

**CMHS MANAGED CARE INITIATIVE: ADULT PANEL
CORE COMPETENCIES FOR SERVICE PROVIDERS**

PART ONE: ANNOTATED BIBLIOGRAPHY

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Overview of Bibliography

Following this introduction is a TABLE OF CONTENTS FOR THE ANNOTATED BIBLIOGRAPHY (pp. 2 - 4). The Table of contents is an outline of the material we have gathered and entered so far. The outline follows the contours of the material rather than following some *a priori* scheme.

Section 1 presents some basic material: (I) a few general bibliographies on the topic, and (II) references on general workforce competencies for providing services to people with serious mental illness in a managed care environment.

Section 2 includes material on the views of various stakeholders: (III) Views of six key disciplines (psychiatry, psychiatric rehabilitation, psychology, masters level service providers, nursing, and social work); (IV) Consumers' view and roles; (V) Families' roles and involvement; (VI) Managed behavioral health care's views and needed competencies in the workforce; and (VII) State's Perspectives.

Section 3 contains contemporary resources for this project that could help define the competencies of mental health providers: (VIII) Material on psychosocial services; (IX) Practice guidelines from organizations and states; (X) Standards of Care both from professions and managed care; and finally (XI) studies that bear on relevant competencies.

Section 4 contains miscellaneous materials titled "(XII) Other Curricular Considerations," and includes relevant material such as rural services, linkages, etc.

We have also provided a VERY BRIEF SUMMARY for most references. The summary states what relevant material is discussed, the reviewer's rating and sometimes an evaluative phrase or two.

The ANNOTATED BIBLIOGRAPHY starts on page 5.

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**THE ANNOTATED BIBLIOGRAPHY: CORE COMPETENCIES FOR
MENTAL HEALTH SERVICE PROVIDERS**

SECTION 1: BASIC MATERIALS

I. BIBLIOGRAPHIES

1) Managed Behavioral Healthcare

Kramer, J., & Feldman, S. (1995). Managed Behavioral Health: An annotated bibliography. Rockville, MD: Center for Mental Health Services.

Contains 255 abstracts, name index, & 14 areas: Benefit & system design; capitation; community mental health services; DRGs; economics, forecasting, and pricing; EAPS; HMOs; law and ethics; provider issues; public sector; quality assurance & outcomes; substance abuse; training & education; and utilization management. From 1988 - 1994.

2) Training Professionals to Work with People with Psychiatric Disabilities

Spaniol, L., & Zipple, A., & members of the Curriculum and Training Committee. (1995). Selected Publications for Training Professionals to Work with People with Psychiatric Disability and with their family. Boston MA: Center for Psychiatric Rehabilitation, Boston University.

Center for Community Change through Housing and Support. (1994). esource materials. Burlington, VT: Institute for Program Development, Trinity College of Vermont.

An annotated list of articles, monographs, research instruments, training materials, etc., from 1984 - 1993, on mental health consumers and housing. Articles by Carling, Deegan, Zipple, McCabe, Ridgway, Tanzman, Yoe, and others.

II. GENERAL WORKFORCE COMPETENCIES

Cutler, D., Lefley, H. (Eds.). (1988). Training professionals to work with the chronically mentally ill. Community Mental Health Journal, 24 (4), 253 - 357.

Some earlier but still very useful materials by Bill Anthony, Charles Rapp, Scotty Hargrove, Jeanne Fox, Leonard Stein, Richard Lamb, & Harriet Lefley on disciplines, one-on-one relationships, and working with families.

Curtis, L. C., & Curtis, M. (1993). Workforce competencies for Direct Service Staff Serving Children and Youth Experiencing a Severe Emotional Disturbance and their Families. Burlington, VT: Institute for Program Development, Trinity College of Vermont.

Excellent example of how to write up competency statements, but content not directly relevant to adults.

Goldman, C. R. (1996). Training mental health professionals to work effectively with persons with serious and persistent mental illness. In S. M. Soreff (ed). Handbook for the treatment of the seriously mentally ill. Seattle: Hogrefe & Huber, pp.461 - 486.

Considers all aspects of training process.

Lefley, H. P. (Ed.). (1990). Clinical training in serious mental illness. DHHA Pub. No. (ADM) 90-1679. Washington DC: Superintendent of Documents, U.S. Government Printing Office.

Paulson, R. I., & Paulson, P. S. (1989). Clinical training for services to the long term seriously mentally ill: A multidisciplinary review and assessment. Cincinnati OH: School of Social Work, University of Cincinnati.

An early conference on training from a variety of perspectives. Brief summaries of conference presentations and discussion.

1)Cultural/Gender Competencies

Cultural competencies

See reports of other Panels for this CMHS project.

American Psychological Association Office of Ethnic Minority Affairs. (1993). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. American Psychologist, 48, 45 - 48.

It is what the title says, and does it well.

Gary, L. E., & Weaver, G. D. (1991) A multidisciplinary National Conference on Clinical training and services for mentally ill ethnic minorities. Conference Proceedings. Washington DC: Howard University.

The National Latino Behavioral Health Workgroup. (1996). Cultural competence standards in managed care mental health services for Latino populations. See other Panel.

Gender competencies

Bachrach, L.L., & C. C. Nadelson (Eds.). (1988). Treating chronically mentally ill women. Washington DC: American Psychiatric Press.

McGrath, E., Keita, G.P., Strickland, B.R., & Russo, N.F. (1990). Women and depression: Risk factors & treatment issues. Washington DC: American Psychological Association.

Seeman, M. V. (Ed.). (1995). Gender & psychopathology. Washington DC: American Psychiatric Press.

Presents detailed knowledge base for gender and a variety of disorders. Two-thirds of chapters relevant for this Committee.

2) Ethics/values/rights

Values

See Cnaan, Blanketz & Saunders, under III. 2, Values.

Coursey, R. D. (1990). Values in the education of students about Serious Mental Illness. Statement of the Maryland Training Consortium on SMI.

Curtis, L. C., & Hodge, M. (1994). Old standards, new dilemmas: Ethics and boundaries in community support services. Psychosocial Rehabilitation Journal, 18, 13-33.

Ethics

International Association of Psychosocial Rehabilitation. (1996). Code of Ethics for Psychiatric Rehabilitation Practitioners. Columbia, MD: IAPSR.

This code was developed for psychiatric rehabilitation practitioners and reflects a consumer-oriented set of ethical guidelines.

See Pomerantz & Sabin under VI. 3.

Legal

Americans with Disabilities Act

Bruyere, S. M. & O'Keeffe, J. (Eds.) (1994). Implications of the Americans with Disabilities Act for psychology. Washington DC: APA.

- Civil Rights
- Confidentiality in treatment
- Fair Housing Act
- Mental Health Laws
- Patient Rights
- Policies & Procedures
- Sexual Harassment
- Staff Rights

3)Provider attitudes

- Stigma
- Language sensitivity
- Collaborative model

4)Knowledge

5)Skills

SECTION 2: VIEWS OF STAKEHOLDERS

III. DISCIPLINE ORIENTATIONS/COMPETENCIES

1) Psychiatry

See Practice Guidelines, IX, 1.

Committee on Psychiatry and the Community, Group for the Advancement of Psychiatry. (1993). Resident's Guide to Treatment of People with Chronic Mental Illness. Washington DC: American Psychiatric Press.

