American Psychiatric Association

SYLLABUS

in Summary Form

42ND Institute on H&CP

October 7-11, 1990

Denver Marriott City Center
Hyatt Regency Denver

DENVER

Reed

Due: November 15, 1990

LOS ANGELES

PRESENTATION PROPOSAL FOR THE

43rd Institute on H&CP

American Psychiatric Association

OCTOBER 20-24, 1990 - THE WESTIN BONAVENTURE, LOS ANGELES, CALIFORNIA

Title of Presentation: Rural Psychiatry: Cultural Issues and Perspectives

Presenter's Name: Deborah A Reed MD Psychiatrist
(Title)

Address: 246 Farmington Drive
(Street)

Lakeside Park KY 41017 Phone: ( ) 606-331-0854 (H)
(City) (State) (Zip Code)

Additional Presenter(s): Please attach list with name, degree, title, address

Format: (Check one):

- ☐ Roundtable-1 1/2hours, 1 presenter
- ☐ Symposium 4 presenters (max)
- ☐ Lecture-1 hour, 1 presenter
- ☐ Poster-1 1/2 hours, 1 presenter (max)
- ☑ Workshop-1 1/2 hours, 3 presenters (max)
- ☐ Videofest-1 1/2 hours, 1 presenter (max)

Abstract (A 150-word descriptive statement of content. Abstract will be used to publicize Institute.):

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2 Please see attached sheet
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Educational Learning Objective: At the conclusion of this course, the participant should be able to: (recognize, identify, list, summarize, demonstrate, diagnose, treat, etc.) recognize the relevant cultural issues in providing psychiatric services to rural populations.

REFERENCE: Provide at least one literature reference in the following format:
Cohen L: Psychopharmacology: Psychotropic Drug Use in Pregnancy. Hospital and Community Psychiatry 40:566-567, 1989: Heiman EM: The Psychiatrist in a Rural CMHC 34: 227-229, 1983.

Send To: Harold I. Eist, M.D., Chairman, Institute on H&CP Program Committee, APA, 8th Floor, 1400 K St., N.W., Washington, DC 20005.

Note: Faculty are responsible for their travel arrangements and registration fees to the Institute.

ABSTRACT

Rural Psychiatry: Cultural Issues and Perspectives

The three presenters provide psychiatric services to rural areas in Kentucky and Colorado. There are various factors which make practice in this setting particularly challenging and rewarding. Rural practitioners are forced to deal with limitations in resources, such as chronic shortages in funding and staff. Additionally, in treating patients in rural settings, the clinician must become quite familiar with the particular cultural beliefs and attitudes if he/she is to be accepted by the community. The experience of practicing under these conditions also offers the mental health clinician an excellent opportunity to exercise imagination and creativity in addressing the needs of the mentally ill in rural America. The presenters will discuss general issues regarding the provision of psychiatric services to isolated rural populations and they will also examine specific cultural issues peculiar to the populations in Kentucky and Colorado. Dr. Lawson will discuss the impact of poverty and racial discrimination on the mental health needs of patients in the Appalachian region. Dr. Reed will discuss the specific psychiatric needs of women in this population, specifically with regard to sexual abuse and domestic violence. She will also focus on the interface between religion and psychiatric treatment. Dr. Crandall will discuss various issues related to mental health service provision in rural Colorado.

Presenters:

Honie B. Crandall MD
Medical Director, Pikes Peak MHC
875 W. Moreno
Colorado Springs, CO 80905
(719) 471-8300 ext 306

Deborah A. Reed MD
Staff Psychiatrist
Comprehensive Care Centers of
Northern Kentucky
PO Box 62
308 Barnes Road
Williamstown, KY 41097
(606) 824-4442

Verona Lawson MD
Staff Psychiatrist
Kentucky River Community Care, Inc.
1143 College Ave.
Jackson, KY 41339
(606) 666-7591

SYLLABUS

42nd INSTITUTE ON HOSPITAL & COMMUNITY PSYCHIATRY

October 7-11, 1990

Denver Marriott City Center
and Hyatt Regency Denver Hotels
Denver, Colorado

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

TABLE OF CONTENTS

Session 1
ALL DAY SESSION

Sunday, October 7, 1990
9:00 a.m.-5:15 p.m.

DUAL DISORDER

Combined Substance Use Disorder and Other Psychiatric Disorders

Joseph J. Westermeyer, M.D., Ph.D., Professor and Chairman, Department of Psychiatry and Behavioral Sciences, University of Oklahoma Health Sciences Center, Oklahoma City, OK
Greg A. Carlson, Director Special Populations, Day Hospital Program, Department of Psychiatry, University of Minnesota Hospital, Minneapolis, MN
James R. Clopton, Ph.D., Associate Professor and Director of Clinical Training, Department of Psychology, Texas Tech University, Lubbock, TX
Deborah Jennings, M.D., Department of Psychiatry and Behavioral Sciences, University of Oklahoma Health Sciences Center, Oklahoma City, OK
Mary Ayn Lingenfelter, R.N., Administrator, Substance Abuse Program, Department of Psychiatry and Behavioral Sciences, University of Oklahoma Health Sciences Center, Oklahoma City, OK
John Neider, Research and Education Coordinator, Department of Psychiatry and Behavioral Sciences, University of Oklahoma Health Sciences Center, Oklahoma City, OK
David A. Olenik, M.D., Associate Clinical Professor of Psychiatry, University of California at San Diego School of Medicine, La Jolla, CA
Sheila Specker, M.D., Assistant Professor, Department of Psychiatry, University of Minnesota, Minneapolis, MN
Sarah J. Suemnick, Coordinator, Employee Assistance Program, and Program Development Specialist, Department of Psychiatry and Behavioral Sciences, University of Oklahoma Health Sciences Center, Oklahoma City, OK
Richard Weddige, M.D., Chairperson, Department of Psychiatry, Texas Tech University Medical Center, Lubbock, TX

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify appropriate assessment and treatment techniques for working with the dual disordered patients.

SUMMARY

The purpose of this presentation is to acquaint the clinician with an overview of the dual disordered patient from initial assessment through treatment to follow-up. It will cover the association of substance abuse and mental illness. The following topics will be addressed (1) types of dual diagnosis; (2) historical and political issues in dual diagnosis; (3) epidemiology of dual disorder; (4) causes of dual disorder; (5) assessing the substance abuse patient for mental illness; (6) common mental illness disorders associated with substance abuse; (7) treating the dual disorder patient; (8) sequential versus concurrent treatment for the dual disordered patient; (9) special considerations for medication in the recovery drug-alcohol patient; (10) psychotherapy, family work and behavior modification modalities; (11) appropriate treatment settings for dual disordered patient; (12) developing resources for the dual disordered patient.

DUAL DISORDER
(cont'd)

REFERENCE

Westermeyer J, Neider J: Social network and psychopathology among substance abusers. American Journal of Psychiatry 145: 1265-1269, 1988

Session 2
ALL DAY SESSION

Sunday, October 7, 1990
9:00 a.m.-6:00 p.m.

Psychiatric and Psychosocial Aspects of AIDS and HIV Infection

Marshall Forstein, M.D., Director of HIV Mental Health Services, Department of Psychiatry, Cambridge Hospital, Cambridge, MA
Cheryl A. Chessick, M.D., Colorado Psychiatric Association, Denver, CO
Janice G. Hutchinson, M.D., M.P.H., Medical Director, Child and Youth Services Administration, District of Columbia Department of Mental Health, Washington, DC
Joyce S. Kobayashi, M.D., Psychiatrist and Assistant Professor, Denver General Hospital, University of Colorado Health Sciences Center, Denver, CO
Stuart H. Levine, M.D., M.H.A., Assistant Clinical Professor of Psychiatry and Biobehavioral Science, University of California, Los Angeles; Coordinator, Pilot Ambulatory Care Education and Research Project, Sepulveda VA Medical Center, and Assistant Director, HIV Mental Health, UCLA San Fernando Valley Program (1987-1988 APA/Mead Johnson Fellow), Los Angeles, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be familiar with the medical and epidemiologic aspects of AIDS and HIV disease and should be aware of the spectrum of neuropsychiatric conditions that often present with HIV infection and some pharmacologic, psychotherapeutic and behavioral techniques used to manage them. Participants should be able to discuss the role of the mental health care professional in treating special patient populations, to understand the value of the multidisciplinary team approach to health care delivery, and to describe the pivotal role of the mental health care worker in helping patients gain access to ancillary services.

SUMMARY

The all-day session sponsored by the APA AIDS Education Project will feature both lecture and interactive group discussions. Topics include the medical, psychiatric, and psychosocial aspects of AIDS; clinical disorders associated with HIV; patient therapy and management; treatment approaches for special patient populations including chronic mentally ill patients, children and adolescents, ethnic minorities, and substance abusers; and a multidisciplinary team approach to patient care. Each plenary discussion will include a brief overview of a topic followed by an open forum for discussion of practical issues faced by mental health care workers in treating persons with AIDS-related disorders. The interactive sessions will include discussion of special patient populations and provide ample time for faculty interaction. A selection of AIDS-related reference materials will be available on site.

REFERENCE

Nichols SE, Johnson J, Fernandez F, et al: A Psychiatrist's Guide to AIDS and HIV Disease. Washington, DC, American Psychiatric Association, 1990

Session 3
ALL DAY SESSION

Sunday, October 7, 1990
9:00 a.m.-5:00 p.m.

Women's Treatment Issues

Jeanne M. Burns, M.D., Chairperson, Resident, Department of Psychiatry, Langley Porter Institute, University of California, San Francisco, CA (1989-1990 APA/Mead Johnson Fellow)

Roberta J. Apfel, M.D., Senior Psychiatrist, Metropolitan State Hospital, and Associate Professor of Clinical Psychiatry, Cambridge Hospital, Harvard School of Medicine, West Newton, MA

Leona L. Bachrach, Ph.D., Research Professor, Department of Psychiatry, Maryland Psychiatric Research Center, University of Maryland, Catonsville, MD

Sabrina Cherry, M.D., Resident, New York State Psychiatric Institute, New York, NY (1989-1990 APA/Mead Johnson Fellow)

Roseanne Clark, Ph.D., Assistant Professor, Department of Psychiatry, and Director, Patient/Infant Developmental Program and Clinic, University of Wisconsin Medical School, Madison, WI

Ann D'Ercole, Ph.D., Director of Research, Manhattan Bowery Corporation, New York, NY

Sue Nathanson Elkind, Ph.D., Faculty, The Psychotherapy Institute, and Attending Psychologist, Mount Zion Hospital and Medical Center, San Francisco, CA

Elizabeth H. Gery, M.D., Resident, Payne Whitney Clinic, New York, NY (1989-90 APA/Mead Johnson Fellow)

Maryellen Handel, Ph.D., Director, Psychiatric Ambulatory Services, Newton-Wellesley Hospital, Newton, MA

Maxine Harris, Ph.D., Clinical Director, Community Connections, Washington, DC

Connie Kellogg, D.M.H., Assistant Clinical Professor, University of California, San Francisco, CA

Diane L. Lanier, M.D., Albert Einstein College of Medicine, New York, NY

Alicia F. Lieberman, Ph.D., Associate Professor, Department of Psychiatry, San Francisco General Hospital, Infant-Parent Program, University of California, San Francisco, CA

Kimberly S. Nestler, M.D., Ph.D., Resident, Department of Psychiatry, University of Wisconsin Hospital and Clinics, Madison, WI (1989-1990 APA/Mead Johnson Fellow)

Mary S. Nobilski, M.D., Resident, Department of Psychiatry, University of Cincinnati, Cincinnati, OH (1989-90 APA/Mead Johnson Fellow)

Katrina D. Peters, M.D., Clinical Instructor, Department of Psychiatry, San Francisco General Hospital, University of California School of Medicine, San Francisco, CA

Hilde S. Schlesinger, M.D., Professor, Department of Psychiatry, Center on Deafness, University of California, San Francisco, CA

Deborah A. Sichel, M.D., Staff Psychiatrist, Newton-Wellesley Hospital, and Instructor of Psychiatry, Beth Israel Hospital and Harvard Medical School, Newton, MA

Anna Spielvogel, M.D., Assistant Clinical Professor, Department of Psychiatry, San Francisco General Hospital, University of California, San Francisco, CA

Joanne Wile, M.S.W., Assistant Clinical Professor, Departmentof Psychiatry, San Francisco General Hospital, University of California, San Francisco, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the central psychological themes of the major biological events in the life cycle of women, to recognize special treatment needs of specific populations, and to provide appropriate treatment for these groups.

Women's Treatment Issues
(cont'd)

SUMMARY

Recent theories point to the significance of key biological events in women's life cycle and the role of interdependence in their psychological and social development. New treatment programs reflect these special perspectives. Morning workshops will feature programs that identify particular women's issues and develop relevant interventions, such as infant-mother psychotherapy, psychiatric units for pregnant and postpartum women, and eating disorders clinics. During lunch, videos on gender-related subjects will be shown. Afternoon workshops will focus on treatment issues with special populations, including sexual and ethnic minorities, elderly women, and women with substance abuse problems. Themes of the symposium and ideas for further work will be reviewed by the discussant.

REFERENCE

Bachrach L, Nadelson C: Treating Chronically Mentally Ill Women. Washington DC, American Psychiatric Press, 1988

Session 4
Sponsored Symposium

Sunday, October 7, 1990
6:00-9:00 p.m.

Obsessive/Compulsive Disorders

Sponsored by CIBA-GEIGY Corporation

David L. Fogelson, M.D., Assistant Clinical Professor, UCLA Neuropsychiatric Insititute, and Director, Intensive Care Unit, Westwood Psychiatric Institute, Los Angeles, CA
John H. Greist, M.D., Professor of Psychiatry, University of Wisconsin Center for Health Sciences; Co-Director, Obsessive-Compulsive Information Center; and Co-Director, Anxiety Disorder Center, Madison, WI
Norman T. Heisler, M.D., Psychiatrist, Obsessive-Compulsive Behaviors, Shawnee Mission Hospital and College Meadows Hospital, Shawnee Mission, KS
James W. Jefferson, M.D., Professor, Department of Psychiatry, University of Wisconsin Medical School, Madison, WI
John S. March, M.D., M.P.H., Assistant Professor of Psychiatry, Division of Child and Adolescent Psychiatry, and Director, Program in Child and Adolescent Anxiety Disorders, Duke University Medical Center, Durham, NC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant will be familiar with current information regarding the nature and treatment of obsessive-compulsive disorder.

SUMMARY

Obsessive-compulsive disorder is far more prevalent than previously recognized. Commonly chronic and often severe, the disorder seldom has identifiable precipitants and typically runs a waxing and waning course. Onset is usually in childhood or adolescence. Until recently, the disorder was often hidden, even from other family members, because patients frequently felt they were the only ones so afflicted. Patients feared stigmatization and did not know that effective treatment was available. Clinicians have sometimes failed to diagnose obsessive-compulsive disorder because patients' embarrassment led to denial of classic symptoms and signs. Comorbid conditions were more easily recognized, and clinicians felt they had few effective treatments for the cases of obsessive-compulsive disorder they did diagnose. With the advent of effective pharmacologic (serotonin-uptake-inhibitor drugs) and behavioral (exposure and response prevention) treatments, clinicians can now offer worthwhile reductions in symptomatology to 90 percent of patients who suffer from obsessive-compulsive disorder. This symposium will review presentation of obsessive-complusive disorder across the age spectrum, present effective treatments of the disorder, and describe a community-based program for its comprehensive management.

REFERENCE

DeVeaugh-Geiss J, Landau P, Katz R: Treatment of obsessive-compulsive disorder with clomipramine. Psychiatric Annals 19:97-102, 1989

Session 5
ALL DAY SESSION

Monday, October 8, 1990
10:30 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, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the techniques of different schools of therapy, to understand the basic ingredients of various psychothreapeutic approaches, and to 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

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

Cocaine/Alcohol, Crack, Tobacco, and AIDS: Current Research and Clinical Implications for Substance Abuse

John T. Brewster, M.S.W., Assistant Professor, Department of Psychiatry, University of Colorado Health Sciences Center, and Associate Director, Addiction Research & Treatment Services, Denver, CO

Carol A. Atkinson, Ph.D., Director, The Cocaine Clinic, Addiction Research & Treatment Services, and Instructor, Department of Psychiatry, University of Colorado School of Medicine, Denver, CO

Robert Booth, Ph.D., Director of Institutional Research, University of Colorado Health Sciences Center, and Research Coordinator, Project Safe, Addiction Research & Treatment Services, Denver, CO

Thomas J. Crowley, M.D., Professor, Department of Psychiatry, University of Colorado Health Sciences Center, and Executive Director, Addiction Research & Treatment Services, Denver, CO

Stephen K. Koester, Ph.D., Research Associate, Department of Psychiatry, University of Colorado Health Sciences Center, and Research Director, Project Safe, Addiction Research & Treatment Services, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand current issues in substance abuse research and AIDS and describe the treatment implications of community-based research on cocaine, crack, and tobacco.

SUMMARY

Although the casual use of illicit substances appears to be on the wane in the United States, serious substance abuse continues to create significant public health and clinical problems. Addiction Research & Treatment Services in Denver is conducting various research projects to reduce the mortality and morbidity associated with cocaine, crack, tobacco, and the spread of AIDS among intravenous drug abusers. This presentation will summarize findings to date and explore their clinical implications.

REFERENCE

Walters JK: Meaning and context: the social facts of intravenous drug use and HIV transmission in the inner city. Journal of Psychoactive Drugs 20:173-177, 1988

Monday, October 8, 1990
10:30 a.m.-12:00 noon

Joint Session with the American Association for Emergency Psychiatry

Emergency Psychiatric Responses in Disasters: Perspectives from Charleston, SC and San Francisco, CA

Joseph J. Zealberg, M.D., Director, Emergency Psychiatry/Mobile Crisis Program, Charleston Area Mental Health Center, and Assistant Professor of Psychiatry, Medical University of South Carolina, Charleston, SC
Richard Myers, M.D., Director, Psychiatric Emergency Service, San Francisco General Hospital, and Department of Psychiatry, University of California, San Francisco, CA
Jackie Puckett, A.C.S.W., Program Manager, Emergency Psychiatry/Mobile Crisis Program, Charleston Area Mental Health Center, Charleston, SC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to organize the mental health services needed in the event of disaster and to understand the psychological reactions of disaster victims.

SUMMARY

Emergency psychiatry services provide a great stabilizing effect for individuals, families, and the community in the event of a disaster. This workshop will examine the experiences of Charleston's Emergency Psychiatry/Mobile Crisis Program in helping the community cope with the effects of Hurricane Hugo and will describe the care provided by San Francisco General Hospital's Psychiatric Emergency Service in the aftermath of the 1989 earthquake. The presenters will discuss the strong and weak points of the emergency preparedness system and will provide case vignettes highlighting clinical issues that typify an individual's and community's response to catastrophic events. Recommendations for disaster preparedness will also be presented.

REFERENCE

Zusman J: Psychiatric and mental health services in disaster relief. Topics in Emergency Medicine 4:57-65, 1983

Joint Session 8

Monday, October 8, 1990
10:30 a.m.-12:00 noon

Joint Session with the American Association of Community Psychiatrists, American Association of General Hospital Psychiatrists, American Association of Psychiatric Administrators, and American College of Mental Health Administration

The Accreditation of Psychiatric Services

Boris M. Astrachan, M.D., Professor and Head, Department of Psychiatry, University of Illinois Medical School, Chicago, IL

Joseph T. English, M.D., Chairman, Department of Psychiatry, St. Vincent's Hospital and Medical Center of New York City, and Associate Dean and Professor, New York Medical College, New York, NY

Richard C. Lippincott, M.D., Administrator, Mental Health Division, Oregon Department of Human Resources, Salem OR, and Clinical Associate Professor of Psychiatry, Oregon Health Sciences University, Portland, OR

Paul M. Schyve, M.D., Vice President for Research and Standards, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL

Richard C. Surles, Ph.D., Commissioner, New York State Office of Mental Health, Albany, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the major forces that are shaping the redefinition of accreditation processes for psychiatric services.

SUMMARY

In this presentation, a distinguished panel will discuss several variables that are affecting accreditation processes in psychiatry. Among these variables are an increasingly cost-conscious and outcome-oriented payer community, the intrusion of state and federal government into the accreditation process, and challenges to the traditional tripartite structure of governance, administration, and medical staff in the health care setting. In particular, there have been repeated attempts to limit the independent role of the medical staff. Other factors affecting accreditation processes include the development of technologies that can support outcome-based accreditation strategies and recognition of the importance of psychosocial rehabilitation in comprehensive clinical treatment programs.

REFERENCE

Zusman J: Quality assurance in mental health care. Hospital and Community Psychiatry 39:1286-1290, 1988

Monday October 8, 1990
10:30 a.m.-12:00 noon

Joint Session with the American Nurses' Association

Psychodynamics of Treatment of Multiple Personality Disorder in Survivors of Ritualistic Abuse

Diane L. Eason, R.N., M.S., Director of Patient Care Services, Columbine Psychiatric Center, Littleton, CO
Kelly L. Lehl, B.S.N., Head Nurse, Dissociative Disorder Unit, Columbine Psychiatric Center, Littleton, CO
Carolyn Shiner, R.N., M.S., Director of Nursing, Bethesda Psychealth System, Denver, CO
Mildred Starzynski, R.N., M.S., Ph.D., Director, Adult Treatment Services, Bethesda Psychealth System, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should have increased awareness of the etiological factors and intrapsychic dynamics of multiple personality disorder in survivors of ritualistic abuse and should be able to discuss treatment strategies for these patients.

SUMMARY

This presentation will draw on a review of literature and actual case material to introduce factors contributing to the formation of multiple personality disorder in survivors of ritualistic abuse. Treatment implications and interventions will be discussed and critiqued. Two different approaches to inpatient treatment will be shared to illustrate personal and milieu dynamics for this patient population.

REFERENCES

Kluft PR: Childhood Antecedents of Multiple Personality. Washington, DC, American Psychiatric Press, 1985
Young W: Observations of fantasy in the formation of multiple personality disorder. Dissociation 1:13-20, 1988

Joint Session with the American Occupational Therapy Association, Inc.

Vocational Programming: The Multidisciplinary Approach for the 1990s

Susan K. Lang, M.B.A., O.T.R., Health Care Consultant, Sunnyvale, CA
Karen Jacobs, M.S., O.T.R./L., F.A.O.T.A., Assistant Professor, Department of Occupational Therapy, Boston University, Boston, MA
Jack H. Rabin, L.C.S.W., Assistant Clinical Director, Community Mental Health of San Francisco, San Francisco, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand a range of appropriate work-related goals for people recovering from episodes of emotional illness.

SUMMARY

Radical changes are occurring in mental health programming in the 1990s. This session examines various theoretical and practical approaches to vocational programming, which is an important element in the changing focus of service delivery. The administrative structure used in the community mental health system in San Francisco provides an innovative interdisciplinary model. Specific strategies for moving systems toward a rehabilitation approach that emphasizes a continuum of vocational programs are described.

REFERENCE

Hertfelder S, Gwin C: Work in Progress. Rockville, Md, American Occupational Therapy Association, 1989

Monday, October 8, 1990
10:30 a.m.-12:00 noon

Joint Session with the Group for the Advancement of Psychiatry

Forced Into Treatment: The Uses of Coercion in Psychiatric Treatment

William W. Van Stone, M.D., Chief of Treatment Services, Mental Health & Behavioral Sciences Service, Department of Veterans Affairs, Central Office, Washington, DC
T. Lawrence Clanon, M.D., Medical Director, Psychiatric Unit, St. Luke's Hospital, San Francisco, CA
John P.D. Shemo, M.D., Associate Professor, Department of Psychiatry and Department of Internal Medicine, University of Virginia, and Director, Adult Psychiatric Services, Charter Hospital, Charlottesville, VA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize a continuum of coercive practices used to assist patients into psychiatric treatment, to distinguish situations in which coercion is and is not effective, and to show how coercion can facilitate or diminish a therapeutic alliance.

SUMMARY

This presentation examines situations in which patients are brought to treatment through external pressure and explores the circumstances under which such treatments are most likely to succeed or fail. We will review historical, legal, and clinical aspects of civil commitment and involuntary hospitalization, including the impact of legal coercion on families and on homeless mentally ill persons. The relationship between voluntary and involuntary treatment will be discussed.

