, alcohol, sedatives, cannabis, hallucinogens, and narcotics. Patients had elevated rates of stimulant and hallucinogen abuse compared with the general population. Multiple regression and discriminant analysis showed that demographic characteristics were strong predictors of substance abuse. Males abused more of all types of drugs, particularly alcohol and cannabis. White patients abused more alcohol and hallucinogens and less cannabis than blacks. Stimulant abusers were younger, had an earlier age of first hospitalization, and were more likely to be schizophrenic than schizoaffective, but did not differ in symptoms or social adjustment from nonabusers. A history of cannabis was related to fewer symptoms and hospitalizations, suggesting that more socially adjusted patients were exposed to and experimented with cannabis. The results suggest that environmental factors may be important determinants of substance abuse in schizophrenic patients.

REFERENCE

Galanter M, Castaneda R, Ferman J: Substance abuse among general psychiatric patients: place of presentation, diagnosis and treatment. American Journal of Drug and Alcohol Abuse 142:211-235, 1988

The Rubinton Mental Health Resource Library: Education for Patients and Families

Arlene Michaelson Baily, M.S., O.T.R., C.R.C., Coordinator, Prevocational Services, New York Hospital-Cornell Medical Center, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify a current bibliography of mental health literature and videos for the consumer; discuss a means of organizing, publicizing, and funding the collection; and understand its influence on quality patient care.

SUMMARY

The changing treatment roles of patients and families and the growth of psychoeducational techniques support the need for a consumer-oriented library specializing in mental illness and mental health issues. Psychoeducational material offers a cognitive understanding of mental illness, methods for developing daily living skills and coping with daily problems, and a means of engaging people more actively in the treatment process. This session will illustrate the content, utilization, and impact of the psychiatric hospital-based Phyllis Rubinton Mental Health Resource Library. The library staff's collaboration with patients will also be described. Books, pamphlets, and videos concerning mental disorders, normal human development, and daily living skills will be identified.

REFERENCES

Michaelson A, Nitzberg L, Rubinton P: Mental Health Resource Library: a consumer guide to the literature. Psychiatric Hospital 15:133-140, 1984

Greenberg L, Fine S, Cohen C, et al: An interdisciplinary psychoeducation program for schizophrenic patients and their families in an acute care setting. Hospital and Community Psychiatry 39:277-282, 1988

The Cost of Staff Injuries from Inpatient Violence

Harold Carmel, M.D., Atascadero State Hospital, Atascadero, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe the characteristics of staff injuries from inpatient violence in a large state hospital.

SUMMARY

Injuries from inpatient violence are an increasingly recognized risk to staff in mental health facilities. In addition to causing pain and emotional trauma, these injuries drain away already scarce staff and treatment resources. This presentation reviews of the cost and nature of over 280 such injuries that occurred in 1986 and 1987 from direct assault or from containing aggressive patients at Atascadero (California) State Hospital. These injuries resulted in the loss of more than 4,000 staff days and more than $1.5 million in estimated medical and compensation costs.

REFERENCE

Carmel H, Hunter M: Staff injuries from inpatient violence. Hospital and Community Psychiatry 40:13-18, 1989

A Novel Method of Benzodiazepine Tapering in Psychiatric Patients

Tram K. Tran-Johnson, Pharm. D., Assistant Professor of Pharmacology, University of Texas Health Science Center, San Antonio, TX

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the signs and symptoms of benzodiazepine withdrawal, understand the pharmacokinetic and dynamic differences between the various benzodiazepines in withdrawal conditions, and use a novel, safer method of tapering benzodiazepine.

SUMMARY

A retrospective drug utilization review of the efficacy and safety of a novel method of benzodiazepine tapering in psychiatric patients on an acute care unit at San Antonio State Hospital is presented. The patients were experiencing withdrawal symptoms from either alcohol or benzodiazepine. None had a documented history of generalized anxiety disorder or panic disorder. Benzodiazepine-containing placebo capsules were utilized initially and "true" placebo capsules were used at the end of the tapering regimen. The capsules were administered four times a day throughout the entire tapering period. The mean daily dose reduction for the entire tapering period was 0.25 mg of lorazepam equivalent per day. Vital sign assessments and examination of withdrawal symptoms showed that this method was effective and safe. Ten of the subjects examined were successfully tapered off benzodiazepine. The pharmacokinetic and pharmacodynamic dfferences between the various benzodiazepines in withdrawal conditions and their implications will be presented.