Presents clinical principles and techniques that underlie therapeutic work. Organized around following a person from entering the system to longer term care. Underlying model includes (disease model: treating the biological illness; psychosocial component: treating the person; Long-term program of rehabilitation & recovery). Emphasizes interpersonal interventions. Includes: case examples & clinical vignettes throughout.

2) Psychiatric rehabilitation

Backer, T. E.; King, R. B.; & Callanan, D. M. (1993). Innovation Directory: Psychiatric Rehabilitation. Los Angeles: Center for Improving Mental Health Systems at Human Interaction Research Institute.

66 innovative products & programs in psychiatric rehabilitation. Areas include assessment, skills training, support person/program, supported employment, supported housing, social learning/token economy, integrated programs, and system design. Short description, plus rating on validity and reproducibility. Most had lowest level of validity.

Cnaan, R. A., Blankertz, L., & Saunders, M. (1992). Perceptions of consumers, practitioners, and experts regarding psychosocial rehabilitation principles. Psychosocial Rehabilitation Journal, 16, pp. 95-119.

Excellent presentation of values which underlie much of current state of the art psychosocial rehabilitation with SMI.

Joint Commission on Accreditation of Healthcare Organizations. (1994). Principles for Biopsychosocial Rehabilitation. Oakbrook Terrace, IL: JCAHO.

JCAHO put together a national task force to develop standards for a JCAHO manual. These principles were a part of that project. Areas include: Individual involvement & rights; Assessment & planning; Coordination & continuity of integrated services; evaluation & improvement of the rehab program; evaluation and improvement of the community system for rehab services; provision of services; re-assessment & revision of services; and competence of providers.

Jonikas, J. A. (1993). Staff Competencies for Service-Delivery Staff in Psychosocial Rehabilitation Programs. Chicago, IL: Thresholds National Research and Training Center on Rehabilitation and Mental Illness. .

Lists staff competencies under three headings: Attitudes (18 subcategories), Knowledge (22 subcategories), & Skills (17 subcategories). Each subcategory has supporting references. A model presentation.

Kuehnel, T. G., Howard, E., Backer, T. E., & Liberman, R. P. (1994). Psychiatric rehabilitation: Competencies for Mental Health Workers.

The manual presents 10 general competencies along with delineation of knowledge, skills, behaviors under each. The ten are: symptom assessment, functional assessment, skills training, practical psychopharmacology, psychoeducation, staff training, vocational rehabilitation, case management, dealing with special populations; and interpersonal skills.

Maryland Association of Psychiatric Support Services & UMAB Division of Rehabilitation Psychiatry. Introduction to Community Rehabilitation: A Trainer's Manual.

10 three hour training sessions focusing on knowledge which is preliminary to other skills. Emphasizes an active learning/experiential approach. Includes basic background, rehab assessment and planning, case management, residential services, working with families, voc rehab. (Contact Maryland Association of Psychiatric Support Services; 109 Melrose Ave, 2nd floor; Catonsville, MD 21228).

Trochim, W. M. K., & Cook, J. (1993). Workforce Competencies for Psychosocial Rehabilitation Workers: A Concept Mapping Project. Columbia, MD: International Association of Psychosocial Rehabilitation Services.

This final report is a summary of a 400 page report. Unique methodology to identify core competencies and organize them into meaningful clusters.

3)Psychology

Blanch, A. (1994). Knowledge and skills of psychologists for working with SMI: Results of a New York State Leadership Conference.

Lists unique contributions that psychologists can make in services for SMI.

Broskowski, A. T. (1995). The evolution of health care: Implications for the training and careers of psychologists. Professional Psychology: Research and Practice, 26, 156-162.

Examines the principles of the emerging health care systems and their implications for psychologists' research, practice and training.

Cummings, N. A. (1995). Impact of managed care on employment and training: A primer for survival. Professional Psychology: Research & Practice, 26, 10 - 15.

An unflinching examination of the impact of managed care on skills and training psychologists need to survive.

Johnson, D. L. (Ed.). (1990). Service needs of the seriously mentally ill: Training implications for psychology. Washington DC: American Psychological Association.

1). Covers the complexities of service needs of people with SMI and providing trained personnel; changes needed in psychology; conceptual/empirical foundations of work with SMI; academic programs at PhD & MA levels; training in internships; roles of other core disciplines; model programs; and faculty & curriculum development and CE programs.

Ludwigsen, K. R., & Albright, D. G. (1994). Training psychologists for hospital practice: A Proposal. Professional Psychology, 25, 241-246.

Focuses on the type of training psychologists need to achieve competency in hospital practice.

Millet, P. E., & Schwebel, A. I. (1994). Assessment of training received by psychology graduate students in the area of chronic mental illness. Professional Psychology: Research & Practice, 25, 76-79.

A survey of clinical directors revealed that most PhD training programs offer little instruction in the area of SMI.

Smith, G. B., Schwebel, A. I., Dunn, R. L., & McIver, S. D. (1993). The role of psychologists in the treatment, management, and prevention of chronic mental illness. American Psychologist, 48, 966-971.

Troy, W. G. (in progress). Report of the APA Presidential Task Force on Education and Training for Work in Organized Care Settings.

Outlines the training areas that are needed to work in a managed care environment.

Also see Belar (VI, #4); Hersch (VI, #2)

4) Master's level Mental Health Service Providers; Family therapists

Curtis, L. Standards Development Task Force of the Human Resource Development Planning Group for Vermont's Mental Health Workforce. (1993).

See review under VII. States' Perspectives.

Governing Council of the American Counseling Association (April, 1994). The Definition of the Practice of Professional Counseling.

It defines "professional counseling." Generic; not specific to serious mental illness nor managed care.

American Counseling Association (n/a). Standards of Practice.

Presents the standards of the American Counseling Association with respect to the counseling relationship; confidentiality; professional responsibility; relationship with other professionals; teaching, training & supervision; research & publication; and resolving ethical issues. Generic; not specific to serious mental illness nor managed care

American Counseling Association (n/a). Code of Ethics.

The outline of material is similar to that of the Standards of Practice above but is more specific to the clinical practice of mental health counseling and include additional sections on evaluation, assessment, and interpretation. These ethical standards are generic and not specific to serious mental illness nor to managed care.

American Mental Health Counselors Association (n/a). Standards for the Clinical Practice of Mental Health Counseling.

American Mental Health Counselors Association is a division of the American Counseling Association and represents the interests of clinical mental health counseling, a specialty of counseling. They are certified by the Clinical Mental

Health Academy of the National Board of Certified Counselors. These standards are generic and not specific to serious mental illness nor to managed care

Goldstein, M. J., & Miklowitz, D. J. (1995). The effectiveness of psychoeducational family therapy in the treatment of schizophrenic disorders. Journal of Marital and Family Therapy, 21, 361-376.

The authors acknowledge that early interventions based on family systems theory had no empirical support for these disorders. However, recent empirical research on psychoeducational family treatments medication shows that it is unequivocally superior to medication alone or routine care.

Pinsof, W. M., & Wynne, L. C. (1995). The efficacy of marital and family therapy: An empirical overview, conclusions, and recommendations. Journal of Marital and Family Therapy, 21, 585-613.