The panel will review legitimate use of coercion, power, and authority in treatment of children and will examine the effectiveness of coercion in the treatment of substance abusers in the work setting and in court-ordered treatment for sex offenders. The influence of coercion in the treatment of military personnel and civil prisoners and parolees will also be discussed.

REFERENCE

Johansen KH, Gossett JF: Therapeutic alliance vs "conversion" in hospital psychiatry. Journal of the National Association of Private Psychiatric Hospitals 12(2):56-62, 1981

Joint Session with National Association of Social Workers

The Person-In-Environment (P.I.E.) System for Describing Problems of Social Functioning

James M. Karls, D.S.W., Department of Social Work Education, San Francisco State University, Sausalito, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the four factors in the P.I.E. system and to demonstrate familiarity with the major categories of social role and environmental problems.

SUMMARY

This presentation informs the participant about the efforts of the National Association of Social Workers to identify and classify problems of social functioning. The Person-in-Environment system purports to provide a succinct, uniform set of descriptors that offers an elaboration and definition of problems currently identified in axis IV of DSM-III-R. The presentation will include an update on studies that are currently in progress to establish the reliability and validity of the instrument.

REFERENCE

William JBW, Karls J, Wandrei K: The Person-in-Environment system for describing problems of social functioning. Hospital and Community Psychiatry 40:1125-1127, 1989

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

VA Region I Mental Health Initiatives: A Multisite Evaluation of Intensive Case Management

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

Michael S. Neale, M.S., Project Director, Northeast Program Evaluation Center, VA Medical Center, West Haven, CT

Leonard I. Stein, M.D., Professor, Department of Psychiatry, University of Wisconsin Medical School, and Director, Research and Education, Mental Health Clinic of Dane County, Inc., Madison, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to list basic elements of intensive community-based care, to summarize application of these elements through the VA Region I Mental Health Initiatives to treatment of veterans with chronic mental illness, and to recognize the relevance of patient and system characteristics for implementation of intensive case management programs.

SUMMARY

In the largest multisite demonstration of intensive case management yet undertaken, clinical teams at nine VA medical centers have applied the principles of assertive community treatment developed in Wisconsin by Stein and Test to frequent users of inpatient psychiatric resources. The Region I Mental Health Initiatives provide services to veterans who are generally older and more seriously disabled than individuals targeted by other case management demonstrations. To assess the effect of these services, over 1,000 eligible inpatients from the nine sites were randomly assigned to intensive community-based care or standard VA aftercare and were followed for two years. This session will review the clinical models used at the nine sites, as well as one-year outcome data on hospital use, service delivery, quality of life, and costs. One of the originators of assertive community treatment, Dr. Leonard Stein, will discuss its application by the VA centers.

REFERENCES

Stein LI, Test MA (eds): The Training in Community Living Model: A Decade of Experience. New Directions for Mental Health Services, no 26, 1985

Harris M, Bachrach L (eds): Clinical Case Management. New Directions for Mental Health Services, no 40, 1988

Kanter JS: Clinical case management: definition, priniples, components. Hospital and Community Psychiatry 40:361-68, 1989

Diagnosis and Treatment of Depression: New Developments

Sponsored by Roerig Division/Pfizer Inc.

Monte S. Buchsbaum, M.D., Professor, Department of Psychiatry, and Director, Brain Imaging Center, University of California, Irvine, CA

Joseph Mendels, M.D., Director, Philadelphia Medical Institute, and Professor of Psychiatry and Human Behavior and Pharmacology, Thomas Jefferson University, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant will be able to demonstrate increased awareness of new developments in the rational diagnosis and treatment of depression, a major health problem.

SUMMARY

Increasing evidence suggests that depression continues to be underdiagnosed and undertreated in the community, contributing substantially to inefficiencies and economic loss, as well as causing considerable pain and suffering. Associated problems arise because depression is a chronic or recurrent illness, and long-term maintenance treatment is often not provided.

This presentation will focus on use of positron emission tomography in the differential diagnosis of depression and on new psychopharmacological treatments.

In a study of positron emission tomography, patients with schizophrenia, affective disorder, generalized anxiety disorder, autism, and bulimia and normal control subjects were tested. All patients had been medication-free during tracer uptake and were then moved to the scanner. Patients with affective disorder had low metabolic rates in the middle frontal gyrus, thalamus, and caudate. Individual differences, as well as age and sex differences, were observed.

The anticipated availability of several new antidepressants in the near future will put clinicians in an improved position to provide appropriate pharmacological treatment for larger numbers of patients. These medications have potential advantages in terms of more acceptable side-effect profiles and increased acceptance by patients.

REFERENCES

Mendels J: Clinical experience with serotonin reuptake inhibiting antidepressants. Journal of Clinical Psychiatry 48 (March suppl):26-30, 1987

Buchsbaum MS, Nuechterlein KH, Haier RJ, et al: Glucose metabolic rate in normals and schizophrenics during the Continuous Performance Test assessed by positron emission tomography. British Journal of Psychiatry 56:216-227, 1990

Session 14
HALF-DAY SESSION

Monday, October 8, 1990
1:30-5:00 p.m.

Psychodynamics of Medicating

Harold I. Eist, M.D., Department of Psychiatry, Howard University, Washington, DC
(Program Committee)

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the importance of the "psyche" in psychopharmacology and to understand how patient dynamics inform and optimize appropriate dosing, minimize side effects, 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.

REFERENCE

Eist HI: Medication treatment and psychotherapy of a borderline adolescent, in Proceedings of First Annual District of Columbia Institute of Mental Hygiene Meeting on Community Mental Health, Washington, DC, 1975

Session 15 **Monday, October 8, 1990**
1:30-3:00 p.m.

Psychiatrists on the Front Line: Hurricane Hugo and the Northern California Earthquake

Mel I. Blaustein, M.D., Chair, Task Force on '89 Earthquake Recovery Programs, Northern California Psychiatric Society, and Assistant Clinical Professor of Psychiatry, University of California, San Francisco, CA
Linda S. Austin, M.D., Assistant Professor of Psychiatry, Medical University of South Carolina, Charleston, SC
Alan R. Cole, M.D., Psychiatrist and Chairman, Public Information Committee, Northern California Psychiatric Society, San Francisco, CA
Peter L. Forster, M.D., Postdoctoral Fellow, Veterans Administration Medical Center, and Member, Task Force on '89 Earthquake Recovery Programs, Northern California Psychiatric Society, San Francisco, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to diagnose acute and chronic posttraumatic stress disorder and to identify the components of a disaster response plan.

SUMMARY

On October 17, 1989, the Northern California area was struck by an earthquake that measured 7.1 on the Richter scale. More than 60 persons were killed, and property damage was extensive. The Northern California Psychiatric Society responded immediately to this disaster. The society sent press releases to the media to inform the public that district branch members were available for counseling, education, and outreach. Within 48 hours, a crisis counseling hotline was installed at the society's headquarters. Fifteen psychiatrists and paraprofessionals responded to 400 calls. Consultation to school superintendents and teachers was in place within 72 hours. The media outreach included appearances by the public information chair on MacNeil Lehrer News Report and the Today Show. Northern California is not alone in being struck by disasters. In 1989, Puerto Rico and South Carolina experienced devastating hurricanes, and Alabama a tornado. This workshop presents knowledge acquired from psychiatrists' response to natural disasters.

REFERENCE

Gavalya A: Reactions to the 1985 Mexican earthquake: case vignettes. Hospital and Community Psychiatry 38:1327-1330, 1987

Maintenance Therapy for Bipolar Disorder

Alan J. Gelenberg, M.D., Professor and Head, Department of Psychiatry, University of Arizona College of Medicine, Arizona Health Sciences Center, and Editor-in-Chief, Journal of Clinical Psychiatry, Tucson, AZ

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be aware of the current state of knowledge about pharmacologic and other treatment approaches in maintenance therapy of bipolar disorder.

SUMMARY

Bipolar disorder is a lifelong condition afflicting almost 1 percent of the population. Recurrent episodes of mania and depression are the rule, and each occurrence carries considerable psychosocial and economic morbidity, as well as the risk of death. For several decades lithium has been the mainstay in maintenance therapy to prevent or attenuate episodes of mania and depression. Other pharmacologic treatment approaches have not been as well studied. Recent research has found that higher blood levels of lithium may be more effective than lower levels.

REFERENCE

Gelenberg AJ, Kane JM, Keller MB, et al: Maintenance lithium therapy for bipolar affective disorder: effects of standard vs low blood levels. New England Journal of Medicine 321:1489-1493, 1989

Correlates of Adolescent Suicidal Ideation

Sandy Forrest, Ph.D., Associate Professor of Nursing, Mesa State College, and Mental Health Therapist, Grand Junction, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to analyze the relationships between perception of support, self-esteem, depression, and suicidal ideation among adolescents.

SUMMARY

The purpose of this workshop is to discuss the relationships between perception of social support, depression, and suicidal ideation in rural adolescents and suggest variables that can predict suicidal ideation. A recent study involving 181 adolescents found significant positive relationships between self-esteem and various dimensions of social support, suggesting that adolescents with higher levels of self-esteem have a more positive perception of support than those with lower levels. Perception of support significantly correlated with depression, and psychological discomfort was related to alterations in perception of support. Self-esteem was significantly related to depression, suggesting that a low level of self-esteem can be accompanied by emotional distress. Parental support explained a significant degree of variance in suicidal ideation after self-esteem and depression were considered.

REFERENCE

Gourash N: Help-seeking: a review of the literature. American Journal of Community Psychology 6:413-423, 1978

Racial Factors in Diagnosis and Treatment

William B. Lawson, M.D., Ph.D., Assistant Professor of Psychiatry, Vanderbilt University School of Medicine, and Director of Clinical Services, Tennessee Department of Mental Health and Mental Retardation, Nashville, TN

Nancy A. Hepler, Ph.D., Executive Administrative Assistant, Tennessee Department of Mental Health and Mental Retardation, Nashville, TN

Samuel Okpaku, M.D., Ph.D., Assistant Professor, Department of Psychiatry, Vanderbilt University Medical Center, Nashville, TN

Wilma L. Townsend, M.S.W., Chief, Office of Consumer Services, and Director, Community Support Program, Ohio Department of Mental Health, Columbus, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the importance of addressing racial and ethnic issues in treatment, to list possible ways in which race may be a factor in decisions about delivery of mental health services, and to develop specific treatment strategies that will maximize equal access.

SUMMARY

Historically race has been found to be a factor in diagnosis and treatment of the mentally ill. Blacks were frequently found to be misdiagnosed and undertreated or inappropriately treated. This symposium will review the findings from one state of a continued significance of race in diagnosis and treatment despite advances in diagnostic techniques and delivery of services. Significant differences were found between whites and blacks in likelihood of being committed to a state hospital and of receiving a diagnosis of schizophrenia rather than affective disorder. Blacks were overrepresented among mentally ill substance abusers and among patients with both mental illness and mental retardation. An overview will be presented of the outcome of a child and adolescent mental health task force that addressed minority concerns.

REFERENCE

Lawson WB: Racial and ethnic factors in psychiatric research. Hospital and Community Psychiatry 37:50-54, 1986

Cognitive Disability in Psychiatric Patients: Assessment and Implications

Mark S. Austin, M.S., O.T.R., Director, Occupational Therapy Division, University of Colorado Health Sciences Center, Colorado Psychiatric Hospital, Denver, CO
Annette Cupparo, O.T.R., Staff/Clinical Therapist, University of Colorado Health Sciences Center, Colorado Psychiatric Hospital, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize six distinct levels of cognitive functioning in patients and to describe at least one implication for overall functioning of each level.

SUMMARY

As the focus of inpatient psychiatry moves swiftly toward rapid assessment, intervention, and disposition of patients, the need for cost-effective methods for monitoring patients' functional response to medications and treatment and for predicting patients' postdischarge needs is critical to the success of inpatient treatment. At the Colorado Psychiatric Hospital in Denver, occupational therapy contributes significantly to the evaluation, treatment, and disposition process through the application of a cognitive disabilities model. The model was developed in response to knowledge that most major psychiatric disorders are accompanied by an associated cognitive disability.

Using this model and a performance perspective in the inpatient setting, occupational therapy is in a unique and primary position to collaborate with the physician or primary therapist in initial and ongoing assessment, treatment, and disposition planning for patients. The cognitive disabilities model, a cost-effective assessment process, and functional implications of various levels of cognitive disability will be presented.

REFERENCES

Allen C: Occupational Therapy for Psychiatric Diseases: Measurement and Management of Cognitive Disabilities. Boston, Little, Brown, 1985
Allen C: Occupational therapy: functional assessment of the severity of mental disorders. Hospital and Community Psychiatry 39:140-142, 1988

Implementation of a Local System of Care for Seriously Emotionally Disturbed Children and Adolescents

Mary Jane England, M.D., Program Director, Robert Wood Johnson Foundation, Mental Health Services Program for Youth, and Vice-President, Medical Services, Group Department, Prudential Insurance Company, Roseland, NJ

Robert F. Cole, Ph.D., Deputy Director, Mental Health Services Program for Youth, Medical Services, Group Department, Prudential Insurance Company, Roseland, NJ

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize program design issues and the philosophy of care in the development of local mental health care delivery systems that provide individualized treatment for children and adolescents with serious mental illness and their families.

SUMMARY

The workshop will review the collaborative efforts of mental health, child welfare, juvenile justice, and educational agencies to develop comprehensive systems of care for seriously mentally ill children and adolescents in selected communities participating in the Robert Wood Johnson Foundation's Mental Health Services Program for Youth. Special attention will be given to issues of program design, program and financial policy, and the design of efficient financial management systems.

REFERENCE

Looney JG (ed): Chronic Mental Illness in Children and Adolescents. Washington, DC, American Psychiatric Press, 1988.

The Impaired Physician

Stephen L. Dilts, M.D., Ph.D., Medical Director, Colorado Physician Health Program, Morrison, CO, and Associate Director of Psychiatry, Denver General Hospital, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify warning signs of addiction, to participate in interventions with an addicted physician, and to understand monitoring systems.

SUMMARY

The presentation will describe the early symptoms and signs of addiction with a goal of assisting participants in identifing peers who may have treatable problems that can be helped before their practice suffers. Elements of intervention with addicted physicians, including contigency contracting, monitoring of urine samples, and use of psychotherapeutic treatment and self-help groups, will be described.

REFERENCE

Galanter M, Talbott D, Gallegos K, et al: Combined Alcoholics Anonymous and professional care for addicted physicians. American Journal of Psychiatry 147:64-68, 1990

Colorado Programs in Public Psychiatry

James H. Shore, M.D., Professor and Chairman, Department of Psychiatry, University of Colorado Health Sciences Center, and Superintendent, Colorado Psychiatric Hospital, Denver, CO
George Kawamura, Director, Colorado Division of Mental Health, Denver, CO
Haydee K. Kort, M.D., Superintendent, Colorado State Hospital, Pueblo, CO
Gordon L. Neligh, M.D., Director, Program for Public Psychiatry, Department of Psychiatry, University of Colorado Health Sciences Center, Denver, CO
Allan Brock Willett, M.D., Director, Fort Logan Mental Health Center, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify opportunities and problems in public-academic liaison in psychiatry, to recognize the essential components of successful public psychiatry programs, and to appreciate the importance of keeping distinct the roles of various participants in a public-academic liaison.

SUMMARY

This symposium will present a detailed review of Colorado's Program for Public Psychiatry and summarize its success as a public-academic liaison. The presenters include a chairman of an academic department, a commissioner of a state mental health division, and a program director and research director for the public psychiatry program. They will give an overview of the program's development, formal administrative structure, and initiatives in education, research, interdisciplinary relationships, workforce development, and consultation. The program's innovative arrangement of securing faculty appointments for state hospital psychiatrists and its new efforts in forensic psychiatry and treatment of developmental disabilities also will be presented. The symposium will include a review of opportunities and problems in public-academic liaison.

REFERENCE

Glover RW, Shore JH, Neligh G: Colorado's Mental Health Higher Education Collaborative Programs. Interdisciplinary Collaboration Between State Mental Health and Higher Education. Boulder, CO, Western Interstate Commission for Higher Education, 1987, pp. 65-69

Developing a Program For Schizophrenic Patients: It Can Be Done Anywhere

Garry M. Vickar, M.D., F.R.C.P.(C), Medical Director, STEPS, Christian Hospital Northwest, St. Louis, MO
Jan A. Roe, R.N., Nurse, STEPS, Christian Hospital Northwest, St. Louis, MO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be equipped to propose a program for schizophrenic patients in any general or community hospital and to interface with community services, state facilities, and mental health clinics in developing the program.

SUMMARY

Because of budgetary restrictions in many state facilities, chronic schizophrenic patients are frequently not admitted unless they are committable. However, few private hospitals have developed a program exclusively for schizophrenic patients. This workshop will describe how one private hospital in suburban St. Louis provided a program that has been well received both by the medical staff and by schizophrenic patients and their families. Local mental health agencies have been supportive, and other psychiatric units have referred patients to the program. Community involvement in the program, the program's aftercare component, and the overall implementation strategies will be discussed.

REFERENCES

Hyde P: Living With Schizophrenia. Chicago, Contemporary Books, 1985
Torry EF: Surviving Schizophrenia: A Family Manual. New York, Harper and Row, 1983

Monday, October 8, 1990
1:30-3:00 p.m.

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

Vinod Kumar, M.D., Associate Professor of Psychiatry, and Chief of Geriatric Psychiatry, Southern Illinois University School of Medicine, Springfield, IL
Kathleen M. Peterson, M.A., Associate Researcher, Sangamon State University, 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 and be aware of advances in the treatment of psychiatric symptoms in these patients and in specific therapeutic agents to treat memory problems.

SUMMARY

Alzheimer's disease, a primary degenerative disease of the brain, is associated with memory impairment, intellectual deterioration, personality change, and several psychiatric symptoms. The majority of patients with Alzheimer's disease have psychiatric symptoms and require treatment. There is no proven treatment to reverse memory deficits, but patients can benefit from 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 these patients with cholinergic drugs such as physostigmine, RS86, and tacrine (tetrahydroacridine 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, Becer R. New York, Taylor and Francis, 1988

Dual Diagnosis

Kenneth M. Minkoff, M.D., Chief of Psychiatry, Choate Health Systems, Inc., 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 the model in clinial 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.

REFERENCES

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

Minkoff K: "Development of an Integrated Model for the Treatment of Patients with Dual Diagnosis of Psychosis and Addiction:; Hospital and Community Psychiatry, 40 (10):1031-1036, October, 1989

The Art and Science of Rural Psychiatry

Honie B. Crandall, M.D., Medical Director, Pikes Peak Mental Health Center, Colorado Springs, CO
David L. Cutler, M.D., Professor of Psychiatry, Oregon Health Sciences University, Portland, OR
James L. Day, M.D., Golden Triangle Community Mental Health Center, Great Falls, MT
William S. Herz, M.D., Bend, OR
Deborah A. Reed, M.D., Comprehensive Care of Northern Kentucky, Williamstown, KY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize common problems and workable solutions to issues arising in rural psychiatric practice.

SUMMARY

Psychiatrists who work in the large territories of the United States between urban centers find a number of common dilemmas and the constant need for creative problem solving. Frequently these skills are weakly taught in psychiatric residency training. This workshop will examine critical needs in psychiatric training and how some programs have approached this part of education. Also, psychiatrists who participate in rural service will outline the particulars of their areas and discuss methods of approaching and solving the complex problems with few resources.

REFERENCE

Stuve P, Beeson PG, Hartig P: Trends in the rural community mental health work Force: a case study. Hospital and Community Psychiatry 40: 932-36, 1989
Keller PA, Murray JD (eds.): Handbook of Rural Community Mental Health, New York, Human Sciences Press, 1982

Group Treatment for Suicidal Patients

Judith Herzig, M.D., Staff Psychiatrist, New York Hospital-Cornell Medical Center, Westchester Division, White Plains, NY
Ellen K. Zanetti, C.S.W., Clinical Social Worker, Four Winds Hospital, Katonah, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to establish a group for suicidal patients and to identify some common group themes and appropriate interventions.

SUMMARY

The presentation will begin with a brief review of the theoretical principles involved in designing a group treatment specifically for suicidal patients. The myths and resistances that may be encountered in establishing such a group will be discussed. The presenters will describe their clinical experience as coleaders of the group, focusing on some common group themes and appropriate intervention strategies. Patients who experience chronic suicidal ideation, as well as acutely suicidal patients and those who have made a recent attempt or gesture, have benefited from the group's supportive atmosphere. The group gives patients the opportunity to discuss their suicidal feelings in detail and provides them with practical alternatives to suicidal or other self-damaging behaviors. Participants will be invited to discuss the potential usefulness of such a group in the particular clinical setting in which they work.

REFERENCE

Farberow N: Group psychotherapy with suicidal persons, in Suicidal Behaviors: Diagnosis and Management. Edited by Resnik HLP. Boston, Little, Brown, 1968

A New Model for Individual Dynamic Supportive Psychotherapy

Henry Pinsker, M.D., Associate Director, Department of Psychiatry, Beth Israel Medical Center, and Professor of Clinical Psychiatry, Mount Sinai School of Medicine, New York, NY

Richard N. Rosenthal, M.D., Chief, Psychiatric Substance Abuse Division, Beth Israel Medical Center, New York, NY

Arnold Winston, M.D., Director of Psychiatry, Beth Israel Medical Center, and Professor of Clinical Psychiatry, Mount Sinai School of Medcine, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to think of supportive psychotherapy as an independently effective modality rather than as a derivative of expressive therapy.

SUMMARY

Although supportive psychotherapy is widely practiced, it is usually conceptualized as a less potent derivative of expressive therapy, which is often presented as the only model for individual psychotherapy. We describe a model of supportive psychotherapy that stands alone. This is not a new modality of treatment but a new way of looking at psychotherapy that facilitates both practice and teaching. In view of recent data suggesting that supportive psychotherapy is as effective as any other therapy for many patients, we propose that therapy conducted according to this model should be the treatment of choice for most patients.

REFERENCE

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

Closing A State Hospital: The Philadelphia Story

Michael J. Vergare, M.D., Associate Chairman, Department of Psychiatry, Albert Einstein Medical Center, Philadelphia, PA
Mary W. Hurtig, Director of Policy, Mental Health Association of Southeastern Pennsylvania, Philadelphia, PA
Estelle B. Richman, Director, Mental Health Services, City of Philadelphia, Office of Mental Health, Philadelphia, PA
Joseph A. Rogers, President, National Mental Health Consumers Association, and President, Project SHARE, Consumer Self-Help Group, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the problems inherent in systems change in mental health services, to identify the different viewpoints of state and local bureaucracies, and to understand the unique perspective of providers, consumers, family members, and administrators.

SUMMARY

The presentation will review efforts to close the Philadelphia State Hospital and their impact on mental health services in Philadelphia. Included will be a description of the development of a comprehensive community-based system of mental health care in the nations' fifth largest city. The presentation will highlight the views of a psychiatrist, a family member, a public mental health administrator, and a consumers' advocate. The presenters are part of a coalition that was formed in 1989 to lobby for a more responsible process for closing Philadelphia State Hospital.

REFERENCE

Lehman AF: Strategies for improving services for the chronic mentally ill. Hospital and Community Psychiatry 40:916-920, 1989

Consumer-Run Mental Health Programs

Richard Warner, M.B., D.P.M., Medical Director, Mental Health Center of Boulder County, and Associate Professor, University of Colorado, Boulder, CO
James E. Ancell, Residential Assistant, Bealer Street Transitional Community, Mental Health Corporation of Denver, Denver, CO
David D. Burgess, L.C.S.W., Executive Director, C.H.A.R.G. Resource Center, Denver, CO
David B. Pratt, Executive Director, The Phoenix Project, Denver, CO
David J. Quarton, President, Capitol Hill Action and Recreation Group, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize ways in which consumers of mental health services can contribute to the management and operation of treatment programs and other vital services.

SUMMARY

Three novel consumer-run programs will be described in detail. One is a project that funds and facilitates the development of consumer-run businesses. Another is a psychiatric clinic and drop-in center, run cooperatively by consumers and professionals. The third is a program that trains people who have experienced serious mental disorder to become case managers in the state community mental health system.