REFERENCE

Roy-Byrne PP, Hommer D: Benzodiazepine withdrawal: Overview and implications for the treatment of anxiety. American Journal of Medicine 84:1041-1052, 1988

Variation of Lithium Pharmacokinetics with Phase of Illness

Dale A. D'Mello, M.D., Assistant Professor of Psychiatry, Michigan State University, Saint Lawrence Hospital, Lansing, MI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate the influence of phase of illness of bipolar affective disorder on the metabolism of lithium carbonate.

SUMMARY

In a review of 56 bipolar patients in a Community Mental Health Center Clinic, hospital discharge lithium dose and serum levels were compared with dose and serum levels at a three-month follow-up. The mean serum level at discharge was not appreciably different from the mean level at 3 months. However, the mean dose at the three-month follow-up had fallen from 1333.6±452.5 mg/day to 1161.8±403.3 mg/day ($z=2.1$, $p=0.03$). This result supports the perception that bipolar patients require greater doses of lithium during mania than during euthymic intervals.

REFERENCE

Fyro B, Petterson U, Sedvall G: Pharmacokinetics of lithium in manic-depressive patients. acta Psychiatrica Scandinavica 49:237-247, 1973

Adolescent Admissions to an Acute Psychiatric Inpatient Service for Adults: An Empirical Study

James F. Suess, Ph.D., Assistant Professor of Psychiatry, State University of New York at Buffalo Medical School, and Assistant Director of Training, Erie County Medical Center, Buffalo, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize variables commonly associated with adolescent diagnoses, treatment, and discharge planning from an adult psychiatric service.

SUMMARY

The need for adolescent inpatient beds has never been greater. Perhaps most obvious is a 300 percent increase in adolescent suicide and parasuicide in the past decade. We assessed phenomenological variables associated with this inpatient population. The study revealed family and individual variables most commonly reported to be associated with an adolescent admission. These include dysfunctional family of origin, lack of ego boundary or sense of self, inability to understand the cause-effect relationship, lack of age-appropriate responsibility, and a sense of entitlement with concommitant feelings along a continuum from controlled rage to potentially lethal acting out. Also discussed is the rather specific effect of an adult inpatient milieu upon the adolescent patient and his other family system. Appropriate assessment and treatment plans are discussed, as are ethical and legal issues prominent in this population.

REFERENCE

McClellan J, Turpin E: Prevention of psychiatric disorders in children. Hospital and Community Psychiatry 40:630-636, 1989

Parasuicide in a State Hospital: Link With Low Melatonin

Paul A. Kettl, M.D., Assistant Professor, Department of Psychiatry, Pennsylvania State University, M.S. Hershey Medical Center, Hershey, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize characteristics of parasuicide victims, understand how they are similar to suicide victims, and be aware of the chronobiologic aspects of parasuicide.

SUMMARY

Parasuicide (self-inflicted injury) represents a serious clinical problem and a significant drain on nursing resources for the severely mentally ill. We report the parasuicide rate (incidents of self-harm per bed per year) for Danville State Hospital, a 489-bed facility, from consecutive incident reports from 1986 through 1988. Rates were remarkably consistent (0.12, 0.12, and 0.11) for successive years. Parasuicide victims were younger ($p<0.005$) than the general hospital population and than suicide victims in Pennsylvania from 1981 to 1985 ($p<0.005$). Sex of victims was not significantly different than that of the general hospital population. There were more female parasuicide victims than suicide victims in Pennsylvania ($p<0.005$). Sixty-one percent percent of all parasuicides occurred in patients hospitalized for more than one year, and nine patients accounted for 40 percent of all incidents.

Parasuicide occurred almost exclusively during the day, and hour of parasuicide correlated with hour of suicide in Pennsylvania, ($p=0.001$, $r=-0.61$) and negatively correlated with the hourly rhythm of melatonin in normal subjects ($p<0.001$, $r=-0.74$). Forty-six percent of all parasuicides occurred during the months of October through January. The strong negative correlation with melatonin coupled with other data linking low melatonin to suicide suggests low melatonin may be a marker for self-harm in the mentally ill.

REFERENCES

Kettl PA, Collins T, Bixler EO: Melatonin and hour of suicide. Presented at the annual meeting of the American Psychiatric Association, San Francisco, May 9, 1989

Thompson C, Mezey G, Corn T, et al: The effect of desipramine upon melatonin and cortisol secretion in depressed and normal subjects. British Journal of Psychiatry 147:389-393, 1985

Double-Blind Comparison of Valproic Acid and Lithium in the Treatment of Mania

Jeffrey L. Clothier, M.D., Assistant Professor, University of Texas Medical School, Houston, TX

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe the results of a double-blind comparison of valproic acid (VPA) and lithium in manic patients.