This article summarizes the set of reviews of efficacy studies for marital and family therapy that appeared in the October volume of the journal. In general, the studies show that marital and family therapy are effective with affective disorders, alcoholism, adult and adolescent drug abuse. See above review for schizophrenia.

5) Nursing

American Nurses Association & others (1994). Statement on Psychiatric-Mental Health Clinical Nursing Practice.

Describes current issues and trends in the field, mental health nursing ethics briefly, scope of practice, and levels of practice. Most relevant are the psychiatric nursing functions (e.g. health promotion, case management, self-care activities, health teaching, home visit, community action, advocacy, and consultation liaison around physical illnesses/disabilities of SMI clients.

American Nurses Association & others (1994). Standards of Psychiatric-Mental Health Clinical Nursing Practice.

Two parts: Standards of care takes each of the nursing functions described above, and provides "measurement criteria"-- really a specification of the critical aspects of each core competency. Standards of professional performance does the same for the following areas: quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization.

Bailey, K. P. & Snyder, M. E. (1995). The implementation of advanced practice psychiatric nurse prescribers: A comprehensive model. Journal of the American Psychiatric Nurses Association, 1, 183-189.

Society for Education and Research in Psychiatric-Mental Health Nursing. (1994). Position Statement. 437 Twin Bay Dr., Pensacola, FL 32534-1350.

Proposes that all undergraduate nursing include knowledge and experiences in psychiatric nursing and that advanced psychiatric nursing training address 13 topics/issues. See competencies.

Stuart, G. W., & Worley, N. (1995). Role Utilization of Nurses in Public Psychiatry. Unpublished manuscript.

A survey of 800 nurses in inpatient and outpatient settings in South Carolina. Measured work perceptions, work activities, factors which promote and prevent appropriate use of knowledge & skill, skills needed to move into community-based psychiatric care.

Talley, S., & Brooke, P.S., (1992) Prescriptive authority for psychiatric clinical specialists: Framing the issues. Archives of Psychiatric Nursing, 6, 71-82.

Bailey, K.P., & Snyder, M.E. (1995). The implementation of advanced practice psychiatric nurse prescribers: A comprehensive model. Journal of the American Psychiatric Nurses Association, 1, 183-189.

Merwin, E. & Mauck, A. (1995). Psychiatric Nursing Outcome Research: The state of the science. Archives of Psychiatric Nursing, 9, 311-331.

Holmberg, S.K., & Kane, C.F. (1995). Severe psychiatric disorder and physical health risks. Clinical Nurse Specialist, 9, 287-292, 298.

6) Social Work

Egnew, R. C. (1995). California's Mental Health and Educational Partnership: A Competency Based Graduate Social Work Curriculum. Salinas CA: R. C. Egnew, MSW. Monterey County Health Department.

California Mental Health Directors Association (1995). Discussion Paper on Graduate School of Social Work Curriculum on Severe Mental Illness and Cultural Competence. Sacramento, CA 95814.

These two papers are bundled together. The first paper gives background on the project and presents the knowledge and values for Cultural Competence, and years 1 and 2 of SW training. The second paper provides a content-oriented overview, including general content areas with specific objectives, and field work placements.

National Council on the Practice of Clinical Social Work, NASW. (1993). The Social Work Perspective on Managed Care for Mental Health and Substance Abuse Treatment. Washington, DC: NASW.

Provides guidelines for managed care organizations, for the clinical social work provider working in a managed care environment, and for social workers functioning as managed care executives and staff. Useful.

IV. CONSUMERS' ROLES/VIEWS

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. Psychosocial Rehabilitation Journal, 16, 11-24.

Beale, Velma & Lambric, Tom. (1995). The Recovery Concept: Implementation in the Mental Health System: A Report by the Community Support Program Advisory Committee. Ohio Department of Mental Health.

This document can serve as an educational tool on the concept of recovery for professionals, families and consumers themselves. As the system moves towards managed care, the recommendation reported by the CSP Advisory Committee to develop a recovery model of treatment for consumers is essential. This report can be used as part of a strategic step forward beyond a few consumer controlled "alternatives" to a recovery oriented system. Excellent.

Brier, Alan & Strauss, John (1983). Self-control in psychotic disorders. Archives of General Psychiatry, 40, p. 1141-1145.

This research article establishes that through the use of self-control measures, many persons with psychotic disorders are able to exert control over symptoms. This self regulation process consists of three phases: (1) persons become aware of the existence of psychotic or prepsychotic behavior by self monitoring; (2) the person recognizes the implications of these behaviors as a signal of the disorder; (3) mechanisms of self-control are employed, including self-instruction, reduced involvement inactivity, and increased involvement in activity. Very important work.

Campbell, Jean & Schraiber, Ron. (1989). The Well-Being Project: Mental Health Clients Speak for Themselves. California Department of Mental Health.

The watershed consumer-directed services research project that relied entirely on consumers/survivors from inception to dissemination of findings. Analysis of 500 responses established the intrinsic link between well-being and personhood. Rather than focusing on pathology and disability, the respondents reported the same needs as most citizens, including freedom. Clinical attitudes and behaviors had the greatest negative effect on well-being with basic freedom and choice, consumer voice, validation, respect and information key variables. Other topics included help-seeking behaviors and coping strategies. A wealth of key information that is organized alphabetically for easy reference.

Chamberlin, Judi. (1978). On Our Own: Patient-Controlled alternatives to the Mental Health System. Hawthorne Books: New York.

The classic book of the psychiatric liberation movement that propelled mental health consumer to become actively involved in their services and to develop peer-run alternatives to traditional mental programs. A comprehensive critique of the biomedical model that is as relevant today as when it was first published. Amust read by all mental health staff.

Davidson, Larry & Strauss, John. (1995). Beyond the biopsychosocial model: integrating disorder, health, and recovery. Psychiatry, 58, p. 44-55.

The authors reconsider traditional models of disorder and suggest that the focus on pathology has led to the exclusion of processes of health and recovery. They develop a life-context model to permit a more effective integration of the diverse factors involved in the restoration of health. They present such concepts as the coexistence of competence and dysfunction as underlying the core rehabilitative strategy of building on a patient's strengths. An intellectual tour de force on recovery.

Deegan, Patricia. (1996). Recovery as a journey of the heart. Psychiatric Rehabilitation Journal, 19 (3), p. 91-97.

The author discusses both the concept, goals, and process of recovery using her own experiences to illuminate her observations. She cites hope as particularly important and the behaviors and attitudes of staff that erode a person's ability to care. The article sets the goals of a training agenda for the next generation of mental health professionals.

Hatfield, A. B., & Lefley, H. P. (1993). Surviving mental illness: Stress, coping, and adaptation. NY: Guilford Press.

Herman, Judith. (1992). Trauma and Recovery. Basic Books.

This book represents the fruits of two decades of research and clinical work with victims of sexual and family violence. It also reflects a growing body of experience with many other traumatized people. This is a book about restoring connections: between public and private worlds, between the individual and the community, between men and women. It defines the fundamental stages of recovery: establishing safety, reconstructing the trauma story, and restoring the connection between survivors and their community. The second part of the book develops an overview of the healing process and offers a new conceptual framework for psychotherapy with traumatized people. Testimony of survivors and case examples are offered.