Examples of several other consumer-run projects from around the nation will be described in brief to give a broad picture of the varied ways in which consumers have become engaged in managing and operating sevices for psychiatrically impaired persons.

REFERENCES

Ramon, S (ed): Normalization and Integration. London, MacMillan, in press.
McGill CW, Patterson CJ: Former patients as peer counselors on locked psychiatric inpatient units. Hospital and Community Psychiatry 41:1017-1019, 1990

Bringing Psychiatric Rehabilitation to the State Hospital

Allan Brock Willett, M.D., Director, Fort Logan Mental Health Center, Denver, CO
Sheila G. Baler, Ph.D., M.P.H., Executive Director, Mental Health Corporation of Denver, Denver. CO
Russell O. Porter, M.A., Executive Director, Regional Assessment and Training Center, Inc., Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify five factors necessary to increase rehabilitation programming in a state hospital, to name four groups outside the state hospital who have a stake in the implementation of such programming, to recognize three characteristics of mental health care systems that influence stategies for rehabilitation programming, and to understand how rehabilitation approaches complement and enhance current treatment programs.

SUMMARY

The presenters discuss several phases in the process of integrating psychiatric rehabilitation into the programming of an established state mental hospital. Planning initially involved creation of a clinical treatment task force within the hospital and use of technical assistance provided by a freestanding rehabilitation facility. The presenters, who represent different facets of the mental health care system, examine how the state hospital program was integrated with statewide community rehabilitation programming. The discussion will include examples of actual experiences at Fort Logan Mental Health Center and parallel developments within the Denver community mental health system.

REFERENCES

Pryer M, Distefano M: Follow-up of participants in a vocational rehabilitation program at a state hospital. Hospital and Community Psychiatry 37:1261-1262, 1986
Farkas MD, Rogers SE, Thurer S: Rehabilitation outcome of long-term hospital patients left behind by deinstitutionalization. Hospital and Community Psychiatry 38:864-870, 1987
Lamb HR: Improving our public mental health systems. Archives of General Psychiatry 46:743-44, 1989

CAREERS IN PUBLIC PSYCHIATRY - PROSPECTS FOR THE FUTURE
10-Year Anniversary Celebration of APA/Mead Johnson Fellowship Program

Supported by Mead Johnson Pharmaceuticals

Leonard I. Stein, M.D., Professor, Department of Psychiatry, University of Wisconsin Medical School, and Director of Research and Education, Mental Health Clinic of Dane County, Inc., Madison, WI
Constance Corson, M.A., M.D., Staff Psychiatrist, Terrebonne Mental Health Center, Louisville, LA
Frank W. Brown, M.D., Assistant Professor of Psychiatry and Director, Geriatric Psychiatry Fellowship Program, Emory University School of Medicine, and Director, Neuropsychiatry Unit, Emory University Hospital
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
Asa G. Yancey, Jr., M.D., Child Psychiatry Fellow, University of Colorado Health Sciences Center, Denver, CO (1989-90 APA/MJ Fellow)

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to appreciate the complex skills required to meet the challenge of being a public psychiatrist, and to understand the professional rewards gained though a career in public psychiatry.

SUMMARY

The last decade has seen a revitalization of public psychiatry. In community work, the focus has shifted from the less ill to those suffering from severe and persistent mental illness. This shift necessitated that hospital and community programs work collaboratively. In fact, there is growing recognition that public psychiatry must operate within a systems framework, where psychiatrists collaborate with a wide variety of agencies, and with other mental health professionals, often in a team setting. Thus, the public psychiatrist must not only be a competent clincian, but must also be skilled in working symmetrically with other professionals in advocating for their patients before governmental bodies, in influencing public decisions from the agency-level to the state-level. For the competent psychiatrist who enjoys working and sharing with others and who prefers symmetrical rather than hierarchical relationships, public psychiatry offers many rewards, not the least of which is being a participant in the lives of patients and in the workings of the community, rather than merely being an observer of life.

In this session, which commemorates the tenth anniversary of the American Psychiatric Association/Mead Johnson Fellowship Program, presenters describe the benefits and challenges of working as psychiatrists in community mental health settings and discuss the role of the fellowship program in the future of public psychiatry.

Regional differences that affect the practice of public psychiatry are discussed with examples from California, North Carolina, and Louisiana and with reference to the National

CAREERS IN PUBLIC PSYCHIATRY - PROSPECTS FOR THE FUTURE
(cont'd)

Health Services Corps, which recruits physicians to work in underserved areas. Many psychiatrist members of the Corps currently practice in community mental health centers.

A role for academic medicine in the care and treatment of geriatric patients in public-sector settings is described. Psychiatrists working in such a setting can combine a career in the public psychiatry and academic research.

Other topics include the formation of the American Association of Community Psychiatrists, founded in 1984 to address issues of concern to psychiatrists and psychiatric residents who practice in community mental health centers. A major goal of the association is to increase the number of psychiatrists who choose careers in community mental health.

REFERENCES

Stein LI, Factor RM, Diamond RJ; Training psychiatrists in the treatment of chronically disabled patients, in Psychiatric Disability: Clinical, Legal, and Administrative Dimensions. Edited by Meyerson AT, Fine T. Washington, DC, American Psychiatric Press, 1987

Torrey EF, Wolfe SM, Flynn LM: Care of the Seriously Mentally Ill: A Rating of State Programs. Washington, DC, Public Citizens Health Research Group and the National Alliance for the Mentally Ill, 1988

Managing Refractory Depression in the Outpatient Setting

Sponsored by Dista Products Company
(A Division of Eli Lilly Company)

Michael E. Thase, M.D., Medical and Research Director, Mood Disorders Module, and Associate Professor of Psychiatry, University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic, Pittsburgh, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate knowledge of the differential diagnosis and subsequent treatment of refractory depressions.

SUMMARY

At least one-third of all new prescriptions for antidepressant medication either provide little benefit or are not tolerated. Further, 10 to 15 percent of all treated episodes of major depression fail to respond to multiple trials of antidepressant medication. In this presentation, the concepts of treatment-resistant and refractory depression are reviewed. Evidence regarding risk factors, assessment, and alternate strategies for treatment of resistant depression are discussed. Particular emphasis will be placed on diagnosis, adequacy of initial treatment, and subsequent treatment with lithium augmentation, monoamine oxidase inhibitors, or second-generation antidepressants. The importance of the therapeutic alliance in helping chronically depressed patients remain in protracted treatment also will be stressed. Application of these principles can result in successful treatment of a large majority of so-called refractory patients.

REFERENCES

Zohar J, Blemaker RH (eds.): Treating Resistant Depression. New York, PMA, 1987

Extein IL (ed.): Treatment of Tricyclic-Resistant Depression. Washington, DC, American Psychiatric Press, 1989

Session 34
ALL DAY SESSION

Tuesday, October 9, 1990
9:00 a.m.-5:00 p.m.

Managed Care: 1990s

Mary Jane England, M.D., Program Director, Robert Wood Johnson Foundation, Mental Health Services Program for Youth, and Vice-President, Medical Services, Group Department, Prudential Insurance Company, Roseland, NJ
Robert A. George, M.D., Clinical Associate Professor of Psychiatry, Oregon Health Sciences University, Portland, OR
C. Mitchell Goldman, J.D., Partner, Goldman, Marshall & Muszynski, P.C., Philadelphia, PA
Jeremy Lazarus, M.D., Chair, Committee to Study Allocation of Health Resources, Colorado Psychiatric Society, Englewood, CO
Anthony F. Panzetta, M.D., President and Chief Executive Officer, TAO Inc., and Clinical Professor, Department of Psychiatry, Temple University Medical School, Philadelphia, PA
David A. Pollack, M.D., Medical Director, Mental Health Services West, and Adjunct Assistant Professor of Psychiatry, Oregon Health Sciences University, Portland, OR
James E. Sabin, M.D., Associate Director, Teaching Center, Harvard Community Health Plan, and Assistant Clinical Professor, Department of Psychiatry, Harvard Medical School, Boston, MA
Steven S. Sharfstein, M.D., Executive Vice-President and Medical Director, Sheppard and Enoch Pratt Hospital, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the major issues confronting psychiatry in the managed care arena, with emphasis on economic factors that drive public and private sector policy decisions, practice patterns as influenced by utilization review, legal concerns and liability, and attitudes and boundaries of managed care programs.

SUMMARY

The presenters will examine the contrasting aspects of managed care that affect the decisions of the practitioner, administrator, reviewer, insurance executive and policy maker. In the case of proposed plans for state programs of rationed health care, the philosophical and ethical questions of access to appropriate treatment and fiscal support, generally faced by the health care community, become decisions of the public. Reassessment of attitudes, skills, and practice routines will be highlighted. Late afternoon sessions, which focus on such topics as liability and legal issues, attitudes and skills, and utilization review, will allow more in depth dialogue with participants.

REFERENCES

Lewin R, Sharfstein SS: Managed care and the discharge dilemma. Psychiatry 53:115-121, 1990
Sharfstein SS: The catastrophic case: a special problem for general hospital psychiatry in the era of managed care. General Hospital Psychiatry 11:268-270, 1989
Kongstvedt PR: The Managed Health Care Handbook. Rockville, MD, Aspen, 1989

Session 35
HALF-DAY SESSION

Tuesday, October 9, 1990
9:00 a.m.-12:00 noon

Medicolegal Issues and Forensic Patients in Community Treatment

Stephen Rachlin, M.D., Chairman, Department of Psychiatry and Psychology, Nassau County Medical Center, East Meadow, NY, and Professor of Clinical Psychiatry, School of Medicine, State University of New York, Stony Brook, NY
Sally L. Godard, M.D., Director of Psychiatric Education, Oregon Mental Health and Development Disability Services Division, Oregon Department of Human Services, and Associate Director, Public Psychiatry Training Program, Oregon Health Sciences University, Salem, OR
L. Dennis Kleinsasser, Ph.D., Director of Clinical Services, Colorado Department of Corrections, Colorado Springs, CO
Jeffrey L. Metzner, M.D., Associate Clinical Professor of Psychiatry, University of Colorado Health Sciences Center, Denver, CO
Robert D. Miller, M.D., Ph.D., Clinical Associate Professor of Psychiatry, and Lecturer in Law, University of Wisconsin, Madison, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to build upon existing skills to work with untraditional patients and to respond to unfamiliar and controversial inquiries concerning forensic patients in general community settings.

SUMMARY

Issues and patients formerly of interest only to the forensically trained clinician are becoming of increasing concern to the community-based mental health practitioner. The generalist may treat patients who are involuntarily committed to outpatient care. Special responsibilities go along with this therapeutic authority. More people with histories of mental illness are entering, or being diverted from, jails and prisons. They may leave confinement, but their need for treatment continues. Traditional criminal justice concepts such as probation and parole need to be understood by therapists. Clinicians are famililar with the classic restrictions on confidentiality, such as mandatory reporting laws. But how does a clinician continue to treat a patient who has been the subject of such a report? Under what circumstances should a clinician further inform government agencies of patients' behavior? Clinicians are being asked unfamiliar questions: Should this person be licensed to drive a truck or to carry a gun? Society may well be requiring clinicians to go beyond their expertise and may once again be suggesting that mental health professionals be agents of social control.

REFERENCE

Involuntary Commitment to Outpatient Treatment. Task Force Report No 26. American Psychiatric Association, Washington, DC, 1987

Lecture 36

Tuesday, October 9, 1990
9:00-10:00 a.m

Update on Anxiety

Jon A. Bell, M.D., Assistant Professor of Psychiatry and Medicine, University of Colorado Health Sciences Center, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the characteristics of anxiety disorders and the appropriate treatment strategies for each disorder.

SUMMARY

Anxiety disorders are a common psychiatric problem adversely affecting approximately 10 percent of the adult population. Pathological anxiety causes significant suffering and impairs personal, social, and occupational functioning. This presentation will describe medical evaluation of the anxious patient to identify organic causes and review diagnostic features of each anxiety disorder. Psychotherapeutic, cognitive behavioral, and medication therapies can be utilized to treat both recent-onset and chronic anxiety disorders. Recommendations for treatment of each disorder will be described and complications of long-term anxiety and long-term treatment will be discussed.

REFERENCE

Fyer AJ, Sandberg DP: Pharmacologic treatment of panic disorder, in Review of Psychiatry, Vol 7. Edited by Frances AJ, Hales RE. Washington, DC, American Psychiatric Press, 1988

Lecture 37

Tuesday, October 9, 1990
9:00-10:00 a.m.

Revolvingvolvingvolving Door: Recidivism, Recidivism, and Recidivism

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

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the depth and breadth of state hospital recidivism and its relationship to deinstitutionalization and to utilize clinical interventions for recidivist patients.

SUMMARY

State hospital recidivism is a pattern of utilization of public sector psychiatric services that is unique to the era of deinstitutionalization. Historical data comparing state hospital utilization in the 1880s with that in the 1980s will be presented, followed by results of a national survey of each state hospital's "worst" recidivist (defined as that psychiatric patient admitted in 1987 with the greatest number of life admissions to the facility). Clinical interventions with this population, including outpatient commitment (involuntary community treatment), voluntary admissions (open-door admissions), the chit system (provision of a transitional object), and the quota-of-days approach (allocation of a fixed resource) are offered with clinical case illustrations.

REFERENCE

Geller JL: In again, out again: a preliminary evaluation of a state hospital's worst recidivists. Hospital and Community Psychiatry 37:386-390, 1986

Lecture 38

Tuesday, October 9, 1990
9:00-10:00 a.m.

The Social Therapies

Donald G. Langsley, M.D., Executive Vice-President, American Board of Medical Specialties, and Professor, Department of Psychiatry and Behavioral Sciences, Northwestern University Medical School, Evanston, IL

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify social therapies such as family therapy, group therapy, marital therapy, and self-help groups, and understand their use in community mental health programs.

SUMMARY

During the past half century, use of social therapies has extended the traditional focus on the individual patient to involve others in the patient's social environment. Social therapies include family therapy (including multiple family groups), marital therapy for couples, group therapy (including time-limited group therapy), and self-help groups. This talk will examine clinical and experimental studies of social therapies. Results of studies using comparison or control groups in the context of clinical practice will be reviewed. Implications for assignment of patients, couples, or families to a specific type of treatment and the outcomes that may be expected will be discussed.

REFERENCES

A 30-item bibliography will be distributed at the presentation.

Langsley DG, Kaplan DM: The Treatment of Families in Crisis. New York, Grune & Stratton, 1968

Lecture 39

Tuesday, October 9, 1990
9:00-10:00 a.m.

Mental Health Services for Native Americans

Scott H. Nelson, M.D., Chief of Mental Health Programs, Indian Health Service, Albuquerque, NM

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to list the major mental health problems of Native Americans and to identify some current strategies for preventing and treating these problems.

SUMMARY

Currently, 1.5 million Native American persons reside in the United States. Half of this population live in urban areas, and half live on reservations; half are children under the age of 19. Depression, alcoholism, abuse of children and adults, and other forms of violence are much more serious problems for Native Americans than for the general population. Suicide rates of young Native American men are two to three times the national average. Despite these alarming trends, mental health services currently available to Native Americans are minimal.

The presentation outlines numerous actions being taken by the Indian Health Service and others to improve mental health services for American Indian and Alaska Native people.

REFERENCE

National Plan for Native American Mental Health Service (Final Draft). Indian Health Service, Jan 1990

Lecture 40

Tuesday, October 9, 1990
9:00-10:00 a.m.

Models of Emergency Psychiatry

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

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify several models for providing emergency psychiatric services in the community and to provide an update on the current state of emergency psychiatric care.

SUMMARY

Evolving theories of crisis intervention and emergency psychiatric care, coupled with changes in policies of reimbursement for mental health services have compelled practitioners to review traditional models in view of current realities. The presenter will discuss several approaches to the provision of emergency psychiatric services and discuss ways in which psychiatric emergencies can be handled in the acute care setting.

REFERENCE

Slaby AE: Emergency psychiatry, in Comprehensive Textbook of Psychiatry, 5th ed. Edited by Kaplan HI, Sadock BJ. Baltimore, Williams and Wilkins, 1989

Lecture 41

Tuesday, October 9, 1990
9:00-10:00 a.m.

Challenges in Treating Depression in the Medically Ill or Elderly Patient

Troy L. Thompson II, M.D., Professor and Chair, Department of Psychiatry, Jefferson Medical College, and Psychiatrist-in-Chief, Jefferson Hospital, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to evaluate and treat common biomedical and pychosocial causes of depression in medically ill or elderly patients.

SUMMARY

Clinicians should be alert to signs of depression in elderly patients, since it is often responsive to treatment and since suicide is common in this age group, especially among depressed white widowers. Other risk factors for suicide among elderly patients include living alone, chronic medical illnesses (which may cause dementia or delirium), recent loss or bereavement, alcohol or sedative abuse, a sense of hopelessness about problems, and a covert wish by others that the elderly person would die.

Clinically important depression is present at any given time in at least 10 percent of the elderly population. Depression in elderly patients may be a primary disorder or may be secondary to some other psychiatric or medical disorder or a side effect of medication. Brain tumors, other cancers (especially pancreatic), hypothyroidism or hyperthyroidism, hepatitis, and viral pneumonia may cause or worsen a depression. Drug-induced depression should always be suspected in elderly patients who are receiving medications for variety of illnesses.

REFERENCE

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

Developing a Comprehensive Treatment Plan for the Hearing Impaired Patient

Dorothea L. DeGutis, M.D., Psychiatric Consultant, Thresholds Bridge for the Hearing Impaired, Chicago, IL

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to develop a treatment plan for maintaining a mentally ill deaf patient in the community.

SUMMARY

A comprehensive community-based treatment plan for chronic mentally ill deaf adults will be presented from an interdisciplinary perspective. Support services necessary for deinstitutionalization, including housing, case management, psychiatric medicines, and vocational rehabilitation, will be explored. The problem of leisure time, including difficulties with socialization and substance abuse, will be addressed. Through role playing, the participants will look at how utilization of resources by the deaf population differs from that by hearing patients. Participants will be taught how to combine services available in their community to develop individualized treatment plans.

REFERENCE

Rainer JD, Altshuler Z: A psychiatric program for the deaf: experiences and implications. American Journal of Psychiatry 127:1527-1532, 1971

Living with Mania: A Study of Bipolar Outpatient Group Therapy

John S. Graves, M.D., Assistant Clinical Professor, Department of Psychiatry, University of Colorado Health Sciences Center, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the benefits of outpatient group therapy for bipolar patients and to understand therapeutic techniques used in these groups.

SUMMARY

This presentation describes a long-term outpatient group of 12 bipolar patients conducted over a seven-year period. Contrary to previous pessimistic reports in the literature, group therapy for these patients has been both feasible and beneficial. Many of the patients have had a decrease in number of hospitalizations per year. Several significant themes that have emerged in the group are described, and common defensive operations and therapeutic techniques are discussed.

REFERENCE

Shakir SA, Volkmar FR, Bacon S, et al: Group psychotherapy as an adjunct to lithium maintenance. American Journal of Psychiatry 136:455-456, 1979

Roundtable 44

Tuesday, October 9, 1990
9:00-10:00 a.m.

Power Struggles and Conflict Resolutions in General Hospital Psychiatry

Bert Pepper, M.D., Executive Director, The Information Exchange Inc., New York, NY, and Executive Director, Consultation Service, American Psychiatric Association

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should understand the roles of trustees, medical staff, and administrators in the general hospital and be aware of how power struggles within the hospital can affect the psychiatric unit.

SUMMARY

The patient population treated in general hospital psychiatric units includes increasing numbers of chronic patients, adolescents and dual-diagnosis patients. The presenter will discuss treatment models used in the psychiatric unit and examine the relationship of the psychiatrist and the treatment team. The roles of trustees, organized medical staff, and hospital administrators in the general hospital and the effects of the hospital's power structure on the psychiatric unit will be explored.

REFERENCE

Schulberg HC: The Treatment of Psychiatric Patients in General Hospitals: A Research Agenda and Annotated Bibliography. Rockville, Md, National Institute of Mental Health, 1985

Tuesday, October 9, 1990
9:00-10:00 a.m.

A Conversation With...

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

Psychodynamic Features of the Revolving Door Patient

Paolo Azzone, M.D., Research Associate, Institute of Psychiatry-University of Milan, Milan, Italy
Emilio Fava, M.D., Researcher, Institute of Psychiatry-University of Milan, Milan, Italy
Salvatore Freni, M.D., Associate Professor of Psychotherapy, Institute of Psychiatry-University of Milan, Milan, Italy

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify psychodynamic features associated with frequent rehospitalization.

SUMMARY

Frequently rehospitalized psychiatric patients have constituted a major problem during the years of deinstitutionalization both in Europe and in North America. The phenomenon, also called the revolving-door syndrome, has been attributed to many factors, including poor social support, an inflexible or unstable social network, noncompliance with medication and aftercare, difficulties in making stable and supportive relationships, and poor impulse control. This presentation explores the psychodynamic features of these populations.

Two samples of patients were considered: all patients admitted to the inpatient facilities of the Institute of Psychiatry of the University of Milan over a one-month period who had been admitted at least twice in the previous 18 months (22 patients), and 22 patients randomly selected from those treated at outpatient facilities of the Institute who had not been admitted before in the same 18-month period. Patients of both groups were interviewed and assessed using an inventory of psychodynamic dimensions developed by T.H. McGlashan. The assessment, which made use of an Italian scoring manual developed by the authors, showed good interrater reliability.

Results indicate that revolving door patients are significantly different in several psychodynamic dimensions from patients who had no previous admissions. Revolving-door patients show less basic truth and have achieved an earlier stage of the separation-individuation process. Their object relationships are poorer, and they lack impulse control and economy. These data suggest that frequently readmitted patients may represent a population with specific psychodynamic features.

REFERENCES

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

McGlashan TH: The goals of psychoanalysis and psychoanalytic psychotherapy. Archives of General Psychiatry 39:377-388, 1982

Brief Hospitalization: Does it Help or Hinder Patients in Crisis?

Constance Corson, M.A., M.D., Staff Psychiatrist, Terrebone Mental Health Center, Louisville, LA (1985-1986 APA/Mead Johnson Fellow)

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to summarize aspects of a brief treatment model of psychiatric hospitalization that were found useful and not useful by a community sample of patients and their clinicians.

SUMMARY

This workshop discusses the results of an outcome study of inpatients with adjustment disorder. The patients were treated for an average of 14 days on a 20-bed voluntary psychiatric unit in a general hospital. The unit is separate from the local mental health center, where patients are transferred for outpatient care at discharge from the hospital. Inpatient and outpatient treatment teams have different personnel, but communicate openly. The treatment approach focuses on the individual and the family and uses psychodynamic interpretations of current behavior. The emphasis is on autonomy, responsibility, and breaking down destructive family myths. Parameters used to assess the effect of hospitalization include outpatient follow-up, job, family, social support, recidivism, and substance use. Patients, staff, and family assess which interventions were useful. A surprising finding was that brief stays often changed the course of severe self-destructive behavior such as slashing and suicidality. The results and discussion should be of great interest to clinicians who work with this model of treatment and those who work with characterlogical issues in any setting.

REFERENCES

Margo G, Manning J: The current literature on inpatient psychotherapy. Hospital and Community Psychiatry 40:909-915, 1989

McGlashan T: The Chestnut Lodge follow-up study. Archives of General Psychiatry 43:20-30, 1986

Community-Based Postvention in Response to Adolescent Suicide

Kristen M. Esbensen, M.S.S.W., Clinical Specialist, Emergency Services Unit, Mental Health Center of Dane County, Madison, WI
Karen H. Stevenson, M.S.W., Manager, Emergency Services Unit, Mental Health Center of Dane County, Madison, WI
Jane A. Woods, M.S.S.W., 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 organize a community-based plan to minimize stress and contagion after an adolescent suicide.

SUMMARY

The Emergency Services Unit (ESU) of the Mental Health Center of Dane County has developed and implemented a coordinated community-based postvention plan to address contagion and trauma after the sudden death or suicide of an adolescent or young person. Framing the problem as a public health issue, ESU has negotiated the cooperation of media, public-sector mental health agencies, private-sector providers, clergy, funeral directors, the coroner's office, law enforcement, school personnel, public health nurses, and survivor-of-suicide lay counselors. Intervention is aimed at providing poststress counseling to families, friends, witnesses, and schools. ESU coordinates the on-site response and serves as the link between those affected and community providers.