SUMMARY

In open-label trials a 60 to 70 percent response to VPA has been shown. We will report the results of a study of 24 patients with diagnoses of bipolar disorder, manic phase, and schizoaffective disorder, manic subtype, who were randomized assigned to treatment with either lithum carbonate or VPA. Weekly ratings using the Schedule for Affective Disorders and Schizophrenia and the Brief Psychiatric Rating Scale were made, and trough plasma levels of VPA and lithium were measured on the fifth to seventh day after dosage changes. There was no evidence of clear superiority of either medication. The results suggest that valproic acid may be a useful alternative therapy for selected patients with mania.

REFERENCE

McElroy SL, Keck PE, Pope HG: Sodium valproate: its use in primary psychiatric disorders. Journal of Clinical Psychopharmacology 7:16-24, 1987

Rapid Diminution of Suicidal Ideation in Depressed Outpatients

Evaristo Gomez, M.D., Professor of Clinical Psychiatry, University of Illinois at Chicago, Chicago, IL

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize that amoxapine is a useful antidepressant in the treatment of outpatients with suicidal ideation.

SUMMARY

This presentation describes the results of a double-blind clinical study in which 214 depressed and suicidal patients (median age, 30 years) were randomized to treatment with amoxapine, amitriptyline, or placebo for 28 days. The results of Hamilton scores and scores on several other physician- or patient-rated scales designed to measure quality and degree of suicidal thinking, as well as the investigator's overall evaluation, showed that amoxapine was significantly more rapid and more effective than amitriptyline or placebo in the elimination of suicidal ideation in this population. Other depressive symptoms were also more rapidly and more effectively relieved by amoxapine. One amoxapine-treated patient and four who received amitriptyline discontinued therapy prematurely because of adverse side effects.

REFERENCES

Bernstein JG: Handbook of Drug Therapy in Psychiatry. Boston, John Wrights-PSG, 1983

Takahashi R, Sakuma A, Hara T, et al: Comparison of efficacy of Amoxapine and Imipramine in a multi-clinic double blind study using the WHO schedule for a standard assessment of patients with depressive disorders. Journal of International Medical Research. 7:7-18, 1979

Wilson IC, Loose PT, Pettus CW, et al: A double-blind clinical comparison of Amoxapine, Imipramine and Placebo in the treatment of depression. Curr Ther Res, 22:620-626, 1977

Winsauer HJ, O'Hair DE: Rapid onset of Amoxapine in drpressive illness. Curr Ther Res, 35:815-825, 1984

Hauger RL, Paul SM: Neurotransmitter receptor plasticity: Alternatives by antidepressant and antipsychotic. Psychol Ann, 12:399-407, 1983

Symptoms and Functioning of Patients with Major Depression One Year After Onset of Illness

Alexis D. Henry, M.S., O.T.R./L., McLean Hospital Depression Research Facility, Belmont, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the results of a follow-up study of patients with unipolar psychotic depression and unipolar nonpsychotic depression.

SUMMARY

The relationship between symptoms and functioning of patients with unipolar major depression was examined in a prospective study. Data are presented on 54 depressed patients (13 psychotic and 41 nonpsychotic) and 24 control subjects from the McLean Hospital Depression Research Facility. At one-year follow-up, symptomatic outcome was superior to functional outcome in the depressed patients. For example, there was no significant difference between the psychotic and nonpsychotic depressed patients on Hamilton Depression Rating Scale scores and Brief Psychiatric Rating Scale Scores, although both groups had significantly higher scores than control subjects. However, on the Social Adjustment Scale at the one-year point the psychotically depressed patients had significantly more problems functioning at work outside the home than the nonpsychotic depresed patients, who in turn had more difficulty than controls ($p < .05$). Other correlations between symptoms and functioning of patients and controls will be presented at baseline and at one year. The results suggest that factors other than symptoms are related to the functioning of patients with psychotic unipolar depression, compared with patients with nonpsychotic unipolar depression.

REFERENCE

Robinson DG, Spiker DG: Delusional depression: a one year follow-up. Journal of Affective Disorders 9:79-83, 1985

Substance Abuse in the Psychiatric Emergency Room

Aimee S. Johnson, M.D., Clinical Fellow, Emergency Psychiatry, Department of Psychiatry, University of Cincinnati, Cincinnati, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify characteristics of persons with substance abuse problems who use the psychiatric room.