Lidz, Charles; Hoge, Steven; Gardner, William; Bennett, Nancy; Monahan, John; Mulvey, Edward; & Roth, Loren. (1995). Perceived coercion in mental hospital admission: pressures and process. Archives of General Psychiatry, 52, p. 1034-1039.

This study looks at the determinants of patients' perceptions of coercion and suggests that these perceptions in psychiatric hospital admissions affect their attitude toward subsequent treatment, including their inclination to adhere to treatment plans. Perceptions of being respectfully included in a fair decision-making process such as respect, validation, voice, and other related aspects of the interaction were most closely associated with perceived coercion. A significant relationship was also found with perceived negative pressures, i.e., force and threats. Such findings strongly suggest that clinicians would be well advised to attend to the manner in which they admit patients, especially those admitted involuntarily.

Malloy, M. (1995). Managed Care: A primer for families and consumers. Arlington, VA. NAMI.

Clear exposition of managed care as it relates to the public mental health systems, medicaid waivers, and various states' experiences. It also presents NAMI Health Care Reform Principles, and a checklist for an ideal managed care mental health system for consumers with serious mental illness.

Nide, Nancy (Ed.). (1990). Yes, I Can! Seven True Stories of Persons Coping with Mental and Emotional Illness. Alliance for the Mentally Ill: Franklin County, OH.

This anthology of stories of people coping with mental illness has much to offer to an understanding of healing and recovery: e.g., the chapter by Mary Lee Stocks talks of the hypervigilance of co-workers (mental health professionals) who constantly monitored and pathologized her normal range of emotions from joy to anger. This led to her alienation and isolation at work.

Pritchard, Marietta (Ed.). (1994). Dare to Vision: Shaping the National Agenda for Woman, Abuse and Mental Health Services. Proceedings. Human Resources Association of the Northeast: MA.

This conference exposed the powerful connection between women's experiences with physical and sexual abuse and the health and mental health damage left in its wake. It discussed the injuries caused by lack of recognition, indifference, and wrong-headedness of caregivers in the mental health system. Conference participants gave grim testimony to the pervasive and long-lasting impact of such treatment, as well as the ways in which the system retraumatizes abuse survivors. Important statistics are also included.

Ridgway, P. The Voice of consumers in mental health systems: A call for change. A literature review. Burlington VT: The Center for Community Change through Housing and Support.

Covers the gap in goals/perceptions between clients & professionals; consequences of ignoring client viewpoints; importance of self-determination; homeless mentally ill view their needs; other clients' views; strategies for involving clients. Lit. review through 1987.

Sherman, P., & Kaufmann, C. (3/11/95). A compilation of the literature on what consumers want from mental health services. A report prepared for the MHSIP Phase II Task Force on the Design of the Mental Health Component of a Healthcare Report Card. CMHS: Under contract from the Evaluation Center @ HSRI.

40 studies received from a wide variety of sources. Empirical reports on what consumers want. Careful description of each study plus lists of concerns, & occasional commentary. Superb foundation material.

Spaniol, L., & Koehler, M. (1995). The experience of recovery. Boston: Center for Psychiatric Rehabilitation.

Trochim, W., Dumont, J., & Campbell, J. (1993). Mapping mental health outcomes from the perspective of consumers/survivors. A report for the State Mental Health Agency Profiling system. Alexandria VA: NASMHPD Research Institute.

13 mental health outcome indicator clusters were developed using 17 highly knowledgeable consumers/survivors and multidimensional scaling and hierarchical cluster analysis. The named clusters include: damaging effects of the system; inner process of healing; self-actualization/personal sovereignty; identity; autonomy versus coercion; degree of voluntariness & control over treatment; consumer impact on system development; consumer impact on service delivery; legal system issues; citizenship; alternatives to the system; quality of life.

Wells, Donn. (1992). Management of early postdischarge adjustment reactions following psychiatric hospitalization. Hospital and Community Psychiatry 43(10), p. 1000-1004.

Psychiatric patients frequently experience serious symptoms and demonstrate disturbed behaviors in the early postdischarge period. The author reviews symptoms and behaviors that can occur and notes that they should most often be viewed as adjustment reactions rather than as exacerbations of the primary illness. Interventions and supports are discussed.

V. FAMILIES' ROLES/INVOLVEMENT

Glynn, S. M., Liberman, R. P., & Backer, T. E. (1994). Involving families in mental health services: Competencies for mental health workers.

Defines 7 competencies plus specific skills: developing collaboration with family; providing basic info on SMI; enhancing stress management; helping families use the treatment system; helping families meet their own needs; helping families deal with special characteristics of its ill member; managing professional issues successfully.

Hatfield, A. B. (1991). A Syllabus for working with families of the mentally ill. Contains 6 lesson plans for 1-3 hour classes. Includes objectives, readings, presentations, resources. Available from the author.

Marsh, D. T. (1992). Families and mental illness: New directions in professional practice. NY: Praeger.

National Alliance for the Mentally Ill. (1995). NAMI Policy Statement on Managed Care.

VI. MANAGED CARE

1) Computers & Managed Care

Ball, M. J. (1995). Where are we headed? Visioning the computer-based patient record. Behavioral Healthcare Tomorrow, 4 (1), 84, 81-82.

Brief overview of area, plus advantages, future, privacy concerns.

Work Group for Computerization of Behavioral Health and Human Services, Inc. (9/95). The State of Computerization among Managed Behavioral Healthcare Companies: A National Survey. Rockville, MD: Center for Mental Health Services.

Includes what functions computers are used for: e.g., client tracking, fiscal management, etc.; staff training and attitudes about it; and confidentiality procedures.

Trabin, T. (1994). How will computerization revolutionize managed care? Managed Care Quarterly, 2, (2) 22-24. "...how computerization will help clinicians and case managers access and communicate patient data for behavioral health services in the near future" (Kramer & Feldman, #254).

2) Adapting to Managed Care

Beigel, A. (1994). The challenges facing psychiatric education in the changing health care and medical education environment.

Excellent honest discussion of the issues facing psychiatric education due to managed care environment. Focuses more on structures and supports but very little on the competencies needed for future psychiatrists.

Hersch, L. (1995). Adapting to health care reform and managed care: Three strategies for survival and growth. Professional Psychology: Research and Practice, 26, 16-26.

Reviews managed care and how psychologists can usefully relate to it.

Also see National Council on the Practice of Clinical Social Work, NASW. (1993). The Social Work Perspective on Managed Care for Mental Health and Substance Abuse Treatment. III. 6.

3) Ethical Issues

Business aspect

Hass, L.J., & Cummings, N.A. (1991). Managed outpatient mental health plans: Clinical, ethical, and practical guidelines for participation. Professional Psychology: Research and Practice, 22, 45-51.

Examines the clinical, ethical, & fiscal aspects of participation in brief managed outpatient care and concludes that with proper training ethical clinicians can participate in certain managed-care plans.

See Koocher, II, 2.

Confidentiality

Corcoran, K., & Winslade, W.J. (1994). Eavesdropping on the 50-minute hour: Managed mental health care and confidentiality. Behavioral Sciences and the Law, 12, 351-365.

Discusses managed care, recent case law developments, and the legal basis of confidentiality in the patient-therapist relationship. Discusses current problems and offers suggestions.

