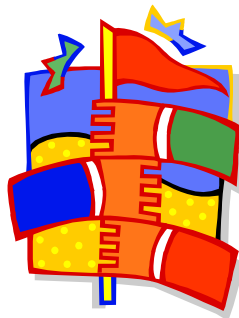


# *A summary of Best and Promising Mental Health Practices*

*for Select Consumer Populations*

*September 2003*



**The Washington Institute for Mental Illness Research and Training**  
Washington State University Spokane

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# *A summary of Best and Promising Mental Health Practices*

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# *Introduction*

The following document is a summary of resource guide created for the Mental Health Division by the Washington Institute for Mental Illness: Research and Training-Eastern Branch (WIMIRT). The summary lists best and promising practices for the following consumers of mental health services:

- children
- American Indian/Alaska Native children
- ethnic minorities
- gay, lesbian, bisexual and transgender individuals
- people with co-occurring mental health and substance disorders, and
- older adults or “geriatric” clients

The full literature review and detailed resource guides will be available on the WIMIRT website: <http://www.spokane.wsu.edu/research&service/WIMIRT> . You can go directly to this site by clicking on the program listed on this site. Best practices are noted. All others are promising practices.

# *Children's Mental Health*

## **THE DC: 0-3**

Created by the Zero-to-Three organization, the *Diagnostic Classification of Mental Health and Developmental Disorders or Infancy and Early Childhood (DC: 0-3)*, a multi-axial categorization system that was designed to compliment the *DSM-IV*. The purpose of the *DC: 0-3* is to provide a basis from which a clinician and/or researcher may identify, assess, and classify early childhood disorders and develop appropriate treatment interventions. Based in developmental, psychodynamic, family systems, relationship, and attachment theories, it seeks to create a common language among clinicians and researchers to better understand the nature of early childhood disorders. It is a framework that serves as a first step in the development of a comprehensive classification system.

## **PARENT-INFANT PSYCHOTHERAPY**

Parent-infant psychotherapy is based on the premise that caregivers tend to replicate their insecure early childhood attachments and parenting behaviors they experienced with their own parents. The purpose of parent-infant psychotherapy is to protect the infant-toddler's developing mental health by changing a caregiver's developmentally inappropriate perceptions and caregiving behaviors towards their child. Using a combination of interpretive and empathic support techniques, clinicians assist caregivers in linking their past experiences with the current behavioral transactions occurring with their infants. Generally, the caregiver and child are present during the treatment sessions but the therapeutic emphasis is towards the parent to assist them in recognizing and integrating previously unresolved histories of past negative experiences, to facilitate improvement and to develop parenting abilities. Often, interactive guidance in the form of videotaping the dyad during a play session is used as well.

## **WRAPAROUND SERVICES**

Wraparound is a philosophy and service process that closely follows the systems of care concept. Wraparound is a philosophy of integrated and collaborative service provision that is child-centered and family focused, community-based versus institutional in nature, and culturally competent. Using a strengths-based approach, the child and caregivers are a vital part of the treatment planning process. Services are highly individualized, tailored, and comprehensive to meet the specific needs of the child and ensure that child continues to reside in their community with their family. Service plans are need-based rather than service-based and focus on the child in several life domains including family, living situation, financial, educational/vocational, social/recreational, behavioral/emotional, psychological, health, legal, cultural and safety. This model is particularly effective when a comprehensive plan is necessary to address emotional and behavioral issues in the school, home, and community environments.

## **THE FAST TRACK MODEL**

The Fast Tract Project is a ten-year, school-based prevention and intervention program based on developmental theory that suggests antisocial behavior results from a multitude of determining risk factors such as ineffective parenting, high community crime rates, poverty, and negative peer influences. The premise of the project is by intervening with school-age children to promote and augment protective factors will prevent and/or mitigate the occurrence of antisocial behavior. The intervention focus is on effective parenting, promoting pro-social peer contacts, improving communication between school and caregivers, and improving child competencies.

## **FUNCTIONAL FAMILY THERAPY (FFT)**

Functional Family Therapy is a family-based, multi-systemic prevention/intervention treatment model for at-risk youth and adolescents with complex, multidimensional mental health and/or substance abuse issues. Using culturally competent practices, FFT is a short-term treatment intervention that seeks to identify and maximize the positive and protective factors within the youth and their family. The structure of FFT is systematic using a three-stage intervention schema called the “Phase Task Analysis” to provide services which includes the early phase of engagement and motivation, a middle phase of behavior change, and a third phase of treatment generalization. The three-phase process allows the clinician to focus on the specific treatment context but ensures flexibility to accommodate families’ changing needs. Assessment occurs throughout the process and is relevant to the specific treatment phase, which follows a set of established precepts set forth in a manual.