REFERENCE

O'Carroll P, Mercy J, Stewart J: CDC recommendations for a community plan for the prevention and containment of suicide clusters. Morbidity and Mortality Weekly Report 37:1-11, 1988

Improving Patient Care: The Right To Autonomy Versus the Right To Treatment

Stephan J. Haimowitz, J.D., Assistant Counsel, New York State Office of Mental Health, Albany, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand why law has not improved health care and how the law can be refocused to do so.

SUMMARY

Law, which has become a significant factor in mental health, has done little to improve care because it has focused on the right to autonomy rather than the right to treatment. For example, deficient hospital conditions prompted revision of civil commitment laws. Limiting involuntary treatment to people who are "dangerous" was expected to expand liberty. Inappropriate hospitalization has diminished, but a great deal of mental illness, which also deprives patients of their liberty, goes untreated, while hospitals still need improvement. Court review of medication refusal has increased the number of adversarial actions, delayed treatment, and diverted staff time. Most objections are overruled, and medication problems continue. The doctrine of the least restrictive alternative, mistakenly presumes that restrictiveness can be quantified and calibrated with treatment effectiveness and that the availability of community treatment will increase because of the doctrine. Consumers, families, providers, and advocates should focus on legislative and judicial establishment of rights to quality treatment. By creating legal entitlements triggered by the individual's specific needs, the system will be required to better fund and manage services.

REFERENCE

Hoffman P, Foust L: Least restrictive treatment of the mentally ill: a doctrine in search of its senses. San Diego Law Review 14:1100-1154, 1977

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

Spencer F. Johnson, M.D., Administrative Psychiatry Fellow, St. Elizabeth's Hospital, District of Columbia Commission on Mental Health Services, Washington, DC
Lee R. Chartock, M.D., M.P.P., Massachusetts General Hospital and the Cambridge Hospital, and Executive Officer, Mental Health Policy Working Group, Division of Health Policy Research and Education, Harvard Medical School, Cambridge, MA
Edgar Galinanes, M.D., Bronx-Lebanon Hospital Center, 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.

REFERENCES

Westermeyer J: Clinical considerations in cross-cultural diagnosis. Hospital and Community Psychiatry 38:160-165, 1987
Walters JK: Meaning and context: the social facts of intravenous drug use and HIV transmission in the inner city. Journal of Psychoactive Drugs 20:173-177, 1988

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 identify 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 Psyciatry 140:875-876, 1983

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

Controversy and Conflict on the Road to Systems Change

Leonard I. Stein, M.D., Professor, Department of Psychiatry, University of Wisconsin Medical School, and Director, Research and Education, Mental Health Clinic of Dane County, Inc., Madison, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the complex forces that have operated, sometimes at cross-purposes, to help persons with severe and persistent mental illness live better lives.

SUMMARY

The goal of providing care for persons with severe and persistent mental illness is to help them live stable lives in an environment that facilitates growth and offers opportunity for advancement. Working to achieve this goal requires a variety of interventions, supports, and policy changes affecting both clients and providers. Unfortunately, the road to achieve the goal has not been smooth. The presenter will review 20 years of personal experience traveling this road and will describe the detours and barriers encountered along the way.

REFERENCES

Stein LI: The effect of long-term outcome studies on the therapy of schizophrenia: a critique. Journal of Marital and Family Therapy 15:133-138, 1989

Stein LI: Innovating against the current. Presented at a conference on innovation at Wharton School, University of Pennsylvania, Philadelphia, Nov 1989

Pharmacotherapy in Borderline Personality Disorder: Treatment Options and New Perspectives

Martin H. Teicher, M.D., Ph.D., Assistant Professor of Psychiatry. Harvard Medical School, and Director, Hall Mercer Snyder Developmental Biopsychiatry Research Program, McLean Hospital, Belmont, MA

Carol A. Glod, R.N., M.S.C.S. Clinical Nurse Specialist, McLean Hospital, and Lecturer, Institute of Health Professions, Massachusetts General Hospital, Belmont, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the major classes and combinations of medications used in the treatment of patients with borderline personality disorder and to understand their risks, limitations, and long-term value.

SUMMARY

Treatment of patients with borderline personality disorder, especially those who periodically demand or appear to require medication, is a major therapeutic challenge. Recent studies suggest that low doses of neuroleptics can diminish levels of anger, depression, and dysphoria and may enhance global functioning, capacity for pleasure, and energy. Tricyclic antidepressants tend to diminish depressive symptoms in some patients but may actually increase suicidality, irritability, and assaultiveness in patients who do not respond to the drugs. Alprazolam sometimes enhances mood and cognition but may precipitate melancholic depression. In short, medications can treat many of the symptoms of borderline personality disorder but may also worsen the condition. Additional therapeutic value may be gained from the judicious use of medication combinations. The long-term value of medication treatment will be discussed in relationship to recent research on the heritability of personality traits and the psychobiological consequences of early abuse.

REFERENCE

Techer MT, Glod CA: Pharmacotherapy of patients with borderline personality disorder. Hospital and Community Psychiatry 40:887-889, 1989

Geriatric Depression and Quality of Life

Jerome A. Yesavage, M.D., Associate Professor of Psychiatry, Stanford University School of Medicine, Stanford, CA.
Declan P. Doogan, D.R., Medical Department, Pfizer Ltd., Sandwich, Kent, England

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to diagnose and treat depression in the elderely.

SUMMARY

Elderly persons, who constitute an expanding part of the population, often experience depression and are at increased risk for suicide. The biochemistry of depression in this age group is becoming better understood, and biochemical changes have been linked to certain behavioral problems. A crucial clinical matter in treating this population is the distinction between depression and dementia. Diagnostic tools can help in differential diagnosis. However, scales used with younger patients may not be appropriate for use with elderly patients. The Geriatric Depression Scale is designed specifically for use with elderly patients.

The physician may need to evaluate and treat a number of behavioral problems in addition to depression in elderly patients. The newer antidepressants, which have been seen as having fewer side effects in elderly patients, have disappointed physicians. Monoamine oxidase inhibitors, psychostimulants, and lithium carbonate have also been used in treating depression in this population. The presenters will review the effacacy and side effects of individual medications.

Monitoring the blood level of medication is particularly important in treating elderly patients, who are especially sensitive to side effects at high blood levels. In addition to being highly sensitive to drugs, frail elderly patients have multiple diseases and take several medications, increasing the likelihood of adverse drug reations. Atropine psychosis is a particular problem.

Electroconvulsive therapy is an often forgotton but quite safe treatment modality for use with depressed elderly patients. The presenters will suggest simple questions to ask in assessing suicide risk in elderly patients.

REFERENCE

Sheikh JI, Yesavage JA, Brink TL: Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. in Clinical Gerontology: A Guide to Assessment and Intervention. Edited by Brink TL. New York, Haworth, 1986, pp 165-173

Session 54
HALF-DAY SESSION

Tuesday, October 9, 1990
1:30-5:00 p.m.

Treatment of Relapses and Recurrence in Depression

Co-Sponsored by the NIMH Depression Awareness, Recognition, and Treatment Program (D/ART)

Carolyn B. Robinowitz, M.D., Senior Deputy Medical Director, American Psychiatric Association, Washington, DC
Steven L. Dubovsky, M.D., University of Colorado Health Sciences Center, Denver, CO
Troy L. Thompson II, M.D., Professor and Chair, Department of Pyschiatry, Jefferson Medical College, and Psychiatrist-in-Chief, Jefferson Hospital, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to develop approaches for effectively dealing with relapse and recurrence and plan appropriate psychopharmacologic, psychotherapeutic, and psychosocial interventions.

SUMMARY

The management of relapse and recurrence in depressive disorders provides a challenge for the practitioner. This presentation will examine the phenomena of treatment resistance, relapse and recurrence; identify and explain diagnostic approaches; provide a conceptual framework for treatment planning including determining the appropriate use, monitoring, and readjustment of pharmacotherapeutic and psychotherapeutic approaches; and consider the impact of recurrence on the patient's family and psychosocial systems, as well as on the practitioner. There will be ample opportunity for case discussion.

REFERENCE

Giles DE, Jarrett RB, Biggs MM, et al: Clinical predictors of recurrence in depression. American Journal of Psychiatry 146: 764-767, 1989

Group Therapy: Developing a Treatment Program in Your State Hospital for the Severely Chronically Mentally Disabled Patient

Roy G. Fitzgerald, M.D., Clinical Associate Professor of Psychiatry, Thomas Jefferson University, Philadelphia, PA, and Group Therapy Consultant, Harrisburg State Hospital, Harrisburg, PA

Ward E. Green III, M.S., Therapeutic Recreation Services Manager, Harrisburg State Hospital, Harrisburg, PA

Judith L. Hauck, R.N., M.S.N., Psychiatric Nurse Clinical Specialist, Harrisburg State Hospital, Harrisburg, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify specific administrative and systems concerns necessary for clinical implementation of a group therapy program, to identify specific types of therapists and therapeutic techniques and interventions to be used in group therapy with the chronic mentally ill, to evaluate development of the group therapy program and its impact on patients in the state psychiatric hospital, and to sustain such a program with continuing staff development.

SUMMARY

This workshop will help you and your staff develop an effective group therapy program for severely and chronically mentally ill patients in a state psychiatric setting. Systems and administrative issues, specific training and clinical models to be employed in a group therapy program, and the various techniques necessary to meet the unique needs of the chronic patient will be discussed. In addition, the workshop will present demographic characteristics of patients for whom group therapy has been used and will examine measures of the outcome of group therapy. The audience will be invited to participate in experimental learning, role playing, and small group discussions. Written educational materials will be distributed.

REFERENCES

Yalom I: Inpatient Group Psychotherapy. New York, Basic Books, 1983

Remocker AJ, Storch ET: Action Speakers Louder: Handbook of Non-Verbal Group Techniques, 4th ed. New York, Churchill, 1989

Jones M: Maturation of the Therapeutic Community: An Organic Approach to Health and Mental Health. New York, Human Sciences, 1976

Session 56

Tuesday, October 9, 1990
1:30-3:00 p.m.

The Ultimate Healing Power: Consumers, Families, and Professionals

Barbara Hancock, Past President, Colorado Alliance for the Mentally Ill, Boulder, CO
Lynn Jones, B.S.N., Denver, CO
Gordon L. Neligh, M.D., Director, Program for Public Psychiatric, Department of Psychiatric, University of Colorado Health Science Center, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should have an increased awareness of the advantages of collaboration among consumers, families, and professionals, and be able to describe an approach to healing in major mental illness that is based on respect and equality. The learner will identify barriers to this approach and ways to overcome them.

SUMMARY

When consumers, families, and mental health professionals collaborate as equals in the healing process, great things can happen. What obstacles must be overcome to reach this ideal partnership? What progress are we already making? A Colorado consumer, a family member, and a psychiatrist analyze past practices and future possibilities.

REFERENCE

Morgan SL: Families' experiences in psychiatric emergencies. Hospital and Community Psychiatry 40:1265-1269, 1989

American Indian Homeless

Spero M. Manson, Ph.D., Associate Professor and Director, Department of Psychiatry/ National Center for American Indian and Alaska Native Mental Health Research, University of Colorado Health Sciences Center, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to anticipate the role of social and cultural factors in the provision of appropriate mental health care to homeless American Indians living in cities of the western United States.

SUMMARY

Many cities in the western United States have substantial visible populations of American Indian homeless people. Little is known about chronically mentally ill persons in this group. This presentation will bring together representatives from major agencies that address the needs of American Indians and homeless persons in Denver, Colorado. The presenters will review current knowledge about homeless American Indians, consider their particular service needs, discuss the role of cultural dynamics in the assessment process as well as provision of care, and identify major research and planning issues. Particular emphasis will be placed on factors to be considered in linking private, municipal, state, and federal service elements to increase participation in the system of care that is available.

REFERENCE

Neligh G: Major mental disorders and behavior among American Indians and Alaska Natives. Behavioral Health Issues among American Indians and Alaska Natives, in Explorations on the Frontiers of the Biobehavioral Sciences. Edited by Manson SM, Dinges NG. Denver, University of Colorado Health Sciences Center, 1988, pp 116-159

Pet Facilitated Psychotherapy

Raymond L. Sheets, M.D., Medical Director, Mount Vernon Developmental Center, Mount Vernon, OH
Liesl, Canine Therapist, Mt. Vernon Developmental Center, Mt. 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 exhibiting 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 by 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 and eventually return love to the animal. Once the therapist establishes a relationship with the patient through the animal, he can then begin to help that individual with his particular problems. This presentation includes demonstrations featuring a canine therapist.

REFERENCE

Corson S, Corson E, Gwynne P, et al: Pet dogs as non-verbal communication links in hospital psychiatry. Comprehensive Psychiatry 18:61-72, 1977

Treatment Resistant Chronic Mental Illness - Is It Autism?

Ruth M. Ryan, M.D., Department of Psychiatry, University of Colorado Health Sciences Center, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize autism as it may present in the community psychiatric setting and will be able to describe specific criteria that distinguish subtler forms of this illness from mental retardation and schizophrenia-spectrum illness.

SUMMARY

An unknown number of patients in community mental health centers who carry a variety of axis I or axis II diagnoses and who are characterized as treatment resistant may actually be autistic. In this presentation, several case vignettes of previously misdiagnosed patients will be presented, one case will be discussed in detail, and a filmed interview with a patient with Asperger-type autism will be shown. The phenomenology of autistic disorders among adults will be discussed. The differential diagnosis will be reviewed, with emphasis on distinguishing types of autism from schizophrenia-spectrum illnesses and mental retardation. Diagnostic techniques, treatment considerations, current research, and areas in which more inquiry would be helpful will be presented.

REFERENCE

Bowman E: Asperger's syndrome and autism: the case for a connection. British Journal of Psychiatry 152:377-382, 1988

Collaboration on a System of Care for Emotionally Disturbed Children and Adolescents: A Work in Progress

Patricia B. Trower, M.A., Executive Director, Mental Health Association of Colorado, Denver, CO
William Bane, M.S.W., Child and Adolescent Program Specialist, Colorado Division of Mental Health, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the role of constructive advocacy and collaboration between a state agency and a citizens advocacy organization in the development of a system of care for children and adolescents.

SUMMARY

The presentation will describe a collaborative effort between a citizens' advocacy organization, the Mental Health Association of Colorado (MHAC), and a state agency, the Colorado Division of Mental Health (DMH), in developing a statewide system of care for children and adolescents with serious mental health problems. The dynamics of collaboration between these two agencies will be discussed, as will the changing relationship between clinicians, administrators, and parents.

A 1986 policy paper on the needs of children and adolescents, prepared by MHAC, sparked a drive for reform. Over the last four years, a variety of initiatives have begun, including a grant to stimulate development of the state's new child and adolescent service system program and an interagency funding group that is creating a consolidated budget for mental health services for children and adolescents in the state. In addition, a new parents' support and advocacy network is being organized jointly by DMH and MHAC. The network will enable parents to become partners in their childrens' care.

REFERENCE

Friedman RM, Duchnowski AJ, Henderson EL (eds): Advocacy on Behalf of Children With Serious Emotional Problems. Springfield, Ill, Charles C. Thomas, 1989

Legal Constraints on Medication of Involuntary Patients in California: Impact of a Recent State Supreme Court Decision

Susan Beckwitt Turkel, M.D., Associate Professor of Psychiatry, Pathology, and Pediatrics, Department of Psychiatry, University of Southern California School of Medicine, LAC-USC Medical Center, Los Angeles, CA (1987-88 APA/Mead Johnson Fellow)
Steven T. Charles, M.D., Assistant Professor of Clinical Psychiatry, University of Southern California, School of Medicine, LAC-USC Medical Center, Los Angeles, CA
Steven A. Elig, M.D., Resident in Psychiatry, University of Southern California, School of Medicine, LAC-USC Medical Center, Los Angeles, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to relate the history and local impact of the California Riese v. St. Mary's Hospital decision involving medication of involuntary patients and to participate in a discussion relating the experience in California to that in other states.

SUMMARY

On June 22, 1989, the California Supreme Court allowed the Appellate Court decision in Riese v. St. Mary's Hospital to stand. This case determined that antipsychotic medication could not be administered to involuntary patients in a nonemergency situation without the patient's informed consent or unless the patient had been judicially determined to be incompetent. The presenters evaluate the effects of this ruling at a large urban medical center. They describe the legal background of the California decision, briefly relate the procedures for medication of involuntary patients in California to those used in other states, and examine the case's impact on patients and staff at LAC-USC.

REFERENCE

Riese v St. Mary's Hospital and Medical Center, 209 Cal App 3d, 1303 Cal Rptr (Dec 1987)

Intervention Approaches With Health Professionals Impaired With Disorders Other Than Alcohol and Chemical Dependency

Michael F. Myers, M.D., Clinical Professor, Department of Psychiatry, University Hospital, Shaughnessy Site, University of British Columbia, Vancouver, BC
H. James Lurie, M.D., Clinical Professor of Psychiatry, University of Washington School of Medicine, and Chief Psychiatrist, Good Samaritan Mental Health Center, Seattle, WA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify possible intervention approaches with professionals impaired by disorders other than alcohol or substance abuse.

SUMMARY

Intervention with health professionals who are impaired by disorders other than alcohol and chemical dependency presents a major challenge to their colleagues and the systems in which they work. Using videotapes developed for the committee on impaired physicians of the American Psychiatric Association, the faculty will present and discuss interventions and principles applicable to situations in which the professional has a major affective disorder, mania, or dementia.

REFERENCE

Scheiber S, Doyle B: The Impaired Physician. New York, Brunner/Mazel, 1982

Responding to the Family Planning Needs of Chronic Psychiatric Patients

John H. Coverdale, M.D., Fellow in Psychiatry, Department of Psychiatry, Baylor College of Medicine, Houston, TX
John Aruffo, M.D., Assistant Professor, Department of Psychiatry, University of Arkansas for Medical Science, Arkansas Children's Hospital, Little Rock, AR

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to appreciate the special family planning needs of chronic psychiatric patients and to discuss various models for intervening to prevent unwanted pregnancies.

SUMMARY

This workshop will consist of three parts. First, the existing literature concerning chronic psychiatric patients' attitudes and practices concerning sex, pregnancy, birth control, and child rearing will be reviewed and discussed. Second, evidence suggesting that mental health workers tend not to question or counsel patients about family planning issues will be presented. Barriers to sexual history taking and family planning counseling by mental health workers will be described. Third, consideration will be given to ways in which interventions at both staff and patient levels may most effectively address family planning needs. The presenters will emphasize an integration of theory with practice and focus on how available information can be used to design programs that prevent unwanted pregnancies among chronic psychiatric patients.

REFERENCE

Coverdale J, Aruffo J: Family planning needs of female chronic psychiatric outpatients. American Journal of Psychiatry 146:1489-1491, 1989

The Crisis Residence: Acute Psychiatric Care in a Non-Hospital Setting

Areta Crowell, Ph.D., Local Mental Health Director, San Diego County Mental Health Services, San Diego, CA
William B. Hawthorne, Ph.D., Executive Director, Vista-Hill Community Treatment Systems, San Diego, CA
Sandra M. Yamashiro, M.P.A., Principal Planner/Evaluator, San Diego County Mental Health Services, San Diego, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the advantages and limitations of using alternatives to acute psychiatric hospital care.

SUMMARY

In the San Diego County public mental health system, voluntary adult patients requiring acute psychiatric care are treated primarily in crisis residential facilities. These facilities enable the system to treat voluntary patients at a less restrictive and less costly level of care, compared with inpatient treatment. The cost of a crisis residential bed is 40 percent that of an acute hospital bed. The system currently provides only 87 acute psychiatric hospital beds for an adult population of 1.8 million. A majority of these beds are used for involuntary admissions. The county has approximately half the acute hospital admissions per 100,000 population as similar southern California counties. Public-sector admission and bed data for several other jurisdictions will be reviewed. Admissions and cost data for crisis residential and acute hospital services will be presented. A description and comparison of the patient populations, including readmission and discharge data, will be presented.

REFERENCE

Bond GR, Witheridge TF, Wasmer D, et al: A comparison of two crisis housing alternatives to psychiatric hospitalization. Hospital and Community Psychiatry 40:177-183, 1989

Love, Medicine, and Mirages

Bradford L. Frank, M.D., Chief of Medicine, Greater Bridgeport Community Mental Health Center, Bridgeport, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the scope of psychoneuroimmunology, to describe basic concepts of immunology, and to understand the relationship between the emotions, the immune system, and ultimately one's health.

SUMMARY

An in-depth review of the fascinating new field of psychoneuroimmunology, the science dealing with the effects of emotions on the immune system, will be presented in an informative, interesting, and lively fashion. A succinct introduction covering the history of the field will be followed by a concise review of current knowledge about basic immunology. A comprehensive review of both the lay and professional literature dealing with psychoneuroimmunology will be presented. Should we all be taking Stress Tabs, switching to the Power Immune Diet, and abiding by the principles set forth by the popular Bernie Siegel, M.D., in his Love, Medicine, and Miracles or his more recent Peace, Love, and Healing? These and many other thought-provoking questions will be discussed.

REFERENCE

Spiegel D, Bloom JR, Kraemer HC, et al: Effect of psychosocial treatment on survival of patients with metastatic breast cancer. Lancet 2:888-891, 1989

Ain't I A Woman Too?

Maxine Harris, Ph.D., Clinical Director, Community Connections, Washington, DC
Carol A. Rice, Ph.D., Supervisory Clinician, Community Connections, Washington, DC
Sally S. Sargent, L.C.S.W., Team Supervisor, Community Connections, Washington, DC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand selected special issues in the life transitions of chronic mentally ill women.

SUMMARY

For most women, progression through the normal life span is marked by a series of transitions. These transitions, some of which are heralded by biological or social changes, often entail a shift in role expectations and subjective sense of self. Generally women may expect to pass from a period of girlish dependency on family, to a time of creative independence marked by marriage and motherhood, to an eventual period of retirement and self-reflection. For many seriously and persistently mentally ill women these transitions either do not occur in expected ways or if they do occur, they are denied by family members and clinicians alike. As a result, many mentally ill women experience a distorted or truncated sense of feminine identity. The workshop will present a clinical strategy for enabling chronic mentally ill women to review the transitions in their lives and to validate some of their common experiences as attempts to cope with an altered life course.

REFERENCE

Mercer R, Nichols E, Doyle G: Transitions in a Woman's Life. New York, Spinger, 1989

Meeting Unmet Needs: Psychiatric Outreach To Primary Care Clinics

David A. Pollack, M.D., Medical Director, Mental Health Services West, and Adjunct Assistant Professor of Psychiatry, Oregon Health Sciences University, Portland, OR
Laura E. Hanks, P.A.C., Physician Assistant, Burnside Health Clinic, Portland, OR
Sharon Tirosh, B.S.N., Outreach Nurse, Mental Health Services West, Portland, OR

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand the need for mental health services in primary health care settings and to identify approaches to developing and implementing such services.

SUMMARY

Many patients seen in public health clinics have significant mental health needs. Some have been diagnosed with psychiatric disorders but aren't seen in Community Mental Health Centers. Others have not been diagnosed but are experiencing primarily psychiatric disorders. Some have significant health problems coexistent with psychiatric problems. Minimal psychiatric expertise exists in primary health care clinics, and staff in some of these settings have been reluctant to work with psychiatric patients. Because of resource limitations, preference for treatment in a general medical setting, and concerns about continuity of care, many psychiatric patients are likely to continue seeking care from primary health clinics. A model for provision of mental health services to such clinics will be presented. The model includes training and consultation for health clinic staff and direct service to patients. The process of developing such a program, including the obstacles, costs, and benefits, will be described.

REFERENCE

Pincus HA: Patient-oriented models for linking primary care and mental health care. General Hospital Psychiatry 9:95-101, 1987

Reach Out and Sue Someone: Risk Management For Supervisors in the 1990s

Sallie A. Watkins, D.S.W., Director of Social Work, Bryce Hospital, Tuscaloosa, AL
John C. Watkins, Jr., M.S., J.D., L.L.M., Professor of Criminal Justice, University of Alabama, Tuscaloosa, AL

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the risk factors associated with tort liability for supervisors and steps that can be taken to manage and prevent damaging law suits.