Ethical Principles

Austed, C. S. (1996). Is long-term psychotherapy unethical? Toward a social ethic in an era of managed care. San Francisco: Jossey-Bass.

A new model in which the criteria and priorities for psychological services are driven by societal needs and resources.

Pomerantz, J.M. (1995). A managed care ethical credo: For clinicians only? Psychiatric Services, 46, 329-330.

Critiques Sabin's ethical credo for clinicians working in managed care (see below). Emphasizes the need for a corresponding ethical credo for managed care industry.

Sabin, J.M. (1994). A credo for ethical managed care in mental health practice. Hospital and Community Psychiatry, 45, 859- 860.

Presents how managed care can be conducted in clinically and socially responsible manner.

Feldman, S. (1994). Managed mental health: Community mental health revisited? Managed Care Quarterly, 2 (2), 13-18.

4) Dimensions/Issues in Managed Care

Overview

Freeman, M. A., & Trabin, T. (10/5/94). Managed behavioral healthcare: History, Models, Key Issues, and Future Course. Rockville MD: Center for Mental Health Services.

Succinct summary of core methods and predominant models of managed behavioral healthcare (MBH), brief history of MBH carve-out, key issues facing health systems planners, and alternative future scenarios.

Cost control

Eckert, P.A. (1994). Cost control through quality improvement: The new challenge for psychology. Professional Psychology: Research and Practice, 25, 3-8.

Need to use long-term cost containment by maximizing access to mental health care, optimal mix of mental health care, and increasing efficiency and effectiveness of services. Support's Deming's approach.

Melek, S.P., Pyenson, B.S. (1996). The Costs of Non-Discriminatory Health Insurance Coverage for Mental Illness. Report from Sharon Cohen, April 11, 1996.

Report on estimation of costs for non-discriminatory coverage for treating severe mental illness. Uniform coverage and cost sharing for all medical conditions including SMI is contained in a report dated Feb. 1996 by Watson Wyatt Worldwide for the Association of Private Pension and Welfare Plans (APPWP).

Integration of health & mental health

Mechanic, D. (1994). Integrating mental health into a general health care system. Hospital and Community Psychiatry, 45, 893-897.

Written about the Clinton mental health benefit but applicable to managed care. Emphasizes the point that effective services to SMI requires capacity to organize and manage services across broad medical and social areas.

Multidisciplinary collaboration

Belar, C. D. (1995). Collaboration in capitated care: Challenges for psychology. Professional Psychology: Research and Practice, 26, 139-146.

Discusses challenges for psychology: intradiscipline issues, relationships with other psychosocial care systems, and broad health care system issues. Psychology's future in capitated care will rest on skills in research, program development, and specialty practice areas (e.g., clinical health psychology, clinical neuropsychology).

Treatment-team model

Olsen, D. P., Rickels, J., & Travlik, K. (1995). A treatment-team model of managed health care. Psychiatric Services, 46, 252- 256.

Describes the treatment team model of managed care used in psychiatric emergency services, its advantages & limits.

Parity

American Psychiatric Association

Point of Service

Patterson, D.Y. (1993). Twenty-first century managed mental health: Point-of-service treatment networks. Administration and Policy in Mental Health, 21(1), 27-33.

Describes point-of-service model, its impact on mental health, and the need to do it "right."

5)Interventions & Managed Care

Case management

Manderscheid, R. W., Henderson, M. J. (1995). Federal and State Legislative and Program Directions for Managed Care: Implications for Case Management. Rockville MD: CMHS.

11 page summary of what is happening at state and federal level

Health promotion/prevention

Winett, R.A. (1995). A framework for health promotion and disease prevention programs. American Psychologist, 50, 341-350.

Provides a framework for development and implementing health behavior change programs.

Humanistic approaches

Kuhl, V. (1994). The managed care revolution: Implications for humanistic psychotherapy. Journal of Humanistic Psychology, 34(2), 62-81.

Speculates on the implications of managed care for humanistic psychotherapy.

Psychotherapy

Austad, C., & Hoyt, M. (1992). The managed care movement and the future of psychotherapy. Psychotherapy, 29, 109-118.

Focuses on psychotherapy models that are theoretically and philosophically compatible with an equitable distribution of mental health care to all. Features of such an "HMO therapy" and its advantages and problems are discussed.

Psychological Services

Abrahamson, D.J. (1992). A scientist-practitioner organization responds to the challenges of managed mental health care. Psychotherapy in Private Practice, 11(2), 21-27.

Discusses the clinical, ethical, & economic impact managed mental health care has on ability of private practitioner to practice. Suggests changes needed in training.

Rehabilitation

Landress, H. J., & Bernstein, M. A. (1993). Managed care: Implications for psychosocial rehabilitation services. Psychosocial Rehabilitation Journal, 17, 5-14.

6)Program Evaluation/Improvement

Performance measures/indicators

Dunn, L. (4/22/96). Major Depression Measurement Proposal. FACCT

Bartlett, J., Panzarino, P., Ross, C., & Shaffer, I. (April 11, 1996). Managed behavioral health care organizations premises and accountable systems of care: Statement given to the institute of medicine, committee on quality assurance and accreditation guidelines for managed behavioral health care. AMBHA: Executive Director's Report for April 11, 1996. E. C. Ross.

Quality Assurance/improvement/standards

Bartlett, J., Panzarino, P., Ross, C., & Shaffer, I. (April 11, 1996). Managed behavioral health care organizations premises and accountable systems of care: Statement given to the institute of medicine, committee on quality assurance and accreditation guidelines for managed behavioral health care. AMBHA: Executive Director's Report for April 11, 1996. E. C. Ross.

See also Eckert, VI 4)Cost Control.

National Technical Assistance Center for Children;s Mental Health (1995). Quality assurance Criteria and procedures: Oregon Health Plan.

7)Behavioral Health Standards

Quality improvement

Utilization management

CORPHEALTH, Inc. (2/96). Provider Resource Manual. Utilization Review Policy, pp. 11 - 15.

Covers policy, responsibilities, confidentiality, staff qualifications, staff training, certification of behavioral health care services. Other sections are: Behavioral health care clinical criteria; review procedures; clinical office standards; Medical records standards; Members rights and responsibilities; Individual provider site survey.

Foundation Health PsychCare Services (MHN Division). (2/28/96). Clinical Services Manual.

Focuses on policies and procedures. Includes: access to care & service, case management, employee assistance program, risk management, quality management.

Credentialing

CompCare (Comprehensive Behavioral Care, Inc). (8/95). Credentialing Committee, policy and procedures.

Generally follow NCQA guidelines. In process of rewriting it.

Members' rights and Responsibilities

See Corphealth, Inc. above under utilization management.

Preventive healthcare services standards

Clinical evaluation and treatment records

O'Kane, M. E., President of NCQA. (4/10/96). Draft Accreditation Standards for Managed Behavioral Health Care Organizations for April 1, 1996.

8) Managed care and mental health policies

Murphy, A. M. (9/1995). Formation of Networks, Corporate Affiliations and Joint Ventures among Mental Health and Substance Abuse Treatment Organizations. Rockville, MD: CMHC. (R 3). This is a substantive 59 p. document about network formation, types, goals, organizational models, and managerial, policy, and legal issues. It is not directed at competencies for service providers.