SUMMARY

Characteristics associated with substance abuse and dependence were studied in a centralized psychiatric emergency service with a catchment area of 1,000,000. Thirty-one percent of the patients treated in the psychiatric emergency service received diagnoses of substance abuse plus mental illness. Fifty-three percent of the patients treated in the psychiatric emergency service were hospitalized as dual-diagnosis patients but were subsequently released with a primary diagnosis of substance abuse and no other psychiatric disorder. Implications for service provision and planning will be discussed.

REFERENCES

Gillig PM, Hillard JR, Bell J, et al: The psychiatric emergency service holding area: effect on utilization of inpatient resources. American Journal of Psychiatry 146:369-372, 1989

Gillig PM: A Report to the Hamilton County Board of Mental Health: Utilization Patterns by Mental Health Consumers of Psychiatric Emergency Services. The University of Cincinnati, 1988)

Improving Treatments for the Severely Mentally Ill: Implications of the Italian Psychiatric Reform

Ira D. Glick, M.D., Professor of Psychiatry, Cornell University Medical College, New York, NY, and Senior Science Advisor to the Director, National Institute of Mental Health, Rockville, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe the components of a quality treatment equation that are associated with good clinical outcome of major affective disorder.

SUMMARY

Recent research suggests that although effective psychiatric treatment has been developed, it often is not delivered. This presentation reports the results of a study designed to dissect the process of care in an attempt to understand outcome. Twenty-four patients with a diagnosis of major affective disorder were identified 12 to 24 months after hospital admission in three countries--Italy, Japan, and the United States. The patients, their families, and their doctors were interviewed separately and then together using a structured questionnaire that focused on delivery of treatment (using an ideal treatment criteria set) and achievement of treatment goals. The results were then correlated with resolution of the index episode and the patient's global outcome, measured with the Global Assessment Scale.

Physicians were found to deliver and achieve only about two-thirds of what patients considered ideal care and about one-third of what their families viewed as ideal care. This degree of delivery and achievement was associated with only a 60 percent resolution of the index episode at follow-up. A significant positive association was found between the most important outcome measure, the resolution of the episode, and delivery of good treatment to both the patient and to the family ($p < .04$). Patients and families with the best resolutions received significantly more treatment than those with the worst resolution ($p < .02$). The clinical implications of this study will be discussed.

REFERENCES

Keller, MB, Lavori PW, Klerman GL: Low levels and lack of predictors of somatotherapy and psychotherapy received by depressed patients. Archives of General Psychiatry 43:458-466, 1986

Glick ID, Showstack JA, Klar HM: Toward the definition and delivery of appropriate care. American Journal of Psychiatry 139:908-909, 1982

Emergency Psychiatric Services

Christine O'Leary, Director of Nursing, Mental Health Services, Butler Memorial Hospital, Butler, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify a method to improve psychiatric services provided in the emergency department of a general hospital.

SUMMARY

Patients with mental health problems presenting to the emergency department of general hospitals often trigger frustration and anxiety in the emergency clinician. The emergency clinician often feels inadequate in assessing the mentally ill patient and isolated from the mental health system. The purpose of this session is to describe the approach taken in one community hospital to solve these problems and the improved services for the patient and greater integration of the emergency department with the local mental health system that resulted.

In response to concerns raised by the emergency staff and mental health professionals, a single-page assessment tool was developed. The instrument directs the clinician through a structured interview and captures essential clinical data about the mentally ill patient. An ad hoc committee of representatives from the appropriate departments and agencies was established to address communication and procedural issues involving mentally ill patients.

REFERENCES

Peterson LG, O'Shanick GJ: Psychiatric patients in the emergency center. American Journal of Emergency Medicine 2:370, 1984

Feldman R, Cousins A: Emergency department assessment of the chronic mentally ill patient. Journal of Emergency Nursing 10:162-164, 1984

Group Therapy with the Chronic Mentally Ill Hospitalized Patient

Rizalino H. Coronado, M.D., Psychiatrist, Harrisburg State Hospital, and Community Psychiatrist, Handler Center, Harrisburg, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify specific models used in group therapy with chronic patients, recognize how a group therapy program can be organized in a state mental hospital, and demonstrate the effectiveness of a group therapy intervention in a state mental hospital.

SUMMARY

The session will present the history and development of the group therapy program involving all disciplines at a state psychiatric institution, Harrisburg State Hospital, from 1959 to 1989. The poster session will depict specific models used in group therapy programs, various group techniques used to meet the unique needs of the chronic mental patient, and specific demographic characteristics of the patients involved in the groups. The presentation will focus on the impact of group therapy on the target populations.