## **MULTISYSTEMIC THERAPY (MST) (A BEST PRACTICE)**

Multisystemic therapy (MST) is a family- and community-based treatment model that addresses the mental health needs of children and adolescents. Developed in the 1970s, MST initially targeted juvenile offenders with antisocial behaviors and mental health issues with a purpose of reducing long-term re-arrest and out-of-home placement for chronic juvenile offenders. Currently, the target population is children and adolescents who exhibit serious emotional disturbance, anti-social behavior, and mental health and/or substance abuse problems that are at imminent risk for out-of-home placement. The use of MST is indicated for youth with multidimensional issues rather than a single-issue problem. MST assumes that the emotional and behavioral problems in children and adolescents are multidimensional and multi-determined, thus these problems are best understood within the context of the child’s social environment using a risk and protective factor framework. The model predicates that a child’s behavior is influenced by their interaction with their primary social systems including family, peer groups, school, neighborhood, and community.

# *Native American Children*

## **A Best Practice**

### **ACROSS AGES**

The project is a school and community based drug prevention program that pairs 9-13 year old with older adult mentors (55 years and older). The program also employs community service, social competence training, and family activities to build youth sense of personal responsibility to self and community. The aims are to (a) increase knowledge of health and substance abuse and foster healthy attitudes, intentions, and behaviors towards substance use, (b) improve academic performance and school bonding as well as attendance, behavior, and attitudes regarding school, (c) strengthen relationships with adults and peers, and (d) enhance problem solving and decision making skills.

### **CREATING LASTING FAMILY CONNECTIONS**

CLFC curriculum focuses on family strengthening, substance abuse, and violence prevention. CLFC targets environmental risk factors by building skills for personal growth family enhancement, and interpersonal communication, including refusal skills for both youth and families. It is designed for 9-17 year olds.

### **CULTURAL ENHANCEMENT THROUGH STORYTELLING**

“Cultural Enhancement Through Storytelling,” 1997 winner of NCADD’s Prevention and Education Meritorious Award, is a primary prevention program of NCADD’s Tucson Affiliate. A community-based project located in Sells, AZ. The programs philosophy is that stories teach respect for the self, school, teachers, community, family and tribe, and that the O’odham culture is taught through stories.

### **DARE TO BE YOU-UTE INDIAN RESERVATION**

The primary purpose of this program was inspired by the need for family-based prevention efforts on the Ute reservation, due to high rates of substance abuse, unemployment, and teenage pregnancy. The program goals are to improve communication between parents and their children and to train teachers and community members to provide services to target families

### **WITH EAGLE’S WINGS**

“With Eagle’s Wings is in its first year of the grant from the Center for Mental Health Services (CMHS) and is operated under the Northern Arapaho Nation. The program is the first tribally controlled mental health program on the reservation. The grant was written in dedication to Anthony Sitting Eagle, a principal chief of the Northern Arapaho people who died in 1997.”



“The program presently serves children and families who are referred or who are “walk-ins”; the project’s facility designed to protect children from abuse, neglect and domestically violent situations.”

### **FAMILIES THAT CARE-GUIDING GOOD CHOICES**

A program focusing on 4-12 year olds and parents/families. It aims to identify and address risk and protective factors of families. Male and Female of African American, American Indian/Alaska Native, Asian, American Hispanic/Latino, Native Hawaiian and Other Pacific Islander (NHOPI), and White descent attending Rural, Suburban, and Urban schools

### **FAST - FAMILIES AND SCHOOLS TOGETHER**

Families and Schools Together (FAST) is a multifamily group intervention designed to build protective factors and reduce the risk factors associated with substance abuse and related problem behaviors for children 4 to 12 years old and their parents. FAST systematically applies research on family stress theory, family systems theory, social ecological theory, and community development strategies to achieve its four goals:

- Enhanced family functioning
- Prevention of school failure by the targeted child
- Prevention of substance abuse by the child and other family members
- Reduced stress from daily life situations for parents and children