9) Training Implications

Blackwell, B. & Schmidt, G. L. (1992). The educational implications of managed mental health care. Hospital & Community Psychiatry, 43, 962-964.

Educational implications from experience of medical school services in an HMO environment.

Lowman, R. L., & Resnick, R. J. (Eds.). (1994). The mental health professional's guide to managed care. Washington DC: American Psychological Association.

Written for mental health practitioners and researchers "who are looking for a general overview of what managed care is and how to operate effectively within it" (Kramer & Feldman #229).

Troy, W. G. (1994). Developing and improving professional competencies. In S. A. Shuman, W. G. Troy, & S. L. Mayhugh (eds.), Managed Behavioral Health Care: An Industry Perspective. (pp. 168-188). Springfield, IL: Charles C. Thomas.

A no-holds-barred look at how all parties have failed to focus on developing appropriate competencies for service providers and what can be done.

Winegar, N. (1992). The clinician's guide to managed mental health care (1st ed.). NY: Hayworth Press.

"Thorough overview of the essential components of emerging managed care system. It "gives clinicians the basic knowledge needed to respond effectively to the rise of managed mental health care" (Kramer & Feldman #236).

VII. STATES' PERSPECTIVES

Department of Mental Health, Connecticut. Family Policy (Commissioner's Policy Statement No. 71.

Recognizes the family role and burden in the area of serious mental illness and outlines the Department of Mental Health role in assisting families.

Anonymous. A Checklist of Effective Family-Professional Collaboration.
A Checklist for Effective Family-Professional Collaboration.

Brief but useful checklists for attitudes, behaviors, and structures for interacting and including family members in planning and treatment processes. Has been used in Connecticut.

Silver, S., & Stockdill, J. Maryland Department of Health and Mental Hygiene. (1993). Draft Plan of Comprehensive Mental Health Services FY 1995 - FY 1999: A Consumer-oriented system into the year 2000.

Document provides a sketch of what good service systems should look like in terms of fundamental values for the system (p. 18); ideal array of services (p.26); & system goals (p. 20).

South Carolina Department of Mental Health. (1/11, 1995). Adult Community Rehabilitation and Support Work Group Report.

Superb document. Contents: State of art interventions, programs & future directions (pp.-12). Relevant social/cultural forces & values (13-16). Knowledge, skills & attitudes of individuals & teams (17-33). Unique qualifications of disciplines (34-36). Needed modifications in pre-service training (55-62, esp. 58-61). Continuing education (63-65). Recommendations (68-70). Also Appendix C for list of knowledge, skills, attitudes & personal characteristics. (There are several different versions of this report.)

Vermont Department of Mental Health and Mental Retardation (July 1992). Training Standards for staff Who Work with Adults with Serious Mental Illnesses in Public Mental Health Services.

Presents 10 basic categories each of which are broken down into 4 or 5 subcategories, which are in turn further broken down into 2 to 10 subsubcategories. Excellent.

See the Texas Quality System Oversight Plan (XI, 1)

See Practice guidelines from states IX 3.

See Standards from states X 3.

SECTION 3: RESOURCES FOR THE PROJECT

VIII. PSYCHOSOCIAL SERVICES & PROGRAMS LITERATURE

1) General Background Reviews

Bedell, J. R. (Ed.). (1994). Psychological assessment and treatment of persons with severe mental disorders. Washington DC: Taylor & Francis.

Fox, J. C., & Kane, C. F. (1996). Information processing deficits in schizophrenia. In A. B. McBride & J. K. Austin (Eds.), Psychiatric-Mental Health Nursing: Integrating the behavioral and biological sciences. Philadelphia: W. B. Saunders, pp. 321-347.

Describes research findings that are important for psychiatric nurses to know in diagnosing and treating clients with schizophrenia.

Gabbard, G. O. (Ed. in chief). (1995). Treatments of psychiatric disorders. (2 volumes). Washington DC: American Psychiatric Press.

Succinct reviews of major modalities of treatment of DSM IV disorders. Also briefly presents empirical evidence for efficacy where available.

Gerhart, U. C. (1990). Caring for the chronic mentally ill. Itasca, IL: Peacock.

Hirsch, S. KR. & Weinberger, D. R. (1995). Schizophrenia. Cambridge MA: Blackwell Science.

Kingdon, D. G., & Turkington, D. (1994). Cognitive-behavioral therapy of schizophrenia. NY: Guilford Press.

Marsh, D. T. (Ed.). (1994). New directions in the psychological treatment of serious mental illness. Westport CN: Praeger.

NIMH, National Advisory Mental Health Council. (1991). Caring for People with Severe Mental Disorders: A National Plan of Research to Improve Services.

Scott, J. E., & Dixon, L. B. (1995a). Psychological interventions for schizophrenia. Schizophrenia Bulletin, 21, 621-630.

Shriqui, C. L., & Nasrallah, H. A. (Eds.). Contemporary issues in the treatment of schizophrenia. Washington DC: American Psychiatric Press.

Soreff, S. M. (Ed.). (1996). Handbook for the treatment of the seriously mentally ill. Seattle: Hogrefe & Huber.

2) Assertive Community Treatment (ACT)

Scott, J. E. & Dixon, L. B. (1995-b). Assertive community treatment and case management for schizophrenia. Schizophrenia Bulletin, 21, 657-668.

3) Case management

See Scott and Dixon, 1995-b in #2 above.

4) Employment

Lehman, A. F. (1995). Vocational rehabilitation in schizophrenia. Schizophrenia Bulletin, 21, 645-656.

Viccora, E., Perry, J., Mancuso, L. (1993). Exemplary practices in employment Services for People with Psychiatric Disabilities. Alexandria, VA: NASMHPD

Presents NASMHPD's position statement on employment of persons with SMI; a 4 page background review; and descriptions of state-nominated employment initiatives for the 1993 NASMHPD Employment Services Award.

5) Famiy Interventions

Dixon, L. B., & Lehman, A. F. (1995). Family interventions for schizophrenia. Schizophrenia Bulletin, 21, 631-643.

6) Group therapy

Kanas, N. (1986). Group therapy with schizophrenics: A review of controlled studies. International Journal of Group Psychotherapy, 36, 339-351.

Kanas, N. (1993). Group psychotherapy with schizophrenia. In H. I. Kaplan & B. J. Sadock (Eds.) Comprehensive group psychotherapy. (3rd ed., pp. 407-417). Baltimore, MD: Williams & Wilkins.

Kanas, N., Deri, J., Ketter, T., & Fein, G. (1989). Short-term outpatient therapy groups for schizophrenics. International Journal of Group Psychotherapy, 39, 517-522.

7)Housing/Residential Services

Center for Community Change through Housing and Support. (1994). Resource materials. Burlington, VT: Institute for Program Development, Trinity College of Vermont.

An annotated list of articles, monographs, research instruments, training materials, etc., from 1984 - 1993, on mental health consumers and housing. Articles by Carling, Deegan, Zipple, McCabe, Ridgway, Tanzman, Yoe, and others.

8)Individual psychotherapy

Jamison, K.R., & Goodwin, F.K. (1983). Psychotherapeutic issues in bipolar illness. In L. Grinspoon, (Ed.), The American Psychiatric Association annual review (Vol. 2, pp. 319-337). Washington DC: American Psychiatric Press.

Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. New York: Guilford.