SUMMARY

The 1980s established a trend in which civil lawsuits alleging professional negligence were increasingly filed against practitioners and their supervisors. This presentation will review and assess the respondeat superior doctrine, which holds that a supervisor may be liable for the wrongful acts of persons he supervises, and suggest some risk management techniques that both practitioners and supervisors can use to diminish allegations of malpractice.

REFERENCE

Watkins S, Watkins J: Malpractice in clinical social work: a perspective on civil liability in the 1980s. Behavioral Sciences and the Law 1:55-69, 1983

Sponsored Lecture

Tuesday, October 9, 1990
5:00-6:00 p.m.

Use of Anticonvulsants in Mania

Sponsored by Roche Laboratories

Troy L. Thompson II, M.D., Professor and Chair, Department of Psychiatry, Jefferson Medical College, and Psychiatrist-in-Chief, Jefferson Hospital, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the end of this course, the participant should be able to discuss treatment of manic episodes anticonvulsants.

SUMMARY

Many anticonvulsants have been utilized in the treatment of mania. These include barbituates, carbamazepine, diphenylhydantoyn, and others. While the efficacy of these medications is extensive, a relatively new anticonvulsant, clonazepam, has also been used successfully in the treatment of manic episodes. A brief overview of the use of anticonvulsants in mania will be provided, with emphasis on the newer medication, clonazepam.

The official product labeling for clonazepam (Klonopin) does not include usage in the treatment of manic patients. However, patients with these symptoms have been successfully treated with the drug. Chouinard and associates reported in 1983 that clonazepem was significantly more efficacious than lithium in reducing acute manic symptoms. The clonazepem group also needed fewer P.R.N. doses of haloperidol and fewer days of haloperidol treatment, which may reduce the risk of tardive dyskinesia. Clonazepem had a rapid onset of action, was very sedating, and was well tolerated at higher dosages.

REFERENCES

Chouinard G, Young SN, Annable L: Antimanic effect of clonazepem. Biological Psychiatry 18:451-466, 1983

Tuesday, October 9, 1990
6:30-11:00 p.m.

Clozapine: The Second Year - A Professional Town Meeting

Sponsored by Sandoz Pharmaceuticals

James L. Claghorn, M.D., Clinical Associate Professor, University of Texas Health Sciences Center, Clinical Research Associates, P.A., Houston, TX
Mary Ann Knesevich, M.D., Medical Director, Charter Counseling Center, Charter Hospital of Dallas-Fort Worth, Grapevine, TX
Mark L. Schade, M.A., Psychosocial Rehabilitation Service Implementation Coordinator, Austin State Hospital, Austin, TX
Richard L. Wagner, M.D., Director, Rhode Island Psychiatric Research and Training Center, and Associate Professor, Department of Psychiatry and Human Behavior, Brown University, Cranston, RI

EDUCATIONAL OBJECTIVE

After participating in this program, the psychiatrist and other members of the treatment team should have an understanding of how to manage and support the refractory schizophrenic patient as s/he progresses toward reintegration into the community.

SUMMARY

Many refractory schizophrenic patients have spent a nmber of years in institutions and have never learned what it is like to live in a community setting. These patients have not responded to traditional antipsychotic medications and are excellent candidates for clozapine. Some of these patients, after being treated with clozapine, are able to be discharged from institutionbs for the first time in many, many years. This can be a very difficult step.

This symposium will focus on managing refrectory schizophrenic patients as they are discharged from the institutional setting to the community. Specific issues to be covered include managing adverse effects of clozapine and managing aggressive patients in the community setting. Other topics incluide the responsibilities of the social worker when a patient is discharged and a clinician's view of the Clozaril Patient Management System. There will be a one-hour question-and-answer session following the presentations.

REFERENCE

Claghorn J, Honigfeld G, Abuzzahab FS, et al: The risks and benefits of clozapine versus chlorpromazine. Journal of Clinical Psychopharmacology 7:377-84, 1987

Panic Disorder Treatment

Sponsored by Roche Laboratories

John A. Talbott, M.D., Professor and Chairman, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD (Moderator)
Charles L. Bowden, M.D., Nancy Kareen Professor and Deputy Chair, Department of Psychiatry, and Chief, Division of Biological Psychiatry, University of Texas Health Sciences Center, San Antonio, TX
Michelle G. Craske, Ph.D., Assistant Professor, Department of Psychology, and Director, Anxiety Disorders Behavioral Program, University of California, Los Angeles, CA
M. Katherine Shear, M.D., Director, Anxiety Disorders Clinic, Payne Whitney Clinic, and Associate Professor of Clinical Psychiatry, New York Hospital-Cornell University Medical Center, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be aware of recent advances in psychopharmacological, cognitive and behavioral, and psychotherapeutic treatments for panic disorder.

SUMMARY

Panic disorder, a common but highly treatable condition, is associated with high rates of social and occupational difficulties. Patients typically experience recurrent, unexpected episodes of intense fear accompanied by uncomfortable physical symptoms. Some patients present with panic as their primary symptom, others with avoidant behavior or anticipatory anxiety, and others with medical or psychiatric problems whose relation to panic may not be immediately apparent.

Several pharmacologic agents, including tricyclic antidepressants (particularly imipramine and clomipramine), monoamine oxidase inhibitors (particularly phenelzine), and benzodiazepines (alprazolam, diazepam, lorazepam, and clonazepam), have been found to be effective in alleviating symptoms of the disorder. Many studies suggest that a combination of pharmacological and behavioral treatments may be superior to the use of either one alone.

Behavioral treatments for panic disorder include exposure therapies, in which patients are exposed to and gradually become habituated to physical cues, thoughts, and situations that may lead to panic. In cognitive therapies, patients are taught to question faulty beliefs that may cause them to misinterpret physical symptoms and are helped to develop an attitude that the physical symptoms experienced during panic attacks are not dangerous.

Psychotherapeutic approaches to treatment of panic disorder often begin by eliciting the patient's own understanding of panic. The reply provides a starting point for

Panic Disorder Treatment
(cont'd)

psychoeducation about the biological and psychological components of anxiety and associated symptoms. Other approaches include instruction in techniques for managing anxiety such as meditation, breathing retraining, and progressive muscle relaxation.

REFERENCES

Bowden CL, Miller AL, Seleshi E: New developments in the treatment of anxiety disorders. Texas Medicine 84(9):38-42, 1988

Edlund MJ, Swann AC: The economic and social costs of panic disorder. Hospital and Community Psychiatry 38:1277-1279, 1288, 1987

Lydiard RB, Roy-Byrne PP, Ballenger JC: Recent advances in the psychopharmacological treatment of anxiety disorders. Hospital and Community Psychiatry 39:1157-1165, 1988

Shear MK, Francis AJ: Panic disorder: clinical presentation and evaluation. Psychiatric Annals 18:448-456, 1988

Session 72
HALF-DAY SESSION

Wednesday, October 10, 1990
9:00 a.m.-12:00 noon

Quality Assurance and the Joint Commission Survey

Roger L. Coleman, M.D., M.P.H., Chief of Psychiatry and Director of Quality Assurance, Memorial Hospital, and Consultant/Surveyor, Joint Commission on Accreditation of Healthcare Organizations, Meriden, CT
Leo E. Kirven, Jr., M.D., Director of Forensic and Court Services, Eastern State Hospital, and Consultant/Surveyor, Joint Commission on Accreditation of Healthcare Organizations, Williamsburg, VA

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

This workshop is an updated version of one given at the 1989 H&CP Institute. The presentation will provide 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 development of indicators, problem solving, and leadership will also be addressed.

REFERENCE

Medical Staff Monitoring and Evaluation: Departmental Review. Chicago, Joint Commission on Accreditation of Healthcare Organization, 1988

Lecture 73

Wednesday, October 10, 1990
9:00-10:00 a.m.

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 in the United States, 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 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.

REFERENCE

Bell CC, Jenkins EJ: Preventing black homicide, in The State of Black America, 1990. Edited by Dewart J. New York, National Urban League, 1990, pp 143-155

Lecture 74

Wednesday, October 10, 1990
9:00-10:00 a.m.

A Prevention Project with Female Indian Adolescents at High Risk for Pregnancy, Alcoholism, and Suicide

Irving N. Berlin, M.D., Professor of Psychiatry and Pediatrics, and Senior Consultant to the Division of Child and Adolescent Psychiatry, University of New Mexico School of Medicine, Albuquerque, NM

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify some sources of high risk for pregnancy, alcoholism, and suicide in Indian female adolescents. The learner should also be able to recognize the elements of an early-intervention prevention program that has led to reduction of risk factors.

SUMMARY

Forty young high school women who were at high risk for alcoholism, pregnancy, and suicide were selected from four American Indian communities in the Southwest for participation in a prevention project. Ten girls at each site were paid to attend a weekly 90-minute session led by a young woman teacher, counselor, or educator from their tribe. Topics in the curriculum including child development, parenting skills, anatomy, physiology, adolescent issues in sexuality, substance abuse, and fetal alcohol syndrome. The two-year outcomes were positive; reductions in the expected number of pregnancies, cases of alcoholism, and suicide attempts were apparent.

REFERENCE

Berlin IN: Psychopathology and its antecedents among American Indian adolescents, in Advances in Clinical Child Psychology. Edited by Lahey B, Kazdin A. New York, Plenum, 1986, pp 197-214

Pain: A Disruption of Mental Life

Mitchell J. Cohen, M.D., Attending Psychiatrist, Pain Treatment Center, Johns Hopkins University School of Medicine, and Medical Director, Community Psychiatry Programs, Francis Scott Key Medical Center, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize and formulate the psychiatric issues present in patients in pain and to develop a comprehensive treatment strategy for chronic pain problems.

SUMMARY

Pain problems offer intriguing conceptual, diagnostic, and therapeutic challenges to psychiatrists. Pain may begin peripherally as nociception, but it has important central and affective elements. Pain is one of the most common complaints presented by medical and psychiatric patients. Individuals experiencing chronic pain may present with features of major depression, substance abuse, or trait vulnerabilities. The fundamental phenomenology of pain as well as issues of personality, affective disorder, substance abuse, and abnormal illness behavior will be discussed. Case vignettes and treatment approaches from the Johns Hopkins Pain Treatment Center, including specific individual and group psychotherapies, cognitive and behavioral work, pharmacotherapy, and rehabilitative efforts, will be described.

REFERENCES

Merskey H: The role of the psychiatrist in the investigation and treatment of pain, in Pain. Edited by Bonica J. New York, Raven Press, 1980, pp 249-258

Swanson D: Chronic pain as a third pathologic emotion. American Journal of Psychiatry 141:210-214, 1984

Lecture 76

Wednesday, October 10, 1990
9:00-10:00 a.m.

Community-Based Management of Psychotic Clients: The Contributions of D.W. and Clare Winnicott

Joel S. Kanter, M.S.W., Team Leader, Mount Vernon Center for Community Mental Health, and Faculty, Washington School of Psychiatry, Alexandria, VA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to summarize the Winnicotts' perspective on the environmental management of severely disturbed persons.

SUMMARY

While the phrase "case management" connotes images of impersonal care, the British psychoanalyst D.W. Winnicott repeatedly used the term "management" to describe direct interventions with the environment that facilitate the healing and maturation of very disturbed persons. Drawing from his pediatric experience with normal mothers and families, Winnicott developed a view of "management" that connotes a professionalization of the responsive environmental "holding" that all "good-enough" parents use in helping their children adapt to the larger world. Winnicott and his wife, Clare, a distinguished social worker, operationalized this concept in finding and supporting "facilitating environments" for a wide range of troubled children and adults. Using case material from a contemporary community support program, this lecture will review the Winnicotts' important, but often neglected, perspectives on the environmental (case) management of adults with psychotic disorders.

REFERENCE

Kanter J: Community-based management of psychotic clients: the contributions of D.W. and Clare Winnicott. Clinical Social Work (in press)

Lecture 77

Wednesday, October 10, 1990
9:00-10:00 a.m.

A Psychopharmacology Consultation on Neuroleptic-Resistant Psychotic Patients

David N. Osser, M.D., Consulting Psychiatrist, Harvard Medical School, Massachusetts Mental Health Center, and Director, Psychopharmacology Consultation Service, Taunton Hospital and Regional Service Center, Boston, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to give a psychopharmacology consultation on neuroleptic-resistant psychotic patients. The approach minimizes side effects and maximizes pharmacotherapy outcome.

SUMMARY

This lecture presents an update and amplification with additional practical details of the systematic approach to the pharmacotherapy of neuroleptic-resistant patients described in the first reference below. A four-step consultation process is used. First, a careful record review is made to obtain a medication treatment history and reevaluate the diagnosis. The critical details that must be sought will be highlighted. Second, the patient is examined. Bioavailability of the current high-potency neuroleptic is checked using the neuroleptic threshold method. The differential diagnosis and treatment implications of various neurologic findings will be reviewed. Third, the cause of the patient's lack of response is tentatively characterized as one of five possibilities: inadequate dose, akathisia as a barrier to adequate dose, absent pharmacodyanamic effect at brain dopamine type 2 receptors, pharmacodynamically active drug but nonresponsive patient, and excessive dose. Fourth, treatment strategies for each situation are updated.

REFERENCES

Osser DN: A systemic approach to pharmacotherapy in patients with neuroleptic-resistant psychoses. Hospital and Community Psychiatry 40:921-927, 1989

Osser DN: Neuroleptic-induced pseudoparkinsonism, in Disorders of Movement in Psychiatry and Neurology. Edited by Joseph AB, Joung R. Cambridge, England, Blackwell (in press)

Lecture 78 **Wednesday, October 10, 1990**
9:00-10:00 a.m.

Child Abuse and Psychiatry

Brandt F. Steele, M.D., Professor of Psychiatry, Emeritus, University of Colorado Health Sciences Center, and Psychiatrist, Kempe Center for Prevention and Treatment of Child Abuse and Neglect, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the relationship of maltreatment in childhood to the development and symptomatology of many psychiatric disorders of children and adults.

SUMMARY

In the past few years a growing number of reports in psychiatric journals and text books have documented the presence of significant physical, sexual, or emotional abuse, or neglect in the early life of many patients. Such maltreatment leads to deficits and distortions in emotional, cognitive, and social development, which in turn create the basic background and vulnerability for development of personality disorders and maladaptive behaviors in children and adults. The association between child abuse and later psychopathology is found among patients with borderline, narcissistic, antisocial, posttraumatic stress, and multiple personality disorder, as well as among patients who have self-defeating behaviors and among parents who abuse or neglect their children. Similar history of abuse and neglect is common in juvenile delinquents and criminals.

REFERENCE

Steele B: Psychodynamic factors in child abuse, in The Battered Child, 4th ed. Edited by Helfer R, Kempe R. Chicago, University of Chicago Press, 1987

Lecture 79

Wednesday, October 10, 1990
9:00-10:00 a.m.

Overview of Robert Wood Johnson Foundation Program

Stephen A. Somers, Ph.D., Senior Program Officer, Robert Wood Johnson Foundation, Princeton, NJ

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the Robert Wood Johnson Foundation's program objectives regarding mental health.

SUMMARY

The Robert Wood Johnson Foundation has invested between $60 and 70 million over the last several years in major programs for persons with serious mental illnesses. These efforts include the Program on Chronic Mental Illness, the Mental Health Services Development Program, and the Mental Health Services Program for Youth. As the Foundation moves into the 1990s under new leadership, it will be reexamining its program priorities and considering where its resources can have the most impact.

REFERENCE

Cohen M, Somers S: Supported housing: insights from the Robert Wood Johnson Foundation Program on Chronic Mental Illness. Psychosocial Rehabilitation Journal 13:43-49, 1990

Lecture 80

Wednesday, October 10, 1990
9:00-10:00 a.m.

Neurotransmitters in Psychiatric Disease

Lawrence G. Miller, M.D., Assistant Professor of Psychiatry and Pharmacology, Tufts University School of Medicine, and Associate Director, Division of Clinical Pharmacology, New England Medical Center, Boston, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to describe the roles of several neurotransmitter alterations in schizophrenia, Alzheimer's disease, and anxiety.

SUMMARY

Neurotransmitters act at specific receptor sites in the brain, and valuable therapeutic approaches can be developed that mimic, block, or modulate these receptor interactions. In schizophrenia, for example, several lines of evidence indicate a role for dopamine receptors. Antipsychotic drugs selectively block dopamine type 2 (D2) receptors, which are present at increased density in untreated schizophrenics. Some evidence indicates that D2 receptor structure is altered in schizophrenic patients, while other studies point to an altered link between D1 and D2 receptors. Substantial evidence indicates decreased cholinergic function in Alzheimer's disease. This decrease apperars to be primarily presynaptic, with few consistent changes in receptors. Some recent evidence supports a reduction in excitatory glutamate receptors in these patients. Considerable evidence supports the role of GABA receptors in the pathogenesis of anxiety and panic disorder. Benzodiazepines act at these binding sites, and GABA receptors can be modulated by drug treatment, stress, and hormonal alterations.

REFERENCE

Greenblatt DJ, Miller LG, Shader RI: Neurochemical and pharmacokinetic correlates of the clinical action of benzodiazepine hypnotic drugs. American Journal of Medicine 88 (supp13A): 18-24, 1990

The Flower Workshop: In Full Bloom

Sharon Ezersky, M.A., O.T.R./L., Coordinator, Student Training, Activities Therapy Department, The Institute of Pennsylvania Hospital, and Clinical Instructor, Department of Occupational Therapy, Temple University, Phildelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the target work behaviors addressed in the Flower Workshop, to understand the symbolism of flowers and their use in rehabilitation, to list the steps involved in developing a therapeutic group such as the Flower Workshop, and to recognize the diversity of clients who would benefit from a therapeutic group combining horticulture and vocational therapy.

SUMMARY

A unique therapeutic group, the Flower Workshop, was created by combining horticulture with prevocational therapy. This group offers a diversity of experience for both inpatients and outpatients a who participate in the work skills program in the activities therapy department at a large private psychiatric hospital. Primary therapists refer their patients to a prevocational assessment. A recommendation for the Flower Workshop is based on motivation and functional level.

The treatment group provides an environment in which patients cultivate the following basic work skills and behaviors: positive attitude toward work, punctuality and attendence, appearance, ability to interact with supervisors and co-workers, and ability to perform tasks in a timely and effective manner. Concurrently, the opportunity to work with flowers promotes nurturance and respect for life in addition to stimulating the patient's sensory awareness.

The group members range from adolescents to geriatric patients with varied cultural backgrounds and syptoms. A sample of therapeutic outcomes includes an older adult reengaging in a leisure interest as a preretirement activity and an adolescent who displays little affect with people but smiles while making her first flower delivery.

REFERENCE

Erikson J: Activity, Recovery, Growth: The Communal Role of Planned Activities. New York, Norton, 1976

Firesetters and Treatment

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

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to differentiate between pyromania and pathological fire-setting, to understand their varying prevalences, to be familiar with current treatment approaches, and to understand the role of the public sector in handling this problem.

SUMMARY

Despite the specification of diagnostic criteria for pyromania in DSM-III-R, there remains considerable confusion in clinical practice about the difference between pyromania and pathological fire-setting. Further, pathological fire-setting is itself an encompassing term, and the clinician must differentiate among various causes of fire-setting in adult psychiatric patients. These causes include thought disorder, mood disorder, and communicative arson. This presentation will include case examples of pyromania and of communicative arson to highlight the differential diagnosis. New data on the prevalence of fire-setting behaviors in adult psychiatric patients in a state hospital and follow-up data on state hospital patients with fire-setting histories discharged to the community will be provided. The dilemmas that adult psychiatric patients present to public sector psychiatry will be discussed. And finally, the current status of treatment of adult fire-setters will be reviewed.

REFERENCE

Geller JL: Fire-setting in the adult psychiatric population. Hospital and Community Psychiatry 38:501-506, 1987

Remotivation Therapy in the Social Rehabilitation of the Mentally Ill

Barbara Doyle Herlihy, R.N., M.S.N., Instructor and Coordinator of Remotivation Therapy, National Remotivation Therapy Organization, Inc., North Tewksbury, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the significance of remotivation therapy, first promoted by the American Psychiatric Association more than 30 years ago, and to recommend its value in rehabilitation of the mentally ill.

SUMMARY

The goal of remotivation is to reestablish the patient's interest in himself through simple but numerous positive experiences that draw on areas of the patient's memory that are undisturbed by illness. The American Psychiatric Association first promoted remotivation therapy in the 1950s. Remotivation therapy truly bridges the gap from hospital to community as it was first used in state hospitals and then in community group homes, social day care centers, social clubs, and other long-term care facilities in the United States, Canada, and Australia. The presentation will explore the hypothesis that remotivation therapy is an effective modality in the social rehabilitation of mentally ill patients.

REFERENCE

Ward E, Jackson C, Camp T: Remotivation: a growing family of therapeutic techniques. Hospital and Community Psychiatry 24:629-630, 1973

Wednesday, October 10, 1990
9:00-10:00 a.m.

Psychiatric Services in Jails and Prisons

Jay C. Weinstein, M.D., Director, Forensic Psychiatry Service, New York University Medical Center/Bellevue Hospital Center, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to use the American Psychiatric Association's guidelines on psychiatric services in jails and prisons.

SUMMARY

Psychiatrists practicing in correctional facilities have not until now had the benefit of guidelines specifically directed toward the delivery of psychiatric services in these settings. The APA task force on psychiatric services in jails and prisons has developed a set of guidelines that articulate key principles, such as informed consent, confidentiality, and interprofessional relations, and establish the essential services that must be provided at different stages of the criminal justice process from lock-ups to jails to prisons. In this interactive workshop, a brief overview of the guidelines will be provided and participants will discuss how they can be implemented and translated into specific polices and procedures.

REFERENCE

Psychiatric Services in Jails and Prisons. Task Force Report 29. Washington, DC, American Psychiatric Association, March, 1989

A Conversation With...

Leona L. Bachrach, Ph.D., Research Professor, Maryland Psychiatric Research Center, Deparment of Psychiatry, University of Maryland, Catonsville, MD

Mental Health and Law Enforcement: Strategies for Partnership

Marguerite M. Blythe, M.D., Psychiatrist, P.W. Lewis Center, and Clinical Instructor, University of Cincinnati, Cincinnati, OH
Nancy Heidelman, L.I.S.W., J.D., Assistant to the Medical Director, P.W. Lewis Center, and Instructor, Unversity of Cincinnati, Cincinnati, OH
James Heitkemper, Lieutenant, Cincinnati Police Department, Cincinnati Police Academy, Cincinnati, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify systems problems and to develop strategies at the local level to improve communication and collaboration between police and mental health professionals.

SUMMARY

Almost daily, major incidents occur around the U.S. that involve police interventions with mentally ill persons. In many instances, mental health and law enforcement professionals are quick to blame one another for the problems that arise in these situations. However, there are also examples of innovative, collaborative programs developing in response to these problems. The presenters will share the successes and failures of one such effort in the greater Cincinnati area. Specific strategies that are being used to build a bridge between the two systems will be descibed. Issues that will be addressed include mental health training for police, criminal prosecution of patients, the impact of commitment laws on criminal justice outcomes, the role of police in psychiatric emergencies, and confidentiality of patients' records.

REFERENCE

Murphy G: Managing Persons With Mental Disabilities. Washington, DC, Police Executive Research Forum, 1989

Session 87

Wednesday, October 10, 1990
10:30 a.m.-12:00 noon

Psychobiology of Treatment Resistance

Steven L. Dubovsky, M.D., University of Colorado Health Sciences Center, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize several categories of treatment resistance and to develop therapeutic strategies to address these situations.

SUMMARY

Treatment resistance is a psychobiological state in which both physical and psychological issues play a role. Using the example of depression, this session will examine ways of categorizing treatment-resistant cases. Such categories include but are not limited to misdiagnosis, undiagnosed medical problems, noncompliance, covert substance abuse, family pressures to remain ill, secondary gain, transference gratification, rigid adherence to the wrong therapeutic approach, and countertransference. Approaches to these and other categories will be developed during the discussion.

Participants will have the opportunity to discuss their own impossible cases, for which the group will attempt to devise new approaches.