### **PARENTING WISELY**

The Parenting Wisely intervention is a self-administered, computer-based program that teaches parents and their 9- to 18-year-old children important skills for combating risk factors for substance use and abuse. The Parenting Wisely program uses a risk-focused approach to reduce family conflict and child behavior problems, including stealing, vandalism, defiance of authority, bullying, and poor hygiene. The highly interactive and nonjudgmental CD-ROM format accelerates learning, and parents use new skills immediately. The Parenting Wisely program:

- Reduces children’s aggressive and disruptive behaviors
- Improves parenting skills
- Enhances family communication
- Develops mutual support
- Increases parental supervision and appropriate discipline of their children

### **PREPARING FOR DRUG FREE YEARS**

“Preparing for the drug free years project teaches parents, 1) skills to increase their children’s opportunities for family involvement, 2) skills needed by children and adolescents, and 3) teaches parents skills to provide reinforcement for desired behavior and appropriate consequences for undesired behavior. The program covers the following topics: (1) understanding the risk factors of drug abuse, (2) understanding the nature and extent of the problem, (3) reducing risks by strengthening family bonds, (4) conducting family meetings and fostering family communication, (5) establishing a family position on drugs, (6) identifying and establishing positive reinforcements and appropriate negative consequences, (7) reinforcing a child’s use of refusal skills, (8) expressing and controlling anger, (9) increasing children’s participation in the family, and (10) creating a parent support network.”

## **PROJECT ALERT**

Project ALERT offers a drug prevention curriculum for to reduce both the onset of substance abuse and regular use. The 2-year, 14-lesson program focuses on the substances that adolescents are most likely to use: alcohol, tobacco, marijuana, and inhalants.

## **PROMOTING ALTERNATIVE THINKING STRATEGIES (PATHS)**

PATHS (Promoting Alternative thinking Strategies) is a comprehensive program for promoting emotional and social competencies and reducing aggression and acting-out behaviors in elementary-school-aged children, while simultaneously enhancing the educational process in the classroom.

## **STRENGTHENING FAMILIES PROGRAM**

The Strengthening Families Program (SFP) provides parenting and family skills development strategies to reduce problem behaviors in children, improve school performance, and reduce delinquency and alcohol and drug use in teenagers.

# **A Promising Practice**

## **PROJECT VENTURE: THE NATIONAL INDIAN YOUTH LEADERSHIP PROJECT**

The Project Venture Program is a youth development program designed to prevent substance abuse by implementing an outdoor adventure/service-Leadership approach. It is recognized by the Center for Substance Abuse Prevention as a “Promising Program” for Native youth and communities. It is currently being replicated in at least twenty other locations across the United States. Project ventures main focus strategies include building skills in self-confidence, teamwork, cooperation, and trust through summer skill-building leadership camps and outdoor adventure activities.

## **BLUE BAY HEALING CENTER**

The Blue Bay Healing Center was designed to prevent suicide and substance abuse on the Flathead Indian reservation. The mental health issues addressed include suicidal behaviors/thoughts, parenting, veterans’ concerns, family communication, family violence, developing satisfying interests/hobbies, exploring educational alternatives, assertiveness skills, and understanding one’s own cultural identity. The evaluated target population for the program was American Indian adults living in a rural community setting.

## **BOYS & GIRLS CLUB NORTHERN CHEYENNE SMART MOVES PROGRAM**

The Boys & Girls Club is designed to address issues of alcohol, tobacco, and other drug use. The Northern Cheyenne SMART MOVES (Skills Mastery and Resistance Training) prevention program is a member of the national Boys & Girls Club of America. The target populations are Northern Cheyenne youth and parents. The majority of participants are referrals; however, membership in the Club is voluntary. The referral system is comprised of links with four school districts, tribal courts, social services, health providers and individual referrals from educators, counselors, family, friends, peers and community members.

## **DOMESTIC VIOLENCE PILOT PROJECTS**

The Domestic Violence Pilot projects have been selected as part of the Indian Health Service (IHS) - Administration for Children and Families (ACF) Domestic Violence Pilot Project, and will help Indian, Tribal, Urban (I/T/U) health care facilities improve their responses to domestic violence in their communities. The pilot sites include Ketchikan Indian Corporation, Ketchikan, AK; Feather River Tribal Health, Inc., Oroville, CA.; Houlton Band of Maliseet Indians, Houlton, ME., which will train its staff and implement a mandatory screening policy for all female patients over the age of 12, Mississippi Band of Choctaw Indians, Choctaw Health Center, Choctaw, MS., Rosebud Indian Health Service, Rosebud, SD., and the Gerald L. Ignace Indian Health Center, Milwaukee, WI.