Novalis, P. N., Rojcewicz, S. J., Peele, R. (1993). Clinical manual of supportive psychotherapy. Washington DC: American Psychiatric Press.

Rockland, L. H. (1993). A review of supportive psychotherapy, 1986-1992. Hospital and Community Psychiatry, 44, 1053-1060.

9)Psychoeducation

We have a PsycLit scan of psychoeducational articles from Jan 1990 - 6/96. 75 articles were identified.

10)Psychopharmacology

Buchanan, R. W. (1995). Clozapine: Efficacy and safety. Schizophrenia Bulletin, 21, 579-591.

Dixon, L. B., Lehman, A. F., & Levine, J. (1995). Conventional antipsychotic medications for schizophrenia. Schizophrenia Bulletin, 21, 567-577.

Schatzberg, A. F. & Nemeroff, C. B. (Eds.) (1995). Textbook of psychopharmacology. Washington DC: American Psychiatric Press.

Umbricht, D., & Kane, J. M. (1995). Risperidone: Efficacy and safety. Schizophrenia Bulletin, 21, 593-606.

11)Self-help

Goldman, C. R. & Lefley, H.P. (1996). Working with advocacy, support, & self-help groups. In J. V. Vaccaro & G. H. Clark (eds.), Practicing psychiatry in the community: A manual, pp.361-386. Washington DC: Am. Psychiatric Press.

Describes the movements and provides details of principles & practice.

Mueser, K. T., & Gingerich, S. (1994). Coping with schizophrenia: A guide for families. Oakland CA: New Harbinger Publications.

Spaniol, L., Koehler, M, & Hutchinson, D. (1994). The recovery workbook: Practical coping and empowerment strategies for people with psychiatric disability. Boston: Center for Psychiatric Rehabilitation.

Torrey, E. F. (1995). Surviving schizophrenia: A family manual. (3rd ed.) NY: Harper & Row.

12)Social Skills Training

Scott, J. E., & Dixon, L. B. (1995a). Psychological interventions for schizophrenia. Schizophrenia Bulletin, 21, 621-630.

13)Supported Education

Unger, K. V. (1993). Special Issue on Supported education. Psychosocial Rehabilitation, 17, whole no. 1.

IX. PRACTICE GUIDELINES

American Psychiatric Association Work Group on Psychiatric Evaluation of Adults. (1995). Practice guideline for psychiatric evaluation of adults. Washington DC: American Psychiatric Association.

Excellent balanced coverage.

Clinton, J. J, McCormick, K., & Basteman, J. (1994). Enhancing clinical practice: The role of practice guidelines. American Psychologist, 49, 30-33.

The authors from the Agency for Health Care Policy & Research (AHCPR) describe the purpose, methodology, mechanisms of developing, disseminating, and evaluating practice guidelines.

Corrigan, P. W., McCracken, S., & Mehr, J. (1995). Practice Guidelines for Extended Psychiatric Care: From Chaos to Collaboration. Springfield, Ill.

Excellent overview of a wide-variety of information: token economies, physical plant requirements, quality improvement, treatment philosophy, discharge criteria, etc.

International Association of Psychosocial Rehabilitation Services (1996 draft). IAPSRs Practice Guidelines. This is in an early stage of development by V. Mellen, P. Hays, Ruth Hughes and the IAPSRs Managed Care Subcommittee.

1) Specific Disorders

Mood disorders

NIMH Consensus Development Conference Statement. (1985). Mood disorders: Pharmacologic prevention of recurrences. American Journal of Psychiatry, 142, 469-476.

Specifics of the knowledge/skill base.

Depression Guideline Panel. (1993). Depression in primary care: Vol.1 Detection and diagnosis and Vol 2. Treatment of major depression (Clinical Practice Guideline, # 5, AHCPR Pub. No. 93-0550 and 0551). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research.

Specifics of the knowledge/skill base.

Schulberg, H. C., & Rush, A. J. (1994). Clinical practice guidelines for managing major depression in primary care practice: Implications for psychologists. American psychologist, 49, 34-41.

Specifics of the knowledge/skill base.

Muñoz, R. F., Hollon, S. T., McGrath, E., Rehm, L. P., & VandenBos, G. R. (1994). On the AHCPR Depression in Primary Care guidelines: Further considerations for practitioners. American psychologist, 49, 42-61.

Specifics of the knowledge/skill base.

American Psychiatric Association Work Group on Bipolar Disorder. (1995). Practice guideline for treatment of patients with bipolar disorder. Washington DC: American Psychiatric Association.

American Psychiatric Association Work Group on Major Depressive Disorder. (1993). Practice guideline for major depressive disorder in adults. American Journal of Psychiatry, American Journal of Psychiatry, 150, (April Suppl.). 1-26.

Specifics of the knowledge/skill base.

Schizophrenia

Work Group on Schizophrenia. (in process). Practice Guideline for treatment of patients with schizophrenia. Washington DC: American Psychiatric Association. (R 1).

Excellent and balanced coverage.

2)Dual Diagnoses

Alcohol/drug abuse & SMI

American Psychiatric Association Work Group on Substance Use Disorders. (1995). Practice guideline for the treatment of patients with substance use disorders (Alcohol, cocaine, opioids). Washington DC: American Psychiatric Association.

Excellent balanced coverage.

Center for Substance Abuse Treatment. (1994). Assessment and treatment of patients with coexisting mental illness and alcohol and other drug abuse. Treatment Improvement Protocol (TIP) Series # 9. Rockville MD: SAMHSA.

Discusses all aspects of dual diagnoses across all major mental illnesses. Includes recommendations for policy, program development, & linkages. Specifics of the knowledge/skill base.

Developmental disabilities & SMI

HIV/AIDS & SMI

Physical illnesses & SMI

Trauma & SMI

3)State Practice Guidelines

Office of Behavioral Health Services, West Virginia. (1995). Guidelines of practice for persons with serious mental illness.

Includes mission statements; goals for the system. The remaining parts are very brief presentations of current thinking about various services. E.g., conceptual framework (Bill Anthony's view); service values; best practices (ACT Model); case management (Rapp's strengths model); supported housing (Carling's work); supported employment; educational services; supported education, etc.

4)Other Material on Practice Guidelines

IAPSRs (1996). Practice Guidelines for Psychiatric Rehabilitation (Draft).

Covers assessment & planning, criteria for recovery (3 levels), rehabilitation and treatment interventions. Defines the fundamentals only.

Clinical Work Group, OPTIONS Mental Health. (11/95). Diagnosis Based Treatment Guidelines.

Briefly (1-2 pages) covers most common disorders.

X. STANDARDS OF CARE

1) Professional standards of care

Joint Commission on Accreditation of Healthcare Organizations (JCAHO). (1995). Accreditation Manual for Hospitals.

Includes material on patient-focused functions such as patient rights, education of patients/family, continuum of care.

National Association of Social Workers (1981). NASW Standards for Social Work in Health Care Settings. Washington DC: NASW.

Standards primarily about the work setting, functions, personnel, preparing workers, budget, space, etc.

NASW Provisional Council on Clinical Social Work. (1989). NASW Standards for the Practice of Clinical Social Work. Washington DC: NASW.

Very general standards which undergird any mental health worker: be ethical, accessible, continue education, safeguard confidentiality, accurately represent themselves.