REFERENCE

Dubovsky SL: Concise Guide to Clinical Psychiatry. Washington, DC, American Psychiatric Press, 1988

Posttraumatic Stress Disorder: Traumatic Roots of Psychopathology

(Presented by 1989-1990 APA/Mead Johnson Fellows)

Robert C. Dean, Ph.D., M.D., Resident, Department of Psychiatry, Emory University School of Medicine, Atlanta, GA

Joseph Kline, Ph.D., M.D., Resident, Department of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to appreciate the significance of traumatic life events from psychological, psychobiological, and social perspectives. The participant should also be able to apply this understanding in the diagnosis and treatment of posttraumatic stress disorder in public psychiatry settings and be eager to intervene in acute situations whenever possible.

SUMMARY

Events that inflict psychological trauma--rape, incest, physical and sexual abuse of children, combat, assault, murder, industrial accidents, and disasters both natural and human-made--scream at us daily from the pages of our newspapers and televised news. Yet longstanding dynamic and psychobiological models have incorporated these events poorly. Over the last decade the pervasiveness of trauma in the lives of psychiatric patients has led to a reevaluation of its etiological significance and human cost. This presentation will concentrate on posttraumatic stress disorder and examine the effect of extraordinary events on the life history, psychobiology, and personality of the victim. Acute intervention and treatment strategies for chronic cases will be discussed as well.

REFERENCES

Brett EA, Ostroff R: Imagery and posttraumatic stress disorder: an overview. American Journal of Psychiatry 142:417-424, 1984.

van der Kolk B: Psychological Trauma. Washington, DC, American Psychiatric Press, 1987

Community-Based Crisis Residential Services: When Do They Work?

Marlene K. Desmond, M.S.N., Director, Crisis Program, Community Connections, Washington, DC
Helen C. Bergman, M.S.W., Co-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 localities 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 about which patients both utilize and succeed in these programs are now available. The workshop will describe a community-based crisis program operating in a large urban area. Presenters will discuss the philosophy of community-based services as well as detail an interdisciplinary-team approach that uses the skills of both professional and paraprofessional staff. The workshop will discuss the findings of a one-year outcome study conducted at Community Connections in Washington, D.C., on the utilization of community crisis beds in an urban setting as well as follow-up data six months and one year postdischarge. Findings will include a demographic description of clients who use these services and who do and do not benefit from short-term crisis stabilization and residential care. Rehospitalization rates will be examined. Impediments to the delivery of such services will be highlighted for both clinicians and program planners.

REFERENCE

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

Electroconvulsive Therapy: A Renaissance of Interest

Dale A. D'Mello, M.D., Assistant Professor, Department of Psychiatry, Michigan State University, St. Lawrence Hospital, Lansing, MI
John A. McNeil, D.O., Associate Professor, Department of Psychiatry, Michigan State University, St. Lawrence Hospital, Lansing, MI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to appreciate the appropriate applications of electroconvulsive therapy and recognize the potential cost-benefits of this treatment.

SUMMARY

After a brief review of the historical development of electroconvulsive therapy (ECT), the efficacy, indications, contraindications, mechanisms of action, and complications of the procedure will be summarized. The evaluation and preparation of the patient for treatment and a step-by-step description of the procedure will be illustrated with videotapes. Findings concerning the utilization of ECT and patterns of referral will be shared. Considering growing pressures to reduce inpatient hospital stays, the cost-benefits of ECT, compared with conventional treatment regimens, will be analyzed.

REFERENCE

Abrams R: Electroconvulsive Therapy. New York, Oxford University Press, 1988

Impact of Chronic Mental Illness on the Patient and Family: Clinical Implications

Charles R. Goldman, M.D., Director, Community Psychiatry, William S. Hall Psychiatric Institute, and Associate Professor, Department of Neuropsychiatry, University of South Carolina School of Medicine, Columbia, SC
Wendy L. Golladay, Client, Pikes Peak Mental Health Center, Colorado Springs, CO
Elaine S. McWain, M.Ed./Counseling, President, Pikes Peak Alliance for the Mentally Ill, Beth Haven, Inc., and Executive Director, Adult Foster Care for the Chronic Mentally Ill, Colorado Springs, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to list and discuss at least eight principles of clinical intervention derived from current understanding of the impact of mental illness on patients and families.

SUMMARY

After briefly summarizing current empirical research on the impact of long-term mental illness on patients and their families, Dr. Goldman will lead a roundtable discussion of specific implications for clinicians and mental health program administrators. Focus will be on practical strategies needed to overcome barriers that interfere with effective collaboration with patients and their families.

REFERENCES

Hatfield AB: Patients' accounts of stress and coping in schizophrenia. Hospital and Community Psychiatry 40:1141-1145, 1989
Bernheim K, Lehman A: Working with Families of Mentally Ill. New York, Norton, 1985

The Impact of Patient Physical Assault on Staff

Elizabeth C. Poster, R.N., Ph.D., Director, Nursing Research and Education, UCLA Neuropsychiatric Institute and Hospital, Los Angeles, CA
Jane A. Ryan, R.N., M.N., C.N.A.A., Director, Nursing Systems, UCLA Neuropsychiatric Institute and Hospital, Los Angeles, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify patterns of response of assaulted staff and to recognize the need for postassault intervention programs for staff.

SUMMARY

This session describes a prospective study that was designed to identify attitudinal changes and to document the emotional, cognitive, social, and biophysiological short- and long-term reactions of staff who were physically assaulted by a patient. Sixty-one staff who had been assaulted at UCLA's Neuropsychiatric Institute constituted the sample. Responses to the assault were elicited through weekly self-report questionnaires and interviews at week 1 and week 6. Follow-up questionnaires were completed six months and one year after the assault.

Sixty-seven percent (41/61) of the staff had a significant response to the incident during week 1. Eighteen percent (11/61) of the assaulted staff continued to experience moderate to severe responses six weeks after the assault. Long-term follow-up revealed that 21 percent (8/39) of the staff had a significant response at six months, and 16 percent (4/25) at one year. Two overall trends were evident: an overall decrease in the frequency of moderate to severe responses from week 1 to 6, with increases during weeks 3 and 4, and a higher frequency of moderate responses, rather than intense and severe responses, throughout the six-week period. No significant changes in attitudes were found. The data support the need for formalized clinical, educational, and administrative programs to assist staff in coping with this stressful work experience.

REFERENCE

Lion JR, Reid WH: Assaults Within Psychiatric Facilities. Orlando, FL, Grune and Stratton, 1983

Indian Health Services: Cross-Cultural Experiences, Issues, and Strategies

(Presented by 1989-1990 APA/Mead Johnson Fellows)

Aurelio N. Galati, M.D., Resident in Psychiatry, Oregon Health Sciences University, and Full Surgeon, U.S. Public Health Service, Indian Health Service, Portland, OR

Sally W. Thompson, M.D., Resident, Department of Psychiatry, Tufts University-New England Medical Center, Boston, MA (Liaison, Program Committee)

Asa G. Yancey, Jr., M.D., Child Psychiatry Fellow, University of Colorado Health Sciences Center, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be familiar with the philosophy and the mental health components of the Indian Health Service (IHS), to understand how the IHS works, and to examine the cross-cultural, clinical, training, and research problems and opportunities created within the IHS.

SUMMARY

The panel will focus on the philosophy and mental health services of the Indian Health Service, a branch of the U.S. Public Health Service. We will present a history of the Indian Health Service and its relationship with Native Americans. Native Americans' current cross-cultural experiences with the IHS, the current morbidity and mortality of Native Americans, and the probems and opportunities in clinical training and research presented by the agency will be examined.

REFERENCE

Rhoades ER, Mason RD, Eddy P, et al: The Indian Health Service approach to alcoholism among American Indians and Alaska Natives. Public Health Reports 103:621-627, 1988

Organizational Strategies of Inpatient Psychiatric Care in General Hospitals

Mark Olfson, M.D., Instructor, Payne Whitney Clinic, Cornell University Medical College, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify distinguishing characteristics of inpatient general hospital psychiatric care in scatter, cluster, and unit beds.

SUMMARY

A substantial proportion of general hospital inpatient psychiatric care occurs outside of psychiatric units. Hospitals without units can be divided into those that disperse psychiatric patients in among medical and surgical patients (in scatter beds) and those that group psychiatric patients together on a designated medical or surgical floor (in cluster beds). The presentation will help hospital administrators and concerned clinicians decide which strategy -- scatter, cluster, or unit beds -- will best serve the needs of their hospital. Pertinent literature will be reviewed, and national trends summarized. Data on the clinical presentation and treatment of 725 depressed patients at nine general hospitals will be used to characterize the nature of psychiatric care under each of the three arrangements. Differences in patient mix, service utilization, treatment philosophy, staffing patterns, outpatient provider relations, and reimbursement will be highlighted.

REFERENCES

Hendryx M, Bootzin RR: Psychiatric episodes in general hospitals without psychiatric unit. Hospital and Community Psychiatry 37:1025-1029, 1986

Olfson M: The changing organization of inpatient psychiatric care in general hospitals. Hospital and Community Psychiatry 41:443-445, 1990

Colorado Pro Bono Project: Denver Mental Health Professionals Engage Homeless People

Charles R. Oppegard, M.D., Colorado Pro Bono Project, Mental Health Association of Colorado, and Assistant Clinical Professor, Department of Psychiatry, University of Colorado Health Sciences Center, Denver, CO
James W. Lauer, M.D., Chief Medical Officer, Cleo Wallace Center, Colorado Pro Bono Project, Mental Health Association of Colorado, and Assistant Clincal Professor, Department of Child Psychiatry, University of Colorado, Denver, CO
Marsha E. Porter, M.S.W, Coordinator, Colorado Pro Bono Project, Mental Health Association of Colorado, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to assess a city's resources to help its homeless population and to develop an effective volunteer effort to enhance existing care.

SUMMARY

The five-year-old Colorado Pro Bono Project is part of Denver's response to a class-action suit. Can your city learn from another's experience in addressing the needs of the homeless population? The Mental Health Association of Colorado unites the volunteer efforts of four mental health professional societies. Many social needs can be met through this creative use of currently available resources. Current activities of vounteers in the Colorado Pro Bono Project include consultation and education to salaried and volunteer caregivers and personal contact with mentally ill adults and adolescents to help bring them from displaced isolation into ongoing treatment, socialization, and arrangements for housing and income. In addition, volunteers in the project assist in stabilization of nonmentally ill homeless individuals and families, provide consultation and treatment in inner-city schools and programs for children age 12 and younger, and participate in advocacy for financing, legislative change, and innovative program development.

REFERENCE

Cohen, NL: Psychiatry Takes to the Streets. New York, Guilford Press, 1990
French L: Victimization of the mentally ill: an unintended consequence of deinstitutionalization. Social Work 32:502-505, 1987
Kozol J: Rachel and Her Children. New York, Crown, 1988
Lamb HR: Deinstitutionilization at the crossroads. Hospital and Community Psychiatry 39:941, 1985
Mollica RF: From asylum to community. New England Journal of Medicine 308:367-373, 1983
Torrey EF: Nowhere to Go. New York, Harper & Row, 1988
A Status Report on Homeless Families in America's Cities: A 29-City Survey. Washington, DC, US Conference of Mayors, 1987

Peer Review: The Reviewers Speak Out

Stanley G. Sturges, M.D., Director of Psychiatry, St. Vincent Hospital, Portland, OR
Robert J. Alpern, M.D., Director of Child and Adolescent Services, Ridgeview Institute, Smyrna, GA
H.G. Whittington, M.D., Program Executive, Total Psychiatric Management, Prudential Insurance Company, Houston, TX

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should understand the theorectical and ethical basis of peer review and be familiar with examples of peer review at the national, state, and local level.

SUMMARY

For too long peer review has been viewed as a thorn in the side of psychiatry. Speaker after speaker at national meetings criticize every aspect of peer review and fail to understand that the process was invented by organized medicine as an answer to regulation. District branch newsletters and even the American Psychiatric Association's Psychiatric News are replete with complaints about how awful it is to be required to explain and rationalize psychiatric treatment approaches.

This workshop will first present the theoretical and ethical basis for peer review. Medicine's serious effort to police itself created the concept of peer review. Ethical issues, such as the relationship between peer review and cost-containment, will be discussed. Second, psychiatrist-reviewers from different arenas of psychiatric practice will discuss their experiences with peer review.

The American Psychiatric Association's experience providing peer review of claims for psychiatric care submitted to the Civilian Health and Medical Programs of the Uniformed Services (CHAMPUS) will be reviewed. Issues to be discussed include changes in review practices in response to changes in benefit structure, the challenge of reviewing care provided in a wide range of facilities, and use of standardized criteria. Two brief case examples that illustrate a well-managed treatment plan and a poorly managed plan will be presented.

A reviewer from a state peer review organization will discuss review criteria developed by Medicare and Medicaid and explain the relationship of state and general hospital peer review committees. Two cases are presented: one in which the claim was approved despite a challenge by the peer review committee and another that illustrates a serious review problem.

The theory and ethics of peer review meet a strong test at the local level, where the purchaser and provider of health care services are in the same town. The expectations of self-insured industries and new ways of looking at the provision of psychiatric services at the local level will be discussed. Examples of a well-managed, long-term case and a

Peer Review: The Reviewers Speak Out
(cont'd)

case that is problematic in review will be provided. In addition, several pilot peer review systems that are being established through grants from Prudential and the Robert Wood Johnson Foundation will be described.

The presenters will identify lessons learned from these experiences with peer review and suggest strategies that may lead toward a less adversary relationship between the practitioner and the reviewer.

REFERENCE

Hoge SK: Utilization review: a house divided. Hospital and Community Psychiatry 41:367-368, 1990

Session 97
HALF-DAY SESSION

Wednesday, October 10, 1990
1:30-5:00 p.m.

Why and How To Get Involved in a State/University Collaboration

John A. Talbott, M.D., Professor and Chairman, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, M.D. (Program Committee)
David L. Cutler, M.D., Professor, Department of Psychiatry, Oregon Health Sciences University, Portland, OR
Sally L. Godard, M.D., Director of Psychiatric Education, Oregon Mental Health and Developmental Disability Services Division, Oregon Department of Human Resources, and Associate Director, Public Psychiatry Training Program, Oregon Health Sciences University, Portland, OR
Richard C. Lippincott, M.D., Administrator, Mental Health Division, Oregon Department of Human Resources, Salem, OR, and Clinical Associate Professor of Psychiatry, Oregon Health Sciences University, Salem, OR

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to discuss the advantages for the various potential partners in state/university collaborative efforts. Participants will also become aware of services available through the State/University Collaboration Project that can assist with collaborative efforts.

SUMMARY

For several years, a consortium of individuals representing state commissioners of mental health, academic chairmen, directors of psychiatric residencies, and leaders in child psychiatry have been meeting to analyze public-university collaborations in teaching, service, and research. In the summer of 1989, the Pew Memorial Trusts awarded the consortium a grant to carry on further activities. Those activities include regional workshops, on-site consultations to interested states and universities, and establishment of an award for exemplary state/university collaborative efforts.

A question frequently asked by potential participants in such ventures is: "Why and how can I become involved in a state/university collaboration?" This half-day session will offer advice in establishing such relationships and will review the work of State/University Collaboration Project.

REFERENCES

Bloom JD (ed): State-University Collaboration: The Oregon Experience. New Directions for Mental Health Services, no 44, 1989
Talbott JA, Robinowitz CB: Working Together: State-University Collaboration in Mental Health. Washington, DC, American Psychiatric Press, 1986

Session 98
HALF-DAY SESSION

Wednesday, October 10, 1990
1:30-5:00 p.m.

Adolescent Sexual Abuse: Mock Trial of Expert Testimony

Elissa P. Benedek, M.D., Director of Training and Research, Center for Forensic Psychiatry, Ann Arbor, MI, and President, American Psychiatric Association
Steven L. Dubovsky, M.D., University of Colorado Health Sciences Center, Denver, CO
JoAnn McBeth, Attorney-at-Law, Onek, Klein and Farr, Washington, DC

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to appreciate the role of expert testimony in a trial of alleged adolescent sexual abuse.

SUMMARY

Sexual abuse of children and adolescents in contemporary society seems to be increasing. Validating such allegations is a complex problem, and experts have differing opinions about the actual incidence of abuse and the extent of the damage it causes. The mock trial will demonstrate expert testimony in a case of alleged abuse. Before the trial, participants will view a videotape that demonstrates salient features of abuse.

REFERENCE

Appelbaum PS: Protecting child witnesses in sexual abuse cases. Hospital and Community Psychiatry 40:13-14, 1989

A Unit Without Walls: Treatment Strategies for Adolescents in General Psychiatric Hospitals

Susan L. Haiman, M.P.S., O.T.R./L., Assistant Director, Department of Therapeutic Activities, Payne Whitney Clinic, New York Hospital, and Lecturer in Psychiatry, Cornell University Medical College, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should understand a theoretical framework and philosophy for designing inpatient adolescent services, appreciate the importance of an interdisciplinary model in the delivery of psychiatric treatment, and describe how these services can provide a forum for education and training of psychiatric residents, fellows in child and adolescent psychiatry, occupational therapists, nurses, social workers, teachers, and other mental health professionals.

SUMMARY

Hospitalization represents a crisis in the course of a psychiatric illness and a disruption of the normative developmental tasks of adolescence. In the face of diverse theoretical, philosophical, and clinical approaches to these crises, a model for addressing the psychiatric, rehabilitative, and developmental needs of this special population has evolved.

This workshop describes the use of a model that integrates psychiatric treatment and rehabilitation for adolescents hospitalized on intergenerational units. Centralized rehabilitation and educational services encourage adolescents to leave the "home" unit for a structured setting designed to help them "grow in groups." In this setting they develop educational, social, interpersonal, prevocational, expressive, and leisure-time management skills.

While the medical model focuses on illness and symptom reduction through use of medication, psychotherapy, and family therapy, the rehabilitation model focuses on discovering functional strengths as well as deficits. Dysfunction is mediated through interventions that are planned to mobilize adaptive defenses and to elicit appropriate behavior, enabling the adolescent to experience increased mastery and enhanced autonomous functioning. Through this synthesis of approaches, unit walls crumble. Adolescent patients continue to attend school and also benefit from occupational therapy and other rehabilitation services. Thus, the model represents a microcosm of the world awaiting them beyond the institutional setting.

REFERENCES

Greenberg L, Haiman S, Esman AH: Countertransference during the acute psychiatric hospitalization of the adolescent. Adolescent Psychiatry 14:316-331, 1987

Pearson GT: The long-term treatment needs of hospitalized adolescents. Adolescent Psychiatry 14:342-357, 1987

A Systems Approach to Caring for Persons with Borderline Personality Disorder

Nadine M. Nehls, Ph.D., R.N., Assistant Professor, University of Wisconsin School of Nursing, Madison, WI

Ronald J. Diamond, M.D., Associate Professor of Psychiatry, University of Wisconsin, and Medical Director, Mental Health Center of Dane County, Madison, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the need for a systems approach to caring for persons with borderline personality disorder, to list possible components of an integrated, comprehensive treatment plan, and to summarize the clinical and administrative issues in implementing a systems approach for this population.

SUMMARY

Providing effective treatment for patients with borderline personality disorder is often difficult. Numerous clinicians are often involved, and treatment can consist of a range of different modalities including individual psychotherapy, group therapy, psychological rehabilitation services, drug and alcohol treatment, crisis intervention services, hospitalization, and pharmacotherapy. Effective treatment requires a systems approach that prospectively integrates all of the separate treatment elements. The presenters will discuss the clinical components and problems involved in developing an integrated treatment plan and address the administrative issues of implementing a system of care that includes multiple clinicians and agencies.

REFERENCE

Stein L, Diamond RJ, Factor RM: A systems approach to the care of persons with schizophrenia, in Schizophrenia: Vol 5, Psychological Therapies. Edited by Herz MI, Keith SJ, Docherty JP. Amsterdam, Elsevier (in press)

Setting Standards of Care for Catchment Area Mental Health Services

Alan Rosen, F.R.A.N.Z.C.P., M.R.C.Psych., D.P.M., Director, Royal North Shore Catchment Area Mental Health Services, and Director, Area Integrated Mental Health Service Standards Research Project (AIMHS), New South Wales, Australia
Vivienne Miller, Dip OT, Research Officer, Area Integrated Mental Health Service Standards Research Project (AIMHS), Sydney 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 management, practitioners, service users, and caregivers.

SUMMARY

Local mental health services in Western countries have developed unevenly. Some provide 24-hour mobile crisis care, assertive clinical and functional management, family support, and a range of vocational and residental rehabilitation services in the community integrated with local inpatient services. This workshop describes a set of standards of care for integrated mental health services. These standards differ from existing quality assurance and accreditation standards because they are specific to mental health services, because they apply to hospital and community services and to urban and rural settings, and because they involve all professional disciplines, service users (particularly those with serious psychiatric disorders), and their families.

We will demonstrate how these standards and a companion quality assurance manual may be used as a blueprint for better provision of mental health services and as a checklist for consumers of services.

REFERENCE

Rosen A, Miller V, Parker G: Standards of care for area mental health services. Australian and New Zealand Journal of Psychiatry 23:379-395, 1989

Partial and Full-time Hospitalization: A Comparative Study

Aart H. Schene, M.D., Psychiatrist, Department of Ambulatory and Social Psychiatry, Academic Hospital, University of Utrecht, Utrecht, The Netherlands

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to assess effectiveness of partial hospitalization for patients normally treated in full-time settings and recognize indications and contraindications for partial and full-time hospitalization.

SUMMARY

A comparative study of partial and full-time psychiatric hospitalization was started in November 1987 at the department of psychiatry at Utrecht University in the Netherlands. About 230 patients requiring admission to an open 24-hour psychiatric facility were randomly allocated to one of the two treatment conditions. Treatment programs were comparable. Psychopathology, social functioning, social support network, and burden on the family were assessed at admission, at discharge, and six months after discharge. Also recorded were medication, quantity and nature of treatment consumed, and patients' satisfaction with treatment. The study tried to answer two questions: Is partial hospitalization as effective as full-time hospitalization? and Which types of patients benefit most from the two conditions?

REFERENCE

Schene AH, Gersons BPR: Effectiveness and application of partial hospitalization. Acta Psychiatrica Scandinavia 74:335-340, 1986

Factors Determining Emergency Commitment in Public Psychiatry

Stephen L. Schwartz, M.D., Director, Adult Psychiatric Services, Jefferson Medical College, Philadelphia, PA
Marilyn A. Tadlock, M.S.S., Mental Health Program Services Manager, City of Philadelphia Health Department, Office of Mental Health and Mental Retardation, Philadelphia, PA
Neftali Ortiz, M.D., Instructor, Jefferson Medical College, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify and assess the effect of the interplay of multiple social, medical/psychiatric, cultural, fiscal, judicial, and administrative factors on the civil commitment process and quality of care.

SUMMARY

This workshop addresses the use and misuse of emergency psychiatric commitment in a large urban area. The operation of a complex network that includes multiple psychiatric emergency services, a centralized five-day involuntary treatment unit, a city-wide, intensive case management program, and the current mental health court process is described. The presenters discuss the effect on the decision to commit and quality of care of several factors, including patients' behaviors and psychiatric history, the availability of family and community supports, knowledge and application of civil commitment laws by the public, the family, and professionals, and the admission, treatment, and referral practices of psychiatric emergency services. Other factors to be considered include quality of the mental health system's coordination and service monitoring, the philosophy of the mental health court, cyclical funding, and political and social issues. Viewpoints from the experience of the administration of emergency hospitalization programs, liaison mental health services, and the treating psychiatrist are presented.

REFERENCE

Hoge SK, Sachs G, Appelbaum PS, et al: Limitations on psychiatrists' discretionary civil commitment authority by the Stone and dangerousness criteria. Archives of General Psychiatry 45:764-769, 1988

Mobile Crisis Treatment for the Chronic Psychiatric Patient

Marc D. Aronson, M.D., Director, Mobile Crisis Team, River Valley Services, Middletown, CT
Joan H. Werlinsky, Resource Coordinator, Specials Program, River Valley Services, Middlesex Visiting Nurse Association, Middletown, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify psychiatric crises experienced by long-term patients, to understand how to treat such individuals without hospitalization, to differentiate emergency-room-based crisis services from mobile crisis treatment services, and to recognize significant issues involved in the design, development, and implementation of a mobile crisis service.