## **THE K'E' PROJECT**

The K'E' Project provides services to the Navajo Nation, the largest American Indian reservation in the United States. The K'E' Project uses Navajo concepts of health and well-being in its delivery of services to children and families. The provider is sensitive to the family's cultural needs so that family values to participate in their children's healing will be enhanced. The target population not specified.

## **THE KMIHQITAHASULTIPON PROGRAM**

The Kmihqitahasultipon Program serves children and families of the Passamaquoddy Tribe of Indian Township, Maine. The name, Kmihqitahasultipon Program, means "we remember" in Passamaquoddy and their overall goal is to "restore Passamaquoddy culture and traditions to the daily life of Indian Township families and children for the purpose of improving overall community well-being." The delivery of services is based on the community's experiences with trauma (from time spent in boarding schools, separation from the community, or abuse). The Kmihqitahasultipon Program's primary philosophical beliefs include: (1) focusing on the strengths, roles, and responsibilities of staff, as well as their working relationships; (2) frequent, relationship-based interventions and supports for children; (3) cultural competence; and (4) a strong connection to the community. The target population, e.g. age, gender, grade, is not specified.

## **LIFE GIVERS**

The Life Givers Program delivers case management, including medical screening and monitoring; individual, group, and family counseling; alcohol and drug education; gender and survivor groups; social/life skills training; mental health crisis intervention and screening, in-home schooling and developmental child care to meet the needs of Native female teens. The program serves Alaska Native communities from Ketchikan to Barrow, Alaska. An early Head Start center provides developmentally appropriate care to infants and toddlers with classrooms organized into interest centers. Each receives an assessment to determine and develop individual learning plans, guided socialization sessions between teen parents and their children and parenting training. The target population for this program is girls between ages 13-18, and younger children in daycare between ages 0-3.

### **MINNEAPOLIS AMERICAN INDIAN CENTER, GINEW/GOLDEN EAGLE PROGRAM**

This Ginew/Golden Eagle Program provides intensive services to Native youth that deal with issues of child abuse, family violence, chemical abuse, delinquency, teen pregnancy, prostitution, suicidal behavior, truancy and running away from home for American Indian youth. This Minneapolis Youth prevention program proposes to eliminate involvement of at-risk Native youth in Minnesota's juvenile justice system by delivering prevention, early intervention, and diversion services to youth and their families. The targeted population is American Indian youth between the ages of 9 and 18 who are at risk of child abuse, family violence, chemical abuse, delinquency, teen pregnancy, prostitution, suicidal behavior, truancy and running away from home environments.

### **MNO BMAADZID ENDAAD "BE IN GOOD HEALTH AT HIS HOUSE"**

The Sault Ste. Marie Tribe of Chippewa Indians is in partnership with the Bay Mills Tribe of Chippewa Indians and Hiawatha Behavioral Health on this services project. Mno Bmaadzid Endaad, "Be in Good Health at His House," is a program that integrates tribal tradition and values with western modalities. The program collaborates with community, tribal and non-tribal programs of human services, and other agencies while maintaining cultural integrity into the program. Thus, Mno Bmaadzid Endaad is integrated into the Indian communities it serves. The program's three objectives include the following:

Objective 1: The development of a seamless health and human service delivery system inclusive of multiple systems that will emphasize prevention, early intervention, and coordinated services to improve access of services to Native American children and their families, Objective 2: To provide non-native service providers with information and training regarding the cultural norms and practices; specifically, parenting, family values, and norms and, Objective 3: To educate the community to the needs of children with serious emotional disturbance and their families and availability of services to ensure that all children are provided a safe and nurturing environment in which to grow.

### **NATURAL HELPERS PROGRAMS**

The Tribal Youth Program is implemented on the Lower Elwha Klallam Tribe in the State of Washington. This Juvenile Justice Program that offers a curriculum that addresses issues related to homes affected by substance abuse. Other program components include intensive advocacy services for adolescents involved with the criminal justice system and enhancement of the tribal court to enable services to be provided for family-related issues. Additionally, the tribe assesses all native youth in grades 6–12 within the Port Angeles School District to determine developmental profiles. The target population is native children from elementary through age 18.