REFERENCE

Yalom I: Inpatient Group Psychotherapy. New York, Basic Books, 1983

Management of Patients with Excessive Water Intake

Robert Leadbetter, M.D., Attending Psychiatrist, Western State Hospital, Staunton, VA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand PIP syndrome (psychosis, intermittent hyponatremia, and polydipsia) and to develop a comprehensive plan for hospital and community management of the chronic mentally ill patient with excessive water intake.

SUMMARY

As many as 50 percent of chronic psychotic patients may have a predisposition for water intoxication, or PIP syndrome (psychosis, intermittent hyponatremia, and polydipsia). Serious consequences such as renal failure, seizures, and even coma may result. This workshop will include an overview of this syndrome and a brief summary of the research and treatment efforts of the University of Virginia's Clinical Evaluation Service at Western State Hospital, Staunton, Virginia. A model for hospital and community management of these patients will be presented. In the hospital, behavior patterns and weight fluctuations serve as indicators of potentially dangerous electrolyte imbalance. Recommendations will be made for development of individualized treatment protocols to address these problems. Education of community care providers and coordination of services for these patients upon discharge from the hospital is essential. Successful community management of chronic mentally ill "water drinkers" involves the cooperation of many different disciplines. The presentation will conclude with case examples of such patients who have been maintained in the community after development of an individualized treatment protocol for PIP syndrome.

REFERENCE

Godleski L, Vieweg W, Barber JW, et al: Prevalence of polyuria among chronically psychotic men. Psychiatric Medicine 6(3):114-120, 1988

Social System Effects on the Course of Schizophrenia

Frederic J. Sautter, Ph.D., Department of Psychiatry, Tulane University Medical Center, New Orleans, LA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the manner in which social supports and social networks influence the course of positive and negative symptoms of schizophrenia.

SUMMARY

The Psychobiology Follow-up Studies have been designed to determine the manner in which psychosocial and familial factors influence the course of schizophrenia. Ninety schizophrenic patients were systematically reevaluated at regular six-month intervals, some for as long as four years, to determine the relationship of a number of psychosocial factors to changes in positive and negative symptoms of psychosis over time. Social supports, social network, and treatment variables were quantified at each follow-up. The presence of a family history of schizophrenia was determined through family assessments at the beginning of the study. The data demonstrate that psychotic symptoms change significantly over time. The variables that account for these changes and the implications of this data for treatment and theory will be discussed.

REFERENCE

Hammer M: Social supports, social networks, and schizophrenia. Schizophrenia Bulletin 7:45-47, 1981

Violence Postvention: Stopping Repetitive Interpersonal Assault

Bonnie Frank Carter, Ph.D., Director of Research, Department of Psychiatry, Albert Einstein Medical Center, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate knowledge of violence postvention, including the format of this modality and the criteria for identifying patients who could benefit from this intervention.

SUMMARY

As violence floods the news and fills hospital beds, it remains unclear how mental health professionals can best provide assistance to traumatized patients. We have begun reaching these frightened, angry, defensive, and vulnerable individuals ("victims" of assault equally likely to be "perpetrators" in the past or the future) through the Violence Postvention Program. Treatment approaches previously developed for crisis intervention following natural disasters (Lindemann, 1944) and postvention for suicide survivors (Schneidman, 1971) are applied to hospitalized victims of interpersonal assault and their surrounding network of family and friends in a multidisciplinary therapy consisting of 16 weekly sessions plus follow-up.

REFERENCES

Lindemann E: Symptomatology and management of acute grief. American Journal of Psychiatry 101:141-148, 1944

Schneidman ES: Prevention, intervention, and postvention of suicide. Annals of Internal Medicine 75:453-458, 1971

Seasonal Variation in the Frequency of Seclusion

Dale A. D'Mello, M.D., Assistant Professor of Psychiatry, Michigan State University, Saint Lawrence Hospital, Lansing, MI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize seasonal variations in aggression among adult and adolescent psychiatric patients.

SUMMARY

Seasonal rhythms in mood states, sleep duration, body weight, suicide, and violent crime have been identified. A five-year retrospective review of seclusion and restraint, completed in four separate psychiatric units, yielded 1441 separate seclusion incidents. Overall, seclusions peaked (38 percent) in the springtime ($z=4.3$, $p=0.00001$), resembling the rhythms of seasonal mania and suicide. Adolescent seclusions demonstrated a summer maximum (52 percent), which bore a closer resemblance to the seasonal variance of violent crime ($z=3.8$, $p=0.0001$).