SUMMARY

This workshop will address the clinical and administrative design of a mobile crisis treatment service that provides both emergency assessment and ongoing crisis treatment to patients with severe and prolonged psychiatric illnesses. The River Valley Services Mobile Crisis Team is administratively unique because it is operated by the Connecticut State Department of Mental Health and is a component of a state mental hospital. It is clinically distinctive because its primary focus is on treatment rather than triage. The development of this program has been influenced by nationally recognized model programs such as those of Dane County, Wisconsin, Mt. Tom Psychiatric Institute in Massachusetts, and the Massachusetts Mental Health Center in Boston. Principles and parameters of crisis treatment for the acutely ill, long-term patient will be discussed. The workshop will include a description of the use of semiskilled paraprofessionals to provide cost-effective assistance to crisis team staff and acutely ill patients.

REFERENCES

Stein LI, Test MA: Alternative to mental hospital treatment. Archives of General Psychiatry 37:392-397, 1980

Aronson M, Jacobs S: Alternatives to inpatient treatment for the acutely ill chronic psychiatric patient: a review of the experimental literature. Yale Psychiatric Quarterly 8:4-14, 1985

The Atascadero Clinical Safety Project: The Study of Patient Violence in a State Hospital

Harold A. Carmel, M.D., Assistant Medical Director of Psychiatry, and Co-Director, Clinical Safety Project, Atascadero State Hospital, Astascadero, CA, and Assistant Research Psychiatrist, Department of Psychiatry, University of California School of Medicine, Los Angeles, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to understand clinical and policy implications of injuries from patient attack in state hospitals and to describe methodological issues in studying such attacks.

SUMMARY

We report data on staff injuries from patient attacks over a five-year period in a large California state hospital with more than 6,200 staff person-years of experience. In 1984-88, a total of 236 staff injuries from patient attacks occurred. Rates of injury per 100 person-years were 5.6 for ward nursing staff, 2.4 for professional staff, and 0.4 for non-clinical staff. The rate of injury was 50 percent higher among male nursing staff than among females. Seventy-four percent of injuries occurred on the victim's ward, and two-thirds were head injuries. The rate of injury was slightly higher among psychiatrists than nursing staff. Thirteen percent of staff psychiatrists were injured in five years (2.6 percent per year). Younger psychiatrists were more likely to be injured. Graduates of university-affiliated residencies were three times as likely to be injured as graduates of public-sector residencies.

REFERENCE

Carmel H, Hunter M: Staff injuries from inpatient violence. Hospital and Community Psychiatry 40:41-46, 1989

Session 110

Wednesday, October 10, 1990
3:30-5:00 p.m.

Patient Psychoeducation: Current Status and Future Directions

Haya Ascher-Svanum, Ph.D., Assistant Professor, Indiana University Medical Center, Larue D. Carter Hospital, Indianapolis, IN
Cynthia C. Bisbee, Ph.D., Psychologist, Alabama Department of Mental Health, and Director, Organization Development, AMI West Alabama Hospital, Tuscaloosa, AL
Charles R. Goldman, M.D., Director, Community Psychiatry, W.S. Hall Psychiatric Institute, and Associate Professor, Department of Neuropsychiatry, University of South Carolina School of Medicine, Columbia, SC
Kay J. McCrary, Ed.D., Director, Patient and Family Education, Byran Psychiatric Hospital, and President, American Psychiatric Patient Education Association, Columbia, SC

EDUCATIONAL OBJECTIVE

At the conclusion of the course the participant should be informed of goals and rationales for patient education and should be able to identify problems in its implementation and to recognize the need for outcome evaluation and professional training in this area.

SUMMARY

This symposium will explore the current state of patient psychoeducation programs in various centers across the United States and address implementation issues, some of which are global and systematic in nature, while others are more specific to the patient population and to patient-related variables. Panel presenters will illustrate how despite shared goals and rationale the programs are diverse in their scope, format, and focus on target problems. However, all the programs are designed to fit the needs of the patient population and to adjust to the diversity within the mental health delivery system.

Symposium participants will review the current status of these psychoeducational interventions, clarify the nature of existing difficulties, and address the need for careful assessment of the programs' efficacy. Participants and the symposium discussant will also provide suggestions for future direction, embracing issues of implementation, outcome evaluation, and professional training.

REFERENCES

Goldman CR, Quinn FL: Effects of a patient education program in the treatment of schizophrenia. Hospital and Community Psychiatry 39:282-286. 1988
Ascher-Svanum H: A psychoeducational intervention for schizophrenic patients. Patient Education and Counseling 14:81-87. 1989

Wednesday, October 10, 1990
3:30-5:00 p.m.

Thinking Through the Purpose and Reinforcement of Borderline Patient Behavior: Can We Avoid Regressive Spirals?

Jack W. Barber, M.D., Director, Medical Services, 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 response patterns and weaknesses of the borderline patient's ego and the common purposes of such patients' behavior and should be able to consider interventions based on their potential short- and long-term implications.

SUMMARY

The borderline patient is victimized by multiple intolerances (anxiety, depression, frustration, somatic discomfort, ambiguity) and powerful and unstable affects. Their discomfort and behavioral problems often cannot be ameliorated by simple verbal or cognitive interventions. Too often, interventions become misdirected. For example, a medical investigation of gastrointestinal complaints may be undertaken when the real issue is fear of leaving the ward due to concerns about being alone. Interventions may also be mismatched to the patient's capacity to tolerate distress resulting from overattention (smothering, engulfing) or inattention (abandoning). Also, we may make interventions without fully considering all of the potential responses and long-term implications and may thereby reinforce maladaptive behaviors or transactions. This workshop will use a number of clinical vignettes to demonstrate the need to use what we understand about particular ego weaknesses to fully consider the present-time purpose of the borderline patient's behavior as well as the short- and long-term ramifications of our interventions. By attending to these issues we may be able to reduce the risk of intervening in ways destined to promote regression and therefore to be ultimately antitherapeutic.

REFERENCE

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

Psychiatric Syndromes and Genetic Markers

David B. Mallott, M.D., Assistant Professor, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to review the molecular and statistical evidence for the genetic basis of psychiatric syndromes, including bipolar disorder, schizophrenia, depression, and alcoholism.

SUMMARY

Technological breakthroughs in genetics have substantially increased the potential to localize medical illnesses to specific regions of the human genome. This technology has been applied to psychiatric syndromes and holds a possible key to defining genetic subpopulations of the broad syndromic categories of current nosology. These findings may have clinical implications because genetically diverse subgroups of patients with a given syndrome may respond differently to standard psychiatric treatment. This workshop will focus on current evidence for the genetic component in the etiology of schizophrenia, bipolar disorder, depression, and alcoholism. A nontechnical overview of linkage, restriction fragment length polymorphism, and lod-scores will be followed by application of these concepts to specific illnesses. Implications for our current disease concepts will be emphasized by considering the congruence (or lack thereof) between linkage data (genotype) and patient clinical presentation (phenotype).

REFERENCE

Wilson AF, Tanna VL, Winokur G, et al: Linkage analysis of depressive spectrum disease. Biological Psychiatry 26:163-175, 1989

Ex-Patients as Peer Counselors on Locked Psychiatric Inpatient Units

Christine W. McGill, Ph.D., Assistant Clinical Professor, Department of Psychiatry, University of California, San Francisco General Hospital, San Francisco, CA
Carol J. Patterson, M.S.W., Trainer/Supervisor of Peer Counseling, BUILD Project of Independent Living Resource Center, San Francisco, CA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the key factors necessary in developing a peer counseling program in their setting.

SUMMARY

Consumers of mental health services have become increasingly involved in the development of services patterned on a self-help model that are independent of the mental health system. This report describes an innovative peer counseling program currently under way in a public-sector acute inpatient psychiatric setting (San Francisco General Hospital). Results of preliminary program evaluation by staff and peer counselors were overwhelmingly favorable, with more than 95 percent of both groups rating the program as having a positive effect on the milieu and requesting expansion of services. Issues in implementing the program are discussed from the perspective of both the staff and the peer counselors.

REFERENCE

McGill C, Patterson C: Former patients as peer counselors on locked psychiatric inpatient units. Hospital and Community Psychiatry 41:1017-1019, 1990

Lecture 116

Thursday, October 11, 1990
9:00-10:00 a.m.

DSM-IV Update

Michael B. First, M.D., Research Psychiatrist, Department of Psychiatry, New York State Psychiatric Institute, Columbia University, and Editor, DSM-IV Text and Criteria, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to discuss the development of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and will be aware of diagnostic issues that DSM-IV work group members will try to resolve in preparing the new edition of the manual.

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 and the organizational structure of the effort will be explained. Specific diagnostic issues being addressed by DSM-IV work groups will be highlighted.

REFERENCE

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

Lecture 117

Thursday, October 11, 1990
9:00-10:00 a.m.

Skimming and Dumping: The Core Challenge for the '90s

Jon E. Gudeman, M.D., Professor of Psychiatry, Medical College of Wisconsin, and Director, Milwaukee Mental Health Complex, Milwaukee, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify principles and strategies to address skimming and dumping and to promote continuity of care and close collaboration of the public and private sector.

SUMMARY

"Good-pay" acute patients are skimmed to the private sector. "Poor-pay" patients with longstanding mental illness are dumped on the public sector. The two-class system of care has been enhanced by third-party reimbursement for psychiatric hospitalization and by failure to provide adequate third-party reimbursement for alternatives to hospitalization. Strategies for privatization of the public sector and publicization of the private sector must be explored. Capitated payment, contracts with defined populations to be served, differential incentives, and incentives for alternatives to hospitalization offer some hope. Training and professional commitment to the principle "once yours, always yours" should serve as a cornerstone and model for psychiatric care to address these problems.

REFERENCE

Chronic mental illness, in Harvard Guide to Modern Psychiatry, 2nd ed. Edited by Nicholi A. Cambridge, Mass, Harvard University Press, 1988

CLOSING ADDRESS

Thursday, October 11, 1990
10:30 a.m.-12:00 noon

Children and Families in a Changing World

Elissa P. Benedek, M.D., Director of Training and Research, Center for Forensic Psychiatry, Ann Arbor, MI, and President, American Psychiatric Association

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should recognize the mental health service needs of contemporary families and children and should be able to suggest strategies for developing services to meet these needs.

SUMMARY

Children and families in the 1990s experience a rapidly changing world. The two-parent, two-child family with a stay-at-home mom is a myth or dinosaur. The mental health service needs of new families are clear but unmet. A consortium of clinicians, families, attorneys, public policy makers, and politicians must advocate a new agenda to meet contemporary needs.

REFERENCE

US Children and Their Families: Current Conditions and Recent Trends. Report of the Select Committee on Children, Youth, and Families, US House of Representatives. Washington, DC, US Government Printing Office, 1987

Psychosocial Outcome in Women After Sterilization

Amina Abdulla, M.D., Assistant Professor, Department of Psychiatry, Baylor College of Medicine, Houston, TX

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to counsel patients who may be prospective candidates for sterilization and to describe some of the physical and psychosocial effects of the procedure.

SUMMARY

Surgical sterilization is a frequently employed option for contraception. However, because of this method's definitive nature and potential irreversibility, the procedure may have a complex profile of psychosocial sequelae. This session presents results of a study of the psychosocial outcome of sterilization in 233 women with diverse backgrounds. The survey was conducted using a mailed questionnaire that utilized a yes-no format. Data were gathered on perceived changes in menstrual function, psychosexual function, psychosomatic complaints, and satisfaction with the procedure. The questionnaire had a response rate of about 49 percent. About two-thirds of respondents reported no change in menstrual function, one-quarter to one-third reported improvement in sexual function, and three-fourths had no regrets about having the procedure. However, approximately 20 percent expressed the desire to have another child. Thus, in a large sample of subjects, and in agreement with previous reports, most women report a positive psychosocial outcome after sterilization.

REFERENCE

Ansari TMA, Francis HH: A study of 49 sterilized females. Acta Psychiatrica Scandinavica 54:315-322, 1976

5,000 ECT Administrations In 13 Years: What Has It Taught Us?

Nathaniel L. Abramson, M.S.W., Florrisant, MO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to review procedures used in electroconvulsive therapy (ECT) in his own facility and encourage discussion about the administration of ECT, its safety, effectiveness, and role in contemporary treatments.

SUMMARY

Between June 1976 and July 1989, about 5,000 administrations of electroconvulsive therapy took place in a psychiatric unit at a suburban St. Louis hospital. This poster prsentation examines use of unilteral versus bilateral treatment and their association with diagnoses. The results of a survey of physicians who have administered ECT will also be presented. These mateials will be used to document the usefulness and safety of ECT, to counter emotional biases against the procedure, and to encourge other facilities to undertake similar reviews to help destigmatize somatic therapies.

REFERENCE

Fink M: Convulsive Therapy: Theory and Practice. New York, Raven, 1979

Keystone Residential Treatment Model for Dual Diagnosis

Michael G. Bricker, M.S., R.A.D.C., Clinical Liason, Keystone Residential Services, Cramer House, Milwaukee, WI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the benefits of the Keystone Residential Treatment Model for Dual-Diagnosis recovery, and apply these principles in their own setting.

SUMMARY

The Keystone Residential Treatment Model offers unique elements in treating the developmental deficits seen in persons with conjoint AODA/CMI. Program elements will be presented and discussed, and attendees will be shown how to access for their use.

REFERENCE

Bricker MG: Keystone Residential Treatment Model for Dual-Diagnosis Patients. Proceedings of the New York State Office of Mental Health MICA Conference. March 1990

Biopsychosocial Patient Classification, Data Base, and Outcome Evaluation

Walter W. Diggs, M.H.A., Memphis Mental Health Institute, Memphis, TN

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to conceptualize a biopsychosocial model of patient classification and to appreciate the usefulness of such a model for psychosocial reimbursement and outcome evaluation.

SUMMARY

Psychosocial aspects of compliance, severity, distress, and rehabilitation are ignored by traditional physiological classifiction of patients. A biopsychosocial data base that includes six areas of outcome -- medical, behavioral, disability and dependency, work and leisure, educational, and social -- is described. Criteria for patient classification include biopsychosocial validity, responsiveness to patient needs, use of cost/risk weighted numbers, and usefulness for interdisciplinary communication.

REFERENCE

Fink PJ: Response to the presidential address: is biopsychosocial the psychiatric shibboleth? American Journal of Psychiatry 145:1061-1067, 1988

Systematic Health Assessments in an Elderly Psychiatric Population

Robert A. Greenstein, M.D., Associate Chief, Psychiatry Service, Veterans Affairs Medical Center, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate familiarity with the need for systematic health assessment of chronic high-risk psychiatric outpatients.

SUMMARY

Medical care for chronic psychiatric patients is often fragmented, resulting in noncompliance and missed appointments. The nurse practitioner in a large VA outpatient psychiatric clinic identified groups of high-risk patients over age 60 who were being treated in lithium or intramuscular neuroleptic programs or who had known medical disorders. She evaluated 499 patients and coordinated their care with psychiatrists and medical specialists. She detected a significant number of previously undocumented medical disorders, including heart disease (N=65), hypertension (N=48), chronic, obstructive pulmonary disease (N=19), gastrointestinal disorders (N=30), diabetes (N=19), and carcinoma (N=11). An experienced nurse practitioner working closely with psychiatrists and internists can dramatically improve the quality of health care in an efficient and cost-effective manner.

REFERENCE

Sox HD, Koran L, Sox CH, et al: A medical algorithm for detecting physical disease in psychiatric patients. Hospital and Community Psychiatry 40:1270-1276, 1989

How Clinicians Recognize Early Schizophrenic Relapse

Rosalind M. Mance, M.D., Assistant Professor, Department of Psychiatry, Emory University, Atlanta, GA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize common prodromal signs of schizophrenic relapse.

SUMMARY

Recognition of early relapse is of more than academic concern for the clinician who treats schizophrenia. Prodromal signs often precede psychotic decompensation by days or weeks, and addition of neuroleptic medication at this time can forestall complete relapse. When using reduced-dose maintenance strategies, the clinician's skill in recognizing and treating early prodromal signs is especially critical. Eleven psychiatrists at five sites wrote vignettes describing the changes prompting increased neuroleptic dosage in 76 patients in a double-blind reduced-dose treatment study. Analysis of these vignettes indicates that psychiatrists working in different settings, who were unbiased by knowledge of patients' maintenance medication dose, used a similar range of prodromal signs to trigger intervention with additional neuroleptic. Changes in mood and thinking (not necessarily of psychotic proportion), changes in sleep patterns, and hallucinations were most commonly described.

REFERENCES

Heinrichs FT, Carpenter WT: Prospective study of prodromal symptoms in schizophrenic relapse. American Journal of Psychiatry 142:371-373, 1985

Subothik KL, Nuechteriein KH, Prodromal signs and symptoms of schizophrenic relapse. Journal of Abnormal Psychology 97:405-412, 1988

The Mental Health of Patients With Chronic Fatigue Syndrome

Peter Manu, M.D., F.A.C.P., Associate Professor of Medicine, University of Connecticut School of Medicine, Farmington, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the major psychiatric diagnoses of patients with chronic fatigue syndrome and should be familiar with the management options available.

SUMMARY

Chronic fatigue syndrome has been recently proposed as a new clinical entity. It is defined as persistent and disabling fatigue variably associated with fever, lymphadenopathy, nonexudative pharyngitis, myalgias, arthralgias, sleep disturbance, and neuropsychological abnormalities. We studied the clinical characteristics of patients with this syndrome identified among 300 adults with a chief complaint of chronic fatigue. Subjects were given a comprehensive, standardized, prospective medical and psychiatric evaluation. The patients with the symptom complex of chronic fatigue syndrome had no evidence of organic disease and had a high prevalence of active psychiatric disorders. Major affective disorders were diagnosed in 73 percent of patients, somatization disorder in 31 percent, and panic disorder in 19 percent. The patients had a high prevalence of psychiatric disorders prior to the onset of chronic fatigue syndrome and had a tendency to attribute their current illness to a physical cause.

REFERENCE

Manu P, Matthews DA, Lane TJ: The mental health of patients with a chief complaint of chronic fatigue: a prospective evalution and follow-up. Archives Internal Medicine 148:2213-2217, 1988

Treatment Outcomes In Psychiatric Hospitalized Patients

Jill S. Meyer. M.D.. Psychiatrist. Hastings Regional Center. Hastings. NE

EDUCATIONAL OBJECTIVE

At the conclusion of this course. the participant should be able to interpret behavioral change data and understand how a clinical management tool such as the Treatment Progress Scales can be used.

SUMMARY

Psychiatric treatment programs are increasingly required to evaluate the outcome of their services. Data are presented that summarize use of a clinical management tool. referred to as the Treatment Progress Scales (TPS) (an adaptation of the Goal Attainment Scale). that allows for the computerization and analysis of 39 behaviorally-based problem areas addressed by clinical staff and for the measurement of changes over time in these areas across diagnostic groups. Change scores for 1.900 patients over three and a half years are presented. along with analysis of the most common behavioral areas addressed (aggression. compliance. disruptiveness. verbal hostility. and socialization) and differential results by diagnosis.

REFERENCE

Beidel DC: Using the Goal Attainment Scale to measure treatment outcome in schizophrenia. International Journal of Partial Hospitalization 2(1):33-41, 1983

The Relationship Between Psychotic and Nonpsychotic Depression

Michael Sheikman, M.D., Ph.D., Assistant Professor, Department of Psychiatry, University of Massachusetts School of Medicine, Worcester, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should better understand current views regarding classification, diagnosis, differential diagnosis, and treatment of psychotic depression in the United States and Europe.

SUMMARY

At least 5 percent of admissions to the acute-care psychiatric hospitals in the United States are patients with psychotic depression. These patients have twice the hospitalization rate, longer average duration of hospitalization, and higher risk of suicide than other depressed patients. There is evidence for and against considering psychotic depression and nonpsychotic depression as two distinct clinical entities. Some neurochemical findings, family studies, and difference in prognosis and pharmacological response to tricyclic antidepressants support the view that the distinction of these two subtypes of major depressive disorders is important. Criteria for psychotic depression relying on cross-sectional psychopathology are based on presence or absence of delusions, hallucinations, thought disorder, or grossly inappropriate behavior. Combination of tricyclic antidepressants and neuroleptic and electroconvulsive therapy are the treatments of choice.

REFERENCE

Spiker DG, Weiss JC, Dealy RS, et al: The pharmacological treatment of delusional depression. American Journal of Psychiatry 142:430-436, 1985

Patients Differentiate Program Satisfaction Levels

Charles Sheppard, Director of Program Evaluation, Mohawk Valley Psychiatric Center, Utica, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize and understand generalizations and trends in patient satisfaction research, to compare results of available scales with the Mohawk Valley Psychiatric Center Patient Satisfaction Inventory data, to administer the inventory, and to utilize item total and factor normative data.

SUMMARY

The Consumer-Evaluation Model operates in a number of federally supported community mental health centers, as mandated by PL 94-63. Patient satisfaction studies have spread to some state, county, municipal and privately sponsored mental health programs. Withdrawal of the federal mandate is likely to be offset by a standard developed by the Joint Commission on Accreditation of Healthcare Organizations that requires aggregate consumer satisfaction monitoring and evaluation. The confluence of changing attitudes of management and clinical staff, societal acceptance and empowerment of the consumer movement, and the expectations of accrediting and review bodies argues for continued development of consumer satisfaction scales. Information is needed for program development, planning, and implementation. Patients' compliance with treatment improves when they are asked to evaluate services. But, sophisticated scale development lags. The very concept of satisfaction with mental health treatment remains ambiguous and is measured in a number of different ways. Patient satisfaction data have been uniformly positive, raising questions of the meaning of results. Few studies provide standard reliability and validity estimates from adequately drawn samples of sufficient size to offer normative data and differentiate satisfaction levels among programs. This presentation will offer a 29-item scale of demonstrated empirical validity, internal consistency, and reliability, with item and factor normative data based on responses from 689 patients. Item, total, and factor subscale scores differentiate levels of satisfaction with various types of public and private outpatient programs and public sponsored inpatient programs, associated with patients' level of chronicity, number of hospitalizations, and willingness to be in treatment.

REFERENCE

Conte HR, Plutchik R, Buckley P, et al: Outpatients view their psychiatric treatment. Hospital and Community Psychiatry 40:641-643, 1989

The Intake Report Generator: Programming a Computerized Initial Evaluation with Microsoft Word

Barry A. Tanner, Ph.D., Director of Psychology, Detroit Receiving Hospital and University Health Center, Detroit, MI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize how the Intake Report Generator could be adapted to the participant's needs.

SUMMARY

We wanted a report generator that would allow us to work within our own guidelines for the content and appearance of an initial evaluation. We used our existing word processor's BASIC-like programming language to develop a flexible computerized intake report generator (IRG). We worked in the already familiar Microsoft Word environment, which took care of many important details, including the length of lines, automatic centering of text, and printer support. The IRG loads and runs automatically through the spelling checker and may be further edited in the usual fashion. It is a considerable work saver that can be mastered by computer illiterate staff and can be adapted to other facilities, as can our worksheet that guides the interview and facilitates recording information. The IRG requires Microsoft Word 5.0.

REFERENCE

Vincent KR: The full psychological report via a word processor, Using Computers in Clinical Practice. Edited by Schwartz MD. New York, Haworth, 1984

Issues Concerning the Residency Training of Bipolar Psychiatrists

Suzanne E. Vogel-Scibilia, M.D., Assistant Professor, Department of Psychiatry, Western Psychiatric Institute and Clinic, Pittsburgh, PA
Michele Trazkovich, PGYIV Resident, Western Psychiatric Institute and Clinic, Pittsburgh, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the scope of problems that confront bipolar residents during their training, to understand their means of adapting to these problems and to identify ways to improve their education.

SUMMARY

Results of a descriptive study of five psychiatrists who received a diagnosis of bipolar disorder during their residency are presented. A detailed 64-topic questionnaire was used to elicit responses about their illness, the impact of the diagnosis on their work and career goals, and reactions from peers and supervisors.

REFERENCES

Arocleda-Florez J: The mentally ill physician: the position of the Canadian Psychiatric Association. Canadian Journal of Psychiatry, 29:55-59, 1984
Narrow C: Sick doctors: the social construction of professional deviance. Social Problems 30:92-108, 1982

Clozapine in the "Real World"

William H. Wilson, M.D., Adjunct Assistant Professor of Psychiatry, Oregon Health Sciences University, and Director, Professional Education Unit, Dammasch State Hospital, Portland, OR

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to summarize the clinical and administrative impact of the introduction of the clinical use of clozapine at a state psychiatric hospital.