### **PRIDE: SUBSTANCE ABUSE EDUCATION INTERVENTION PROGRAM**

The Positive Reinforcement in Drug Education (PRIDE) program is prevention based. It also incorporates strong intervention practices and policies, as well as treatment referral and after-care provision. The PRIDE program is a comprehensive plan that addresses all aspects of the substance abuse issue. The target population is American Indian youth, at elementary, middle, and high school grade levels.

## **THE PUEBLO OF ZUNI RECOVERY CENTER**

The center takes a holistic approach to addressing substance abuse issues. The Center has three primary programs: 1) a comprehensive day treatment program; 2) a DWI school; and 3) an underage drinking initiative. All programs share the same core mission of reducing the prevalence and incidence of chemical dependency. The Comprehensive Day Treatment Program provides services to adults, youth and children that include individual, group and family counseling and other wellness treatments such as nutrition and physical fitness training. The DWI Program treats DWI offenders through education, group therapy, mandatory community service, and therapeutic fitness training at Zuni's Wellness Center. The Underage Drinking Initiative provides drug & alcohol education to youth ages 12 to 18, through primary and secondary school prevention programs. The target population is Zuni Pueblo American Indians, including adults, youth and children.

## **THE SACRED CHILD PROJECT**

The Primary purpose of this five-year-old program was to create mental health services for Native American children living on North Dakota's reservations. The program is overseen by Debra Painte at the United Tribes Technical College, which serves five sites: Spirit Lake Nation, Standing Rock Nation, Three Affiliated Tribes, Turtle Mountain Band of Chippewa and Trenton Indian Service Area. Sacred Child Project services include: 1) Wraparound care coordination and training, 2) Parent advocacy, 3) Parent and community education, 4) Tutoring, 5) Mentoring, 6) Traditional healing, 7) Recreational activities, 8) Cultural activities, 9) Psychological services and assessments, 10) Transportation, 11) Limited family, emergency financial assistance, and 12) Youth social development activities. The target population is American Indian youth between ages 1 to 22 who are impact with emotional/behavioral issues or serious emotional agency or private placement referrals. To qualify, parent coordinators must have a child with emotional or behavioral challenges or must have an extended family member with similar issues.

## **SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM**

The Southeast Alaska Regional Health Consortium serves youth in nine communities in southeastern Alaska including Wrangell, Petersburg, Yakutat, Haines, Saxman, Klawock, Juneau, Sitka, and Ketchikan. The project activities focus on developing programs around youth assets, rather than focusing on deficiencies. The Raven's Way Program provides a six week residential program to adolescents between the ages of 13 and 18 who have problems with alcohol and/or drug abuse. The goal is to help adolescents by directing them towards finding their spiritual healing paths, and participating in western and "adventure based therapy." A wilderness exchange is offered to youth by focusing on developing healthy lifestyles, teamwork skills, and self-confidence, family-oriented living, and a ropes challenge course. The target population for the six week residential program is adolescents between the ages of 13 and 18 who have problems with alcohol and/or drug abuse.

## **STORYTELLING FOR EMPOWERMENT**

The goals for this project include decreasing the incidence of alcohol, tobacco, and illegal drug use among high-risk youth by identifying and reducing factors in the individual, family, school, peer group, neighborhood/community, and society/media. In addition, the Program attempts to enhance factors that may strengthen youth resiliency and protect youth from alcohol, tobacco,

and illegal drug use. The targeted population for Storytelling for Empowerment is American Indian middle school-aged youth living on a rural Indian Nation, as well as Latino-Latina middle school-aged youth living in urban settings.

#### **THE DREAM CATCHER MEDITATION**

The dream catcher meditation is short-term treatment that is designed to help American Indian youth gain insight into their problem behaviors. The program helps clients express unconscious conflicts, facilitate differentiation, and develop healthy mutuality.

Risk factors include high levels of truancy, delinquency, drug use, and suicide rates.

Some protective factors include rituals and symbolism of Native American Church peyote meetings, stomp dances, sun dances, and many other ceremonies, including rites of passage and ceremonies for religious renewal to affect balance. The target population for this program is American Indian youth. Age not specified.

#### **THE ZUNI LIFE SKILLS DEVELOPMENT CURRICULUM**

The Zuni Life Skills Development Curriculum is a skills training curriculum that's designed to reduce the risk factors associated with suicide among Zuni adolescents. The model teaches youth to develop new adaptive behaviors through the implementation of four components: 1) providing a person with information about harmful effects of certain behaviors, 2) modeling target skills, 3) rehearsing behavior for skills acquisition, and 4) providing feedback for skill refinement. The target population for this model is Zuni high school adolescents.

