Class 10: Treatment

Sociology of Mental Illness

How shall we think about treatment?

- From the perspective of the person being treated?
- From the perspective of the treatment professional?
 Scheid
- From a perspective of the community that people live in?
- From the perspective of family members or other close associates?
- From a societal view of how treatment is organized?
 Morrissey and Goldman
- From a scientific view about how a treatment works and whether it works?

Whichever perspective you adopt, you have limitations - and it will start to define the kinds of questions you can ask.

Scheid's Treatment Ideologies

- What are the treatment ideologies that Scheid identifies?
- What is the difference between this and a treatment model?
- Who are the types of providers that Scheid finds to hold these views? Why would they vary on type of provider?
- Why does this matter?

Scheid's Typology of Treatment Ideologies

	CUSTODIAL	SUPPORTIVE	FACILITATIVE	
CONTROL	coercive	guardianship	authorization	
ADJUSTMENT	supervisory	caretaking	reparenting	
AUTONOMY	enforcement	normalization	empowerment	

Major Cycles of Treatment and Services for SMI: Community Support

- Funding stream have become even more complex.
 - Our current era is dominated by a combination of local, state, and federal mental health agencies, along with general medical care and private dollars (like insurance, private providers).
- Unlike earlier eras (such as the early era of CMHCs), this does not focus on early intervention so much as the management of chronic problems.
- This focuses more on developing a system of care that can meet many needs by putting people in touch with existing resources
 - case management, housing support, employment support, income
- Focuses on direct care and rehabilitation, usually of the most affected populations (SES, mental health status)
- Still, struggles how do we deal with acute and chronic problems?

Major Types of Mental Health Professionals

- Psychiatrist (M.D. D.O.)
- Psychologist (PHD, Psy D (HSPP))
- Nurse (RN, LPN)
- APRN (Advanced Practice Nurse Practitioner or equivalent Rx capable)
- PA (Physician Assistant)
- Case Manager (AA or BA Level)
- Social worker (MAI / LCSW)
- Mental Health Clinician (AA, BA, or MA (LMFT, LMHC))
- Substance Abuse Counselor (AA, BA, or MA Level)
- Behavioral health technician/assistant (HS or G.E.D)
- Pharmacist

Problems in recruiting people

In Indiana, CMHCs identify three types of workers that are hard to hire:

- Psychiatrists
- APRN (Advanced Practice Nurse Practitioner, capable of prescribing medication)
- Social Workers

Why are they difficult to hire?

- Not enough of them.
- They don't want to move to rural areas
- Salaries in the CMHC arena are not competitive

Indiana Division of Mental Health and Addiction, Transformation Workgroup/Workforce Development Task Force, Recruitment and Retention Subcommittee, Report to the Transformation Workgroup, November 6, 2009

Problems in retaining workers

In Indiana, CMHCs identify three types of workers that are hard to retain once hired:

- Case Managers, BS or Associates
- Behavioral Health technician, HS diploma
- Social Workers, Masters

Why are they leaving?

- professional frequently experiences 'burnout'
- professional role is seen as a 'stepping stone'
- center de-funding/increasing case loads destroys job satisfaction
- professional, once hired, not prepared or educated for role (only for BH Techs)

Indiana Division of Mental Health and Addiction, Transformation Workgroup/Workforce Development Task Force, Recruitment and Retention Subcommittee, Report to the Transformation Workgroup, November 6, 2009

"Case Management" of SMI

This is a general term for a model of service that puts a provider in the position of not just directly helping a person, but also in helping them to coordinate other resources.

- In this model, getting help isn't the only goal. Sometimes "advocacy" on behalf of or with a client is also the goal.
- This is a very prevalent model of treatment for people with SMI
- A number of different kinds of providers can be case managers.

Assertive Community Treatment

- Originally thought of as the "Hospital in the Community"
 - o Developed in the 60s and 70s in Wisconsin
- Team based primary provider of services
 - Multidisciplinary psychiatrists, nurses, therapists, social workers, employment specialists, etc.
- Services are provided out of office
- Highly individualized, long term services
- Assertive approach
- Emphasis on vocational expectations
- Substance abuse services
- Psychoeducational services
- Family support and education
- Community integration
- Attention to health care needs

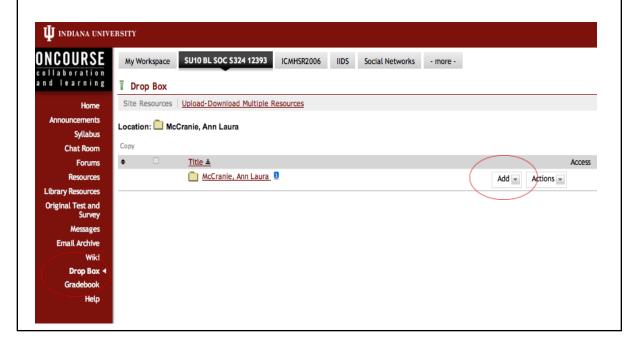
Efficacy vs. Effectiveness

- Efficacy what works in clinical trails in ideal conditions
- Effectiveness what works in clinical practice with real people.

"With schizophrenia medications, one review article found that, in clinical trials, the use of traditional antipsychotic medications for schizophrenia was associated with an average annual relapse rate of about 23 percent, whereas the same medications used in clinical practice carried a relapse rate of about 50 percent (Dixon et al., 1995)."

Your paper is due Monday at 6:30 p.m.

Late papers will be penalized one full letter grade per day. Use the drop-box on Oncourse to deposit your paper.



Sun	Mon	Tues	Wed	Thur	Fri	Sat
June 20	1: Intro		2: Perspectives			
June 27	3: Social Epidemiology Paper assignments out		4: Medicalization Review for first exam			
July 4	CANCELED - IUB holiday		ONLINE EXAM 1			
July 11	5: Stigma		6: Social Roles			
July 18	7: Stress		8: Social Problems			
July 25	9: Social Problems, Cont.		10: Treatment			
August 1	11: PAPER DUE Psychopathy and Sociopathy		12: Perspectives on Illness: Self and Family			
August 8	13: Recovery		IN CLASS FINAL EXAM			

For Monday

READINGS HAVE CHANGED FOR THE LAST FOUR CLASSES OF THE TERM. See the announcement on Oncourse and the revised list in Resources.

Listen to (or read) a series of three stories from NPR. (22 minutes of audio) http://www.npr. org/templates/story/story. php?storyId=128248068

Inside The Criminal Brain

A Neuroscientist Uncovers A Dark Secret 🖫 (284) 📀 (341)



June 29, 2010 For nearly 20 years, neuroscientist Jim Fallon has studied the brains of psychopaths. After learning that his ancestry included alleged murderers, he decided to study his own brain. He was shocked at what he discovered.

n) On Morning Edition + Playlist

■ Einstein's Brain Unlocks Some Mysteries Of The Mind

Inside A Psychopath's Brain: The Sentencing Debate 🖫 (188) 📀 (80)



June 30, 2010 Brian Dugan pleaded guilty last year to raping and murdering 10year-old Jeanine Nicarico in 1983, and he was put on trial to determine whether he should be executed. Neuroscientist Kent Kiehl testified that Dugan could not help his neurological makeup.

Can Your Genes Make You Murder? (230) (72)



July 1, 2010 Using a gun and a machete, Bradley Waldrop killed his wife's friend and then wounded his wife. In the Tennessee courtroom, the question was not who did it but why. Enter neuroscience - specifically, a forensic psychiatrist's testimony that Waldroup had a variation of a gene that inclined him toward violence.