REFERENCE

Wehr TA, Rosenthal NE: Seasonality and affective illness. American Journal of Psychiatry 146:829-839, 1989

Seclusion: The Efficacy of Psychotropic Treatment

John A McNeil, D.O., Associate Professor of Psychiatry, Michigan State University, Saint Lawrence Hospital, Lansing, MI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the impact of psychotropic treatment on the incidence and duration of seclusion and restraint.

SUMMARY

A retrospective review of the incidence, duration on an inpatient psychiatric unit and treatment of secluded patients was conducted for the years 1984-1988. A total of 575 seclusions occurred. A striking decline in the incidence of seclusions was noted from 253 in 1984 to 59 in 1988 ($p=.0001$). Similarly, the mean duration of seclusion decreased from 96 ± 124.5 minutes in 1984 to 51 ± 52.5 minutes in 1988 ($p=.0001$). Coincident with these decreases was the increased utilization of benzodiazepines and neuroleptics, both separately and in combination, in the management of aggressive behaviors.

REFERENCE

Salzman C, Green AI, Rodriguez-Villa F, et al.: Benzodiazepines combined with neuroleptics for management of severe disruptive behavior. Psychosomatics 27(Jan suppl):17-21, 1986

Assault Rates in a State Hospital

Paul A. Kettl, M.D., Assistant Professor, Department of Psychiatry, Pennsylvania State University, M.S. Hershey Medical Center, Hershey, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify personal, social, institutional, and biological factors that affect assault rates in state hospitals.

SUMMARY

Investigations of assaults in psychiatric facilities have been limited. This study reports the assault rate (assaults/bed/year) calculated by reviewing consecutive incident reports for 1986 through 1988 at Danville State Hospital, a 489-bed facility. The rate, 0.11, is remarkably lower than reported in a two nation, multicenter survey (1.36) and was quite consistent (0.10, 0.11, and 0.11) in consecutive years. Assaultive patients were more likely to be male ($p < 0.005$), younger ($p < 0.005$), and have a length of stay of less than three months ($p < 0.05$), compared with the general hospital population. Ninety-one percent of all assaults were directed against other patients, 8 percent against staff, and 1 percent against visitors. Virtually all assaults resulted in no or minor injury. Few assaults occurred at night, and the assault rate was 50 percent higher for the second nursing shift than the first shift. Hourly assault rate negatively correlated with the hourly rhythm of melatonin in normal ($p < 0.001$, $r = -0.76$). The low assault rate may be due to stable, high-quality nursing and support staff combined with location in a rural catchment area and a high number of geriatric patients. Assaults occurred during the day when less staff was available. The strong negative correlation with melatonin is intriguing but the extent to which biological and social factors affect the hourly assault rate requires further study.

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Competency Determination in Medical Settings

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EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize components of competency determination in medical-surgical settings and the potential utility of a screening questionnaire.

SUMMARY

To test the reliability of a 27-item questionnaire for competency determination (QCD), the competency of 45 medical surgical patients was first determined by a psychiatrist. These assessments were compared with the results of the QCD administered by a first-year medical student blind to the psychiatric determination. The patients were predominantly male (78 percent) and ranged in age from 37 to 93 years (mean, 68 ± 13). While 28 pateints (62 percent) were judged competent by the Psychiatrist, 22 (49 percent) were so judged by the QCD. The agreement of 77 percent between the two assessments was statistically significant ($k=0.47$, $p<0.0006$). These results suggest that the QCD is a reliable screen in competency determinations.

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Mahler J, Perry S: Assessing competency in the physically ill: guidelines for psychiatric consultants. Hospital and Community Psychiatry 39:856-861, 1988

Comparison of Client Outcomes in Two Intensive Case Management Programs

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EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the key conceptual and operational issues in clinical and cost-outcome effects of intensive case management for chronically mentally ill patients.

SUMMARY

The first-year results of a study comparing clinical outcomes of two programs using intensive case management with more traditional community care of the chronic mentally ill are presented. Study design involves two treatment groups compared with two matched control groups. Repeated measures on the same client are taken over time on a variety of dimensions such as level of psychopathology, treatment compliance, activities of daily living, residential conditions, service utilization, and client satisfaction with life.

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Borland A, McRae J, Lycan C: Outcomes of five years of continuous case management. Hospital and Community Psychiatry, 40(4), 1989

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