#### **UNITED AMERICAN INDIAN INVOLVEMENT, INC. AH-NO-VEN (HEALING) HOME – YOUTH REGIONAL TREATMENT CENTER**

United American Indian Involvement, Inc. (UAI) is a non-profit 501(c) (3) organization that provides services to the Los Angeles American Indian Community. The Youth Regional Treatment Center (YRTC) is currently being developed in collaboration with Indian Health Service. UAI will establish a residential facility to address the unique needs of American Indian youth who have been separated from their families or are significant substance abuse issues. The target population for this program, e.g. age, gender, language, etc. is not specified for current service programs. However, in mid-to-late 2003, the program plans on opening a 24-hour, seven day a week treatment home for up to ten (10) American Indian girls between the ages of 14 to 18.

#### **WRAPAROUND MILWAUKEE**

*Wraparound Milwaukee is modeled after the wraparound approach, which is implemented as a Medicaid managed care behavioral health carve-out for specific populations— children and adolescents with serious emotional disturbance who are under court order in the child welfare or juvenile justice system. The population that was evaluated under the *Wraparound Milwaukee* was approximately 47% African American, 38% Caucasian, 8% Hispanic, and 3% Native American.*

## **Promising Alternatives**

### **DAUGHTERS OF TRADITION**

The Daughters of Tradition (DOT) is an educational program designed for Native American girls that is implemented over one year. It is best when facilitated by caring adults who will share their wisdom, as well as involving local community members, grandparents and elders. The program can be delivered in schools, churches, boys and girls clubs, or at someone's home. Daughters of Tradition continues to go through an extensive review process in 87 different American Indian communities through a grant provided CSAP--Centers for Substance Abuse Prevention. The review process includes using focus group evaluation to illicit responses concerning the cultural appropriateness of the intervention. The risk factors include drug & alcohol, low self-esteem, and abuse. The target population for this program is 8-12 year old Native American girls living in rural and urban areas.

### **THE HEALING LODGE OF THE SEVEN NATIONS**

The treatment philosophy of the Healing Lodge is the belief that addiction is "progressive and chronic and is not a symptom of some other problem." The identified risk factors include physical problems which affect emotional, interpersonal, psychological, economic and personal well-being. The program addresses the treatment needs of American Indian/Alaska Native youth who have substance abuse problems. The Seven Nations service areas include: Kalispel, Colville Confederated Tribes and Spokane Tribe of Indians in Washington; Kootenai, Coeur d'Alene and Nez Perce tribes of Idaho and the Confederated Tribes of the Umatilla Reservation in Oregon.

### **NATIVE VISIONS-WIND RIVER**

Native Vision is committed to helping youth attain a healthy start to life, fitness, and school completion through the traditional "hoop of life" model, which is central too much of American Indian belief. The hoop, or the person, is made up of four elements: the emotional, the mental, the physical and the spiritual." The program helps children complete their hoop by focusing on:

- the emotion – to increase youth self esteem
- the mental – to improve educational attainment and life skills.
- the physically – to improve fitness and nutrition while decreasing drug and alcohol use.
- the spiritual – to increase cultural attachment and personal identity through increased interaction with parents, mentors and elders.
- The target population for Native Visions is Native American Adolescent Youth & Adults.

### **PROJECT EAGLE**

The Project Eagle program offers gifted American Indian adolescents and their parents a safe environment to express their feelings and thoughts. Project Eagle utilizes culturally relevant and appropriate psycho-educational group techniques to promote cultural identity, self-disclosure, processing, altruism, positive parent/child interaction, and leadership skills. The identified risk factors include developmental disabilities, depression, suicide, anxiety, alcohol and substance abuse, low self-esteem and alienation, running away, and school dropout as high priority areas. The target population is American Indian students, age 13 to 19 who have "leadership potential."

### **PROJECT MAKING MEDICINE:**

Project Making Medicine (PMM) is a national training program for mental health professionals from tribal and Indian Health Service agencies in the prevention and treatment of child abuse. Since 1994, PROJECT MAKING MEDICINE has trained over 150 professionals working with Native children on reservations around the country. The target population includes American Indian children and families who participate in any tribal and Indian Health Service programs.