Long-term Care Facilities Standards Task Force. (1981). NASW Standards for Social Work Services in Long-term Care Facilities. Washington DC: NASW.

Combines material from the 2 NASW standards above with listing of types of work social workers do, adequate staffing, adequate documentation, quality control.

Science Applications International Corporation. (1995). Mental Health Quality Monitoring Screens and Utilization Review Criteria.

Developed for the Government to manage quality and utilization of mental health and chemical dependency services provided by CHAMPUS. The criteria sets were developed from the best of 65 mental health practice guidelines and clinical judgment. Careful criteria and methodology was used. Besides the monitoring screens and utilization criteria, it also provides a bibliography of Practice Guidelines, selected clinical methods, selected guidelines for ethnic, linguistic and cultural diversity, as well as seclusion and restraint, plus other utilization review criteria.

Clinical Protocols/ Criteria/Service Standards

Behavioral Health Services, Arizona Department of Health Services (1994). Level of Care Criteria.

Criteria for admission & continued stay at a variety of programs. Includes forms for determining service levels and evaluation of performance/functioning. Criteria for both adults and children.

3)State Standards of Care

Department of Mental Health of Massachusetts (1993). DMH Service Standards.

Provides clinical and programmatic requirements which govern the operations of various programs such as acute inpatient floors, Emergency programs, partial hospitalization, and Day Treatment. Basics required of good program manuals for these services.

XI. OUTCOME MEASURES & STUDIES

Kane, R. L., Bartlett, J., & Potthoff, S. (1995). Building an empirically based outcomes information system for managed mental health care. Psychiatric Services, 46, 459-461.

Mental Health Statistics Improvement Program Task Force on Design of the Mental Health Component of a Health Plan Report Card, CMHS (5/94). Mental Health Component of a Health Plan Report Card: Progress Report.

Minimal recommended indicators in a report card. Domains: Access, Appropriateness, Outcomes, Promotion/Prevention, Consumer Satisfaction. Assessment of current healthcare report cards. Current projects on Report Cards. References.

National Committee for Quality Assurance. (1996). Draft Accreditation Standards for Managed Behavioral Healthcare Organizations. Washington DC: NCQA.

A Behavioral Health Task Force with a cross section of people (consumers, employers, purchasers, etc.) developed these standards for behavioral health companies. They include standards on availability of practitioners, accessibility of services, member satisfaction, practice guidelines, continuity & coordination of care, clinical measurement activities, etc. A critical step forward for improving

quality in behavioral healthcare companies and their services, but not directly and immediately relevant to needed competencies of front-line workers.

Oregon Health Plan Medicaid Demonstration Project. (1992). Evaluation Standards.

Example of providing measurement standards for all aspects of the Oregon Medicaid Demonstration Project.

Research Committee of IAPSRs (1995). Toolkit for Measuring Psychosocial Outcomes. Columbia MD: International Association of Psychosocial Rehabilitation Services.

An outcomes measure that looks at 7 domains: Baseline demographics, hospitalization, residential services, employment, education, financial, and legal.

Texas Department of Mental Health & Mental Retardation State Hospital System (1994). The Quality System Oversight Plan. Presentation at NAMI Convention in San Antonio.

Results from class action suite (Jenkins v. Cowley). Includes a statement of patient rights. The system monitors & measures individualized treatment, consent forms, patient rights, abuse & neglect, patient satisfaction, etc.

See Sherman & Kaufmann (3/18/96) under IV.

See Trochim, W., Dumont, J., & Campbell, J. (1993) under IV.

2)Controlled Efficacy Studies of Specific Interventions

See III. Discipline orientations; 4)MA Level M.H. Service providers; family therapists. p. 11.

Severe Mental Disorders

Keith, S. J., & Matthews, S. M. (1993). The value of psychiatric treatment: Its efficacy in severe mental disorders. Psychopharmacology Bulletin, 29, 427-548.

The whole issue (#4) provides an excellent set of empirical reviews that examine pharmacological and psychosocial research in 8 areas (schizophrenia, bipolar disorders, major depression, panic disorder, obsessive-compulsive disorder, Geropsychiatric, children & adolescents, and psychiatric rehabilitation).

Schizophrenia

Lehman, A. T., & Dixon, L. B. (1995). Schizophrenia: Treatment outcomes research. A special section in Schizophrenia Bulletin, 21 (4), 561 - 675.

A careful, balanced review of reviews in 9 modalities of treatment of schizophrenia: conventional and recent antipsychotic medication, individual and group psychotherapy, psychosocial skills training, family interventions, vocational rehabilitation, assertive community treatment, and case management.

Affective disorders

Kelley, M. P. (1996). Recent empirical outcome studies on psychosocial interventions (19887 - 1995).

Other Disorders which can be chronic, severe, & disabling

Kelley, M. P. (1996). See above.

Psychiatric Rehabilitation Services

Jonikas, J. & Cook, J. (1995?). Outcomes in psychiatric rehabilitation.

3)Long-term Outcome Studies

Harding, C. M., Zubin, J., & Strauss, J. S. (1987). Chronicity in schizophrenia: Fact, partial fact, or artifact? Hospital & Community Psychiatry, 38, 477-486.

Hegarty, J. D., Baldessarini, R. J., Tohen, M., Wateraux, C., & Oepen, G. (1994). One hundred years of schizophrenia: A meta-analysis of the outcome literature. American Journal of Psychiatry, 151, 1409-1416.

4)Need for Research Skills & Knowledge

Merwin, E., & Mauck, A. (1994). Psychiatric nursing outcome research: The state of the science. Archives of Psychiatric Nursing, 9, 311-331.

Reviews psychiatric nursing research literature 1989 to 1994. Critiques it and provides strategies for increasing the quantity and quality of outcome research.

National Institute of Mental Health. (1991). Caring for people with severe mental disorders: A National plan of research to improve services. DHHS Pub. No. (ADM)91-1762. Washington DC: Superintendent of Documents, U.S. Government Printing Office.

Knowledge of research findings and ability to apply them to clinical situations, as well as research skills themselves are very important at least for a subset of

providers. A detailed plan about improving and making more useful government-sponsored services research.

SECTION 4: MISCELLANEOUS

XII. OTHER CURRICULAR CONSIDERATIONS

1) Rural Services

Keenan, M. P. (ed.) & the Council on Social Work Education. (1987). The chronically mentally ill in rural areas: Model curricula for social work education. Rockville, MD: NIMH.

Presents model undergraduate and graduate curricula as well as background papers on consumer issues in rural areas, essential elements of community support, the philosophy of social work education and SMI, and dissemination.

Merwin, E. I., Goldsmith, H. F., & Manderscheid, R. W. (1995). Human resource issues in rural mental health services. Community Mental Health Journal, 31, 525-537.

Rural areas use more non-specialty providers. Issues include training, recruitment, & retention of specialty MH providers. Suggestions for this and for expanding the knowledge base of rural providers.

2) Linkages

Wohlford, P., Myers, H. F., & Callan, J. E. (Eds.). (1994). Serving the seriously mentally ill: Public-academic linkages in services, research, and training. Washington: DC: American Psychological Association.

In depth papers with a focus on various target groups (children, older adults, etc.), linkages with the public mental health services, models of public-academic collaboration, and ways of ensuring quality & competence in training.