SUMMARY

Clozapine has been shown to reduce symptoms in one-third of individuals with schizophrenia who respond poorly to the usual neuroleptics. Also, clozapine causes few extrapyramidal side effects. Thus, the medication may be beneficial to many patients living in state hospitals. However, it has drawbacks: side effects such as agranulocytosis (2 percent prevalence per year), sedation, and reduction of seizure threshold, as well as significant costs ($8900 per patient per year). The impact of clozapine in clinical settings is yet to be assessed. Our hospital is preparing for the use of clozapine by surveying patients, projecting costs, and preparing a protocol for clozapine use that includes careful initial evaluation and assessment. Data from the initial survey and the results of open clinical treatment in a typical state hospital will be displayed. A cost analysis will also be presented.

REFERENCE

Kane J, Honigfeld G, Singer J, et al: Clozapine for the treatment resistant psychiatric patient. Archives of General Psychiatry 45:789-796, 1988

STEMSS Supported Self-Help Model for Dual-Diagnosis Recovery

Michael G. Bricker, M.S., R.A.D.C., Clinical Liaison, Keystone Residential Services, Cramer House, Milwaukee, WI

EDUCATIONAL OBJECTIVE

At the conclusion, the participant should be able to use the materials and initiate a STEMSS dual-diagnosis recovery group in his or her own treatment setting.

SUMMARY

The STEMSS Supported Self-Help Model integrates the 12-step recovery program of Alcoholics Anonymous and Narcotics Anonymous with Mental Health recovery concepts to facilitate simultaneous recovery from both disorders. The STEMSS Model used in more than 20 sites in the United States and Canada.

REFERENCE

Bricker MG: STEMSS treatment model offers experience, strength and hope for the "double-troubled." Journal of the Information Exchange, 6(1), 1989

Biases in the Evaluation of Treatment Options for AIDS Patients

Daniel P. Chapman, Ph.D., Postdoctoral Fellow, Department of Preventive Medicine, University of Iowa, Iowa City, IA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate how the stigma attached to AIDS can result in biases in patient evaluation and, consequently, inequitable medical resource allocation.

SUMMARY

In a study of the effects of an AIDS diagnosis on patient evaluation and treatment, clinicians evaluated the acceptability of treatment options differing in risk for AIDS patients and leukemia patients. Subjects' treatment decisions were more sensitive to risks affecting leukemia patients than to risks affecting AIDS patients.

REFERENCE

Levin IP, Chapman DP: Risk-taking, frame of reference, and characterization of victim groups in AIDS treatment decisions. Journal of Experimental Social Psychology, in press

Aggressive and Assaultive Behavior Among Chronic Psychotic Patients

Faith B. Dickerson, Ph.D., Psychologist and Clinical Coordinator, Sheppard and Enoch Pratt Hospital, Baltimore, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the incidence of assaultive behavior and locked-door seclusion in a behavioral inpatient unit for chronic psychotic patients, to list the specific behaviors leading to seclusion, and to discuss differences between patients who require seclusion and those who do not.

SUMMARY

We studied all patients admitted to a behavioral inpatient unit for chronic psychotic patients over a three-year period. Forty-two percent of the patients were secluded at least once for aggressive behavior. Secluded patients differed from nonsecluded patients on several historical, symptom, and neuropsychological variables. However, age, gender, and diagnosis (schizophrenia versus other diagnoses) were not related to the use of seclusion. Results of the study were used to develop a predictive model of aggressive and assaultive behavior leading to seclusion.

REFERENCE

Lowenstein M, Binder RL, McNeil DE: The relationship between admission symptoms and hospital assaults. Hospital and Community Psychiatry 41:311-313, 1990

Characteristics of Unauthorized Patient Absences

Dale A. D'Mello, M.D., Associate Professor, Department of Psychiatry, Michigan State University, St. Lawrence Hospital, Lansing, MI
Helen Perrott, R.N., C.S., Adjunct Instructor, Department of Psychiatry, Michigan State University, St. Lawrence Hospital, Lansing, MI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify characteristics and patterns of unauthorized leaves of absence from inpatient psychiatric units.

SUMMARY

Unauthorized leaves of absence (ULOA) present potential hazards for patients and liability for clinicians. A retrospective review of 60 consecutive ULOA incidents that occurred over 24 months on a 59-bed inpatient service at St. Lawrence Hospital in Lansing, Michigan, revealed that while the majority of patients who abscond tended to be court committed, a significant number (31 percent) were voluntary admissions. Incidents tended to cluster around 4:00 p.m. on Mondays ($p < .05$). They occurred most frequently during the summer months ($p < .01$) and least often in winter. Unexpectedly, the majority (90 percent) of patients who left on an ULOA returned to the hospital for further care. Relevant demographic, diagnostic, and theapeutic variables will be presented.

REFERENCE

Bittle RG: Opinion: unauthorized recipient absences: an inpatient facility's prevention and intervention plan. Administration in Mental Health 15:175-181, 1988
Glick ID, Braff DL, Johnson G, et al: Outcome of irregularly discharged psychiatric patients. American Journal of Psychiatry 138:1472-1476, 1981

Women at Risk

William L. Earl, Ph.D., Research/Counseling Psychiatrist, AIDS Prevention, Denver Department of Health and Hospitals, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to better appreciate and recognize the risks for infection with human immunodeficiency virus faced by women, particularly by the spouse of the man who does not identify himself as gay or bisexual.

SUMMARY

A sample of 120 women were interviewed in health care settings, and their risk of contracting HIV infection and AIDS was evaluated by professional interviewers. Four profiles of high-risk individuals emerged. Information alone seemed to have little effect on beliefs about HIV and AIDS.

REFERENCE

Herek GM, Glunt EK: An epidemic of stigma. American Psychologist 43:886-891, 1988

How To Develop and Create Comprehensive Treatment Plans for Inpatients and Outpatients on a Personal Computer

Virginia M. Hoover, Ph.D., Director, Psychological Services, Jim Taliaferro Community Mental Health Center, Lawton, OK

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to use a personal computer to prepare a treatment program.

SUMMARY

This presentation shows how the computer can shorten the time needed for treatment planning by providing individualized, detailed treatment plans.

REFERENCE

Lombroso P, Emg L: Computerizing a department of psychiatry. Administration in Mental Health 15:102-109, 1987

Crack, Cocaine, and the Psychiatric Emergency Room

Glenn A. Martin, M.D., Physician-In-Charge, Psychiatric Emergency Room, Queens Hospital Center, Jamaica, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to discuss the impact of crack on a psychiatric emergency room, to recognize the crack user's typical emergency psychiatric presentations, and to identify appropriate treatment.

SUMMARY

We will present demographic and clinical data to demonstrate that the crack "epidemic" can best be seen as a phenomenon that predominantly affects young adults already abusing substances. The "epidemic" has now leveled off, and alcohol remains the abused drug of choice among patients treated in the psychiatric emergency room. Data will also be presented on the three typical emergency presentations of crack abuse (melancholia, delirium, paranoia) and their suggested treatment.

REFERENCE

Gawin FH, Kleber HD: Abstinence symptomatology and psychiatric diagnosis in cocaine abusers. Archives General Psychiatry, 43:107-113, 1986

A Review of Hypnotic Drug Use in a General Hospital

David Picone, D.O., Resident and Instructor, Department of Psychiatry, Michigan State University, East Lansing, MI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify patterns of prescription of sedative hypnotic drugs.

SUMMARY

A retrospective review of patients treated during a single month in a general hospital revealed that an overwhelming majority (84.2 percent) received prescriptions for hypnotics. Characteristics of the prescriptions and the therapeutic rationale for administering hypnotic agents to hospital patients will be examined.

REFERENCE

Johnson LC, Chernik DA: Sedative-hypnotics and human performance. Psychopharmacology 76:101-113, 1982

Brain Imaging in Diagnostic Evaluation of Chronic Psychiatric Inpatients

Joseph M. Tonkonogy, M.D., Ph.D., Associate Professor of Psychiatry and Neurology, Department of Psychiatry, University of Massachusetts Medical Center, and Director of Neuropsychiatry, Worcester State Hospital, Worcester, MA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify patients with psychiatric and neurological profiles suggestive of prominent brain pathology and refer such patients for head computerized tomography or magnetic resonance imaging.

SUMMARY

In the course of neuropsychiatric evaluation of state hospital inpatients, head computerized tomography and magnetic resonance imaging scanning had been performed in series of patients who for many years carried the diagnosis of schizophrenia. The various types of neuroanatomical changes that were revealed included progressive hydrocephalus with aqueduct stenosis, brain tissue loss in the second and third temporal gyri of the left hemisphere, generalized cortical atrophy with marked ventricular enlargement, and bilateral atrophy of the frontal poles. The brain pathology was far more prominent than the subtle changes of ventricular-brain ratio parametrically assessed on computerized tomography films of schizophrenic patients in earlier studies. Brain imaging changes in our cases are correlated with specific psychiatric and neurological features, including fragmented type of delusions, complex visual hallucinations, history of learning disability, and upper motor neuron and frontal release signs.

REFERENCE

Andreasen NC (ed.): Brain Imaging: Applications in Psychiatry. Washington, DC, American Psychiatric Press, 1989

Interrupting the Cycle: Mental Health Outreach Treatment of the Abused, At-Risk Elder

Helen S. Barnes, M.A., R.N.C., Psychogeriatric Nurse Clinician, Elder Abuse Project, Prince George's County, Department of Aging, Hyattsville, MD, and Psychogeriatric Nurse, Mental Health Outreach Office, Cheverly, MD

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify the role of the mental health professional in prevention and treatment of elder abuse in the community.

SUMMARY

The purpose of this presentation is to educate mental health service providers in the use of an innovative, interagency approach to treat victims of elder abuse and to work toward prevention of abuse in identified vulnerable older adults. This project is being carried out in Prince George's County, Maryland with the cooperation of the County Department of Aging, the State Directorate of Mental Health, and State Department of Social Services.

A brief history of the project will be presented, and the techniques used for outreach, referral, and treatment will be described. Other topics include funding and the structure of the treatment team. A risk assessment tool will be displayed.

REFERENCE

Sengstock MC, Hwalek M, Petrone S: Service for aged abuse victims: service types and related factors. Journal of Elder Abuse 1(4):37-55, 1989

Private-Sector Community Support Treatment Systems - A Model Program

Louis L. Bruno, M.D., Community Care Corporation, Denver, CO
John F. Hofmeister, M.D., Community Care Corporation, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate the essential components of a community support system treatment program and to understand how such systems can be developed with a mixture of public-sector and private-sector support.

SUMMARY

This poster session will introduce professionals to a unique model private-sector community support system treatment program for chronic mentally ill individuals. Components of the treatment system will be described, and use of a mix of public and private funding will be discussed. We will also present results of an outcome study of patients admitted to the program over an eight-year period. This research has led to efforts to improve the treatment system by establishing joint programming involving private-sector and public-sector agencies.

REFERENCE

Hofmeister J, Weiler V, Ackerson L: Treatment outcome in a private-sector residential care program. Hospital and Community Psychiatry 40:927-932, 1989

Affective and Cognitive Status in Medication Noncompliance in the Elderly

Daniel P. Chapman, Ph.D., Postdoctoral Fellow, Department of Preventive Medicine, University of Iowa, Iowa City, IA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate the impact of mental status and anxious and depressive symptoms on noncompliance with prescribed medication regimens among elderly patients who live in the community.

SUMMARY

In a sample of 949 elderly male patients who live in the community, noncompliance with prescribed medication was associated with increased anxious and depressive symptomatology. Noncompliant elderly female patients living in the community (N=1,747) exhibited increased mental status impairment.

REFERENCE

Blazer D, Hughes DC, George CK: The epidemiology of depression in an elderly community population. Gerontologist 27:281-287, 1987

Sex Differences in Bipolar Disorder: Variance in Lithium Requirement

Dale A. D'Mello, M.D., Assistant Professor, Department of Psychiatry, Michigan State University, St. Lawrence Hospital, Lansing, MI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify sex differences in the prevalence, onset, longitudinal course, and response to drug treatment in bipolar disorder.

SUMMARY

In a retrospective review of 56 bipolar patients (30 women and 21 men) in a community mental health clinic, the influence of age and sex on lithium requirement paralleled previouly described sex differences in the longitudinal course of bipolar disorder.

REFERENCE

D'Mello DA, McNeil JA: Sex differences in bipolar affective disorder: neuroleptic dosage variance. Comprehensive Psychiatry 31:80-83, 1990

Sertraline in the Treatment of Depression

Declan P. Doogan, D.R., Medical Department, Pfizer LTD., Sandwich, Kent, England

EDUCATIONAL OBJECTIVE

At the conclusion of this course. the participant should be aware that a new class of antidepressant (a serotonin uptake inhibitor) is capable of controlling the acute phase and preventing both relapse and recurrence of depression.

SUMMARY

This presentation reports the results of a large clinical study of sertraline in the short-term (eight weeks) treatment and long-term (44 weeks) control of depression relapse and recurrence. The long-term study used placebo control.

REFERENCE

Doogan DP, Caillard V: Sertraline: a new therapy for both acute treatment and prevention of relapse/recurrence of depression.

Wednesday, October 10, 1990
12:00 noon-1:30 p.m.

Adolescent Sexual Abuse and Sexual Rituals: High-Risk Behavior and the Devalued Being in Adult Males

William L. Earl, Ph.D., Research Psychologist, AIDS Prevention, Denver Department of Health and Hospitals, Denver, CO

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize self-destructive behavior in a subtle array that predicts noncompliance with treatment be able to apply appropriate psychosocial interventions to assist clients in adjusting to a productive life.

SUMMARY

This presentation reports the prevalence of self-destructive traits in a sample population and offers a research design that can be used to document useful interventions. Fifty men were evaluated to determine their level of self-destructive behavior. Another 50 men who had experienced sexual abuse as adolescents were interviewed. Random assignment of the men to four treatment interventions suggested that self-stewardship is best accomplished by attention focus and cognitive redirection.

REFERENCE

Williams CL: Issues surrounding psychological testing of minority patients. Hospital and Community Psychiatry 38:184-189, 1987

Morin SF, Garfinkle EM: Male homophobia. Journal of Social Issues 34(1):29-47, 1978

A Psychoeducational Program for Concerned Persons

Jeffry T. Lewis, M.S.W., Psychiatric Social Worker, Metropolitan-Mount Sinai Medical Center, Minneapolis, MN

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to recognize the effectiveness of a psychoeducational model for families and friends of people with mental illness regardless of diagnosis.

SUMMARY

This session presents a psychoeducational model for patients' family and friends and demonstrates its effects on rehospitalization.

REFERENCE

Kuipers L, MacCarthy B, Hurry J, et al: Counseling the relatives of the long-term adult mentally ill (a low-cost supportive model). British Journal of Psychiatry 154:775-782, 1989

A Multiportal Family Education and Consultation System

Eric J. Pfeiffer, Training Coordinator, TEC Network at the Mental Health Association of South East Pennsylvania, Philadelphia, PA

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify complementary family education services and to describe the practical and scientific advantages of a systematic, multiportal approach.

SUMMARY

Single-service and single-stream families tend to engage a limited range of individuals. Providers can develop needs driven, theoretically sound, empirically supported multiportal systems to attract a wider variety of families in their community. TEC Network will be the model used to describe the structure and process of a such a system.

REFERENCE

Mannion E, Meisel M: Psychoeducation: a new way of working with families. TIE Lines 6:4-5, 1989

Reform or Anarchy?
Trying to Make the System Work in Arizona

Raymond H. Thomas, M.S.W., A.C.S.W., Community Program Representative, Arizona Departmen of Health Services, Division of Behavioral Health, Phoenix, AZ

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to briefly discuss several of the key judicial, funding, and administrative issues causing controversy in the Arizona mental health system.

SUMMARY

This poster will display the efforts being made to redesign Arizona's system of care for persons with serious mental illnesses and will highlight the issues and related controversy generated by funding, programmatic, and administrative changes, from the perspective of a state bureaucrat.

REFERENCE

Santiago JM: Reforming a system of care: the Arizona experiment. Hospital and Community Psychiatry 38:270-273, 1987

Assessing Quality of Life Changes in a Rural ACT Program

Martin VandenAkker, D.O., Resident and Instructor, Department of Psychiatry, Michigan State University, East Lansing, MI

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to demonstrate the impact of a recently implemented Assertive Community Treatment (ACT) Program on the quality of life of chronic mental patients.

SUMMARY

A review of the efficacy of an ACT Program revealed a differential impact on several quality of life indicators. Substantial improvement was observed in daily structure, money management skills, and insight, but patterns of substance abuse remained essentially unchanged.

REFERENCE

Brekke JS: What do we really know about community support programs? Strategies for better monitoring. Hospital and Community Psychiatry 39:946-952, 1988

The Impact of an Assertive Community Treatment Program for Chronic Recidivist State Hospital Patients

Karen H. Henault, M.S.N., C.S., Program Director, M-PACT, River Valley Services, Connecticut Valley Hospital, Middletown, CT
Karen K. Milner, M.D., Clinical Director, M-PACT, River Valley Services, Connecticut Valley Hospital, Middletown, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this course, the participant should be able to identify issues in dealing with systems change in a state hospital context and to list the types of services necessary to maintain severly mentally ill patients in the community. Participants should be able to discuss the amount and frequency that services can and should be provided for optimum clinical effect and describe specific improvements and changes in the lives of clients involved with an intensive community support program.

SUMMARY

This presentation will describe the development of an assertive community treatment team within the context of a state hospital system. The focus will be the design and development of the program with emphasis on systems issues within the state hospital and the local community. The process and major issues regarding team development will be described. The selection, integration into the program, and ongoing treatment of clients will also be presented. Data on the amounts and types of services, the percentage of staff time used in providing these services, and the specific number of contacts for each client will be provided. Outcome data will be presented in a case format.

REFERENCES

Williams CL: Issues surrounding psychosocial testing of minority patients. Hospital and Community Psychiatry 38:184-189, 1987
Stein LI, Diamond RJ: A program for difficult-to-treat patients. New Directions for Mental Health Services, no 26:29-39, 1985

After the Tears:
Teens Talk About Mental Illness in their Families

Produced by United Mental Health, Inc., Pittsburgh, PA, 1986, 20 minutes

Presented by Ruth L. Drescher, M.S.W., Director, Mental Health Programs, United Mental Health, Inc., Pittsburgh, PA

Summary

This video is designed for teens who have a mentally ill relative, but it can be used with any audience as an educational tool. It features a group of teens talking about their experiences with their mentally ill parents or siblings. The group is facilitated by Tom Sheridan, Ph.D., a psychologist who draws the teens out and offers some helpful ways to cope. Didactic information on chronic mental illness is offered by S. Charles Schulz, M.D.

Available in VHS, VHS/PAL, 3/4″ format from United Mental Health, Inc., 1945 Fifth Avenue, Pittsburgh, PA 15219, (412)391-3820. Rental Price $15. Sale Price $190, $90 for family groups.

Video 2

Sunday, October 7, 1990
12:00 noon-1:30 p.m.

Nowhere to Hide: Coping with Stress in Prison

Produced by Michael J. Guariglia, Frances M. Wilcox, and Christopher C. Cram, 1990, 1 hour and 5 minutes

Presented by Michael J. Guariglia, M.A., Psychologist, Central New York Psychaitric Center, New York, NY

Summary

The program deals with the stress inmates face during incarceration. In the video inmates discuss stressful situations they encounter, the body's response to stress, and coping techniques.

Available in VHS format from Harold E. Smith, Executive Director, Central New York Psychiatric Center, Marcy, NY 13403-0300. Rental fee and price not set at this time.

Sunday, October 7, 1990
12:00 noon-1:30 p.m.

All Day Session:
Women's Treatment Issues

The following videos will be shown in conjunction with Session 2 on Women's Treatment Issues:

"**Post-partum Disorders**" - Directors, Hyatt, 30 minutes

"**Women and AIDS**" - Board, Hyatt, 22 minutes

"**Crime Against the Future**" - Parisienne, Hyatt, 22 minutes

For additional information on these videos, contact Jeanne Burns, M.D., Session Chairperson.

Video 3

Monday, October 8, 1990
8:00-9:00 a.m.

Conversations with Families, Clients, and Providers

Produced by Anita Menfi, R.N., M.A., Jo-Ann Rivera, Ph.D., and Ian Alger, M.D., 1989, 25 minutes

Presented by Anita Menfi, R.N., M.A., Director, Family Studies Section, Bronx Psychiatric Center, Bronx, NY

Summary

New coalitions between providers of mental health care services and the recipients of services agree that multiple family groups and psychoeducational programs can be important first steps toward self-help and advocacy. Participants include the producers, other providers, and consumer advocates.

Available in VHS format from Family Studies Health Sciences Institute, IEA Productions, 520 East 77th Street, New York, NY 10021, (212)249-4030. Sale price $125.

Video 4

Monday, October 8, 1990
12:00 noon-1:30 p.m.

The Myths of Mental Illness

Produced by Bill Brind; National Film Board of Canada, 1989, 56 minutes

Presented by Ian Alger, M.D.

Summary

Fictional dramatic presentation of one man's mental illness and alcoholism and his renewal is interwoven with debate and commentary by two psychiatrists, Canadian Vivian Rakoff and American Thomas Szasz.

Available in VHS format from National Film Board of Canada, 1251 Avenue of the Americas, 16th Floor, New York , NY 10020. Sale price $350.

Video 5

Tuesday, October 9, 1990
8:00-9:00 a.m.

When Children are Witnesses

Produced by Drs. Laurie and Joseph Braga and Children's Institute International, 1989, 48 minutes

Summary

The video depicts the courtroom examination of two children at the trial of a teacher accused of sexually abusing them. The film includes realistic simulations of the pretrial conference, the judge's evaluation of the younger child's competence to testify, and the examination and cross-examination of several witnesses including the two children.

Available in VHS format from Guilford Publications Inc., Department J, 72 Spring Street, New York, NY 10012. Sale price $195.

Video 6

Tuesday, October 9, 1990
12:00 noon-1:30 p.m.

Video Narcoanalysis

Produced by Sam J. Caputo, D.O.; Ronald Bradley, D.O, Ph.D.; John Porter, 1990, 40 minutes

Presented by Sam J. Caputo, D.O., Psychiatrist, Resident, Department of Psychiatry,
Michigan State University, East Lansing, MI

Summary

This presentation demonstrates the efficacy of video feedback used in conjunction with the amytal interview to facilitate recovery of memory in patients with multiple personality disorder.

Available in VHS format from Sam J. Caputo, D.O., Department of Psychiatry, Michigan State University, East Lansing, MI, 48824

Video 7 **Wednesday, October 10, 1990**
8:00-9:00 a.m.

Beyond Safer Sex: Psychosocial Issues in Relapse Behavior

Produced by AIDS Prevention, Denver Department of Health and Hospitals

Presented by William L. Earl, Ph.D., Research Psychologist, AIDS Prevention, Denver Department of Health & Hospitals, Denver, CO

Summary

This video was created as a companion to courses that teach methods for safer sex. It is intended to help men who have made behavioral changes to maintain those changes. It also has been used with medical communities to reduce homophobia in the effort to increase availability of health care for HIV infected men. The video, which can be used as a trigger to group discussion, is part of a six-segment program. A script of the complete program is available for group leaders. Funds for this project were provided by the Centers for Disease Control, Atlanta, GA.

Available in VHS format from AIDS Prevention, 605 Bannock Street, Denver, CO, 80204. Rental fee and sale price not set at this time.

Video 8

Wednesday, October 10, 1990
12:00 noon-1:30 p.m.

I Can Hear the Birds Sing

Produced by Salish-Kootenai Community College, with support from the Indian Health Service, Mental Health Branch, 1989, 59 minutes

Presented by Aurelio N. Galati, M.D., 1989-90 APA/MJ Fellow, Oregon Health Sciences University, Indian Health Services, Portland, OR

Summary

The video depicts the developmenmt of the mental health program on the Flathead Indian Reservation. Stressors present in the community that work against mental health are identified. Clinical services are integrated into the community's culture. The mental health program attempts to deal with issues of identity for both the individual and the tribe.

Available in VHS format from Frank Tyro, Director, Media Center, Salish-Kootenai Community College, P.O. Box 117. Pablo, MT 59855, (405)675-4800. Sale price $25.

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