### **SONS OF TRADITION**

The Sons of Tradition program provides a character-building framework that encourages youth to create healthy identities for themselves as young Native American men. The program also focuses on preventing alcohol and drugs through traditional methods to youth living in rural and urban communities through traditional methods. The male adolescents who participate in this year long program will: 1) Become aware of and be able to discuss their feelings, 2) Learn to apply the teachings and principles of healthy living to their own lives, 3) Recognize healthy behavior and learn how to avoid unsafe situations, 4) Understand the meaning of anger, guilt, shame, and fear, 5) Understand and apply spiritual values to their lives and experience healthy lifestyles, strong character and a sense of harmony, and 6) Learn how to engage in talking circles that encourage sharing experiences, exploring new concepts and learning how to help each other. The targeted population for Sons of Tradition is 13-17 year old Native American Males.

### **SOUTHERN UTE PEACEFUL SPIRIT YOUTH SERVICES PROGRAM**

The program provides three prevention and intervention components, which include Highway Safety, Underage Drinking Prevention and Youth Counseling. The primary goal uniting the three components is to reduce substance abuse by providing primary and secondary prevention, intervention and treatment services to adolescents and their families. Another goal is to restore and strengthen protective factors by stimulating healthy community growth that reduces adolescent substance abuse. Because Peaceful Spirit recognizes that prevention should be community wide, they involve community members, maintain public support and encourage strong participation from law enforcement. All treatment methods offered to youth are culturally relevant services. The target populations are Southern Ute and Ignacio area youth, ages 12 through 18. However, some components involve all age groups - from infants to elders. The primary goal is to provide *Youth Counseling*.

### **TURTLE MOUNTAIN SAFE COMMUNITIES PROGRAM**

The Safe Communities program was developed by victims, concerned citizens, and family, friends and relatives of a teenage boy lost to a motor vehicle crash. The Safe Communities Program's goal is to address individual and community risk factors associated with alcohol and substance abuse. Another goal is to increase protective factors through enhancement of individual, shared community and social environments by: 1) Increasing skills for alcohol or substance abuse resistance and abstinence, 2) Cultivating community mobilization through awareness and education activities, and 3) Increasing community ownership and responsibility for societal, cultural and legal changes. The target population includes Native American adolescents and adults.



## **TWELVE FEATHERS PROGRAM**

This program provides experiential group counseling, focuses on a zero tolerance policy for alcohol and drugs on campus, and implements a life skills training with traditional American Indian cultural activities. The program's goal is to reduce the number of students who withdraw from college due to alcohol and drug violations. Southwestern Indian Polytechnic Institute (SIPI) is a two-year institution where all students are tribal members from more than 100 different Native American communities across the nation. Twelve Feathers Program at SIPI helps students develop an awareness and understanding of their traditions and culture. The program targets American Indian students attaining degrees in higher education, as well as students at risk for substance abuse.

# *Adult Ethnic Minorities*

## **Best/Promising Practices**

### **ASSERTIVE COMMUNITY TREATMENT(A BEST PRACTICE)**

Assertive community treatment has been distinguished from other models of case management of severe mental illness or co-occurring disorders in several dimensions. These include: lower case loads, team rather than individual case management, an emphasis on outreach, and an orientation to the teams providing as many services as possible rather than referring clients to other providers.

PACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses. Unlike other community-based programs, PACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. PACT recipients receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, PACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation. The PACT team provides these necessary services 24 hours a day, seven days a week, 365 days a year.

Now in its 26th year, PACT strives to lessen or eliminate the debilitating symptoms of mental illness each individual client experiences and to minimize or prevent recurrent acute episodes of the illness, to meet basic needs and enhance quality of life, to improve functioning in adult social and employment roles, to enhance an individual's ability to live independently in his or her own community, and to lessen the family's burden of providing care

### **CREATING LASTING FAMILY CONNECTIONS**

Creating Lasting Family Connections (CLFC) is a comprehensive family strengthening, substance abuse, and violence prevention curriculum that has scientifically demonstrated that youth and families in high-risk environments can be assisted to become strong, healthy, and supportive people. CLFC is designed for youth 9 to 17 and their families. The program has been implemented in 40 States with a variety of populations including Hispanic, Asian American, and Native American. CLFC has been successfully implemented in schools, churches, recreation centers, community settings, juvenile justice facilities, and other settings.

Program results have shown significant increases in children's resistance to the onset of substance use and reduction in use of alcohol and other drugs. CLFC provides parents and children with strong defenses against environmental risk factors by teaching appropriate skills for personal growth, family enhancement, and interpersonal communication, including refusal skills for both parents and youth.

## **FAMILY EFFECTIVENESS TRAINING**

Developed by the Center for Family Studies as well as Spanish Family Guidance Center, University of Miami, this training combines Brief Strategic Family Therapy (BSFT) and Bicultural Effectiveness Training. BSFT attempts to change family interactions and cultural/contextual factors that influence youth behavior problems. Family relations are a primary target for this short-term intervention, usually 3 months in duration. This Training has been found to be effective for Latino and African American parents with children ages 6-11 who manifest emotional and behavioral problems. Six-month follow-up assessments indicated that the effects of the FET intervention were maintained over time.

Family Effectiveness Training (FET) is an evidence-based prevention/early intervention modality developed by the Center for Family Studies at the University of Miami. FET successfully reduces child problems in 6-12 year old Hispanic children and strengthens their families. In addition to its demonstrated effectiveness, FET has the added advantage of being attractive to potential facilitators and client/families alike because it is presented as a socially acceptable, culturally oriented, didactic/experiential package aimed at enhancing family adjustment. FET provides families with the tools to overcome individual, peer and family risk factors through: 1) focused interventions to change targeted maladaptive patterns of interaction, 2) skills building strategies to strengthen families, and 3) development of a bicultural worldview within families to prevent culture clashes between parents and children.

## **FUNCTIONAL FAMILY THERAPY**

Functional Family Therapy is a well-documented family prevention and intervention program that has been applied successfully to a wide range of problem youth and their families in various contexts. Empirically grounded, FFT is a short-term intervention program focusing on youth between 11 and 18 years of age and their parents. It is one of the few family-focused programs which has been tested for effectiveness with adolescent status-offenders, especially first time offenders.

The program has demonstrated success in reducing delinquent behavior in adolescents. Follow-up studies suggest that the impact is maintained even after 18 months.

## **MULTISYSTEMIC THERAPY PROGRAM**

MST is an intensive family-based treatment program that addresses the known determinants of serious antisocial behavior in adolescents and their families. MST treats those factors in the youth's environment that contribute to behavior problems, including individual characteristics and family relations. On a highly individualized basis, treatment goals are developed in collaboration with the family, and family strengths are used to facilitate therapeutic change. It applies a home-based model of service delivery (low caseloads, time limited treatment but intensive 24/7 intervention) to promote positive social behavioral and to change how youth function in their settings of home, school and neighborhood. Specific interventions used in MST are based on the best of the empirically validated treatment approaches such as cognitive behavior therapy. It applies intensive quality assurance procedures.

Populations found to be appropriate for this practice included chronic, violent, or substance abusing juvenile offenders ages 10-18 as well as youth at high risk of out-of-home placement and their families. Extensive research documents its effectiveness in reducing long term rates of criminal offending, reducing rates of out-of-home placements, extensive improvements in family functioning, decreased mental health problems for serious juvenile offenders, and favorable outcomes at cost savings in comparison with usual mental health and juvenile justice services among African Americans and Caucasians populations.

### **PARENTING WISELY**

The Parenting Wisely intervention program is a self-administered computer-based program that teaches parents and their children important skills for combating risk factors for substance use and abuse. This program uses a risk-focused approach to reduce family conflict and child behavior problems. A highly versatile program, Parenting Wisely, can be used alone, in a group, or with a practitioner. It has been found to be effective with youth ages 9-18, including Latino, African American, White, and Native Hawaiian and other Pacific Islander youth and their parents.

Thirteen evaluations of the Parenting Wisely program have been conducted. Evaluations were conducted in juvenile detention, child protective services, health and mental health centers, probation departments, schools, and in families' homes. The outcomes for parents receiving the PW intervention include: increased knowledge and use of good parenting skills, improved problem solving, setting clear expectations, reduced spousal violence and violence towards their children.

### **STRENGTHENING HAWAII FAMILIES**

Strengthening Hawaii Families (SHF) is a cultural values-based primary prevention program that was developed by the Coalition For a Drug-Free Hawaii. SHF seeks to reduce and ultimately prevent such problems as substance abuse, domestic violence, and gang involvement by reducing risk factors and increasing resiliency factors in the family and community. The SHF program provides the tools and the process for elementary-school aged youth (ages 8-11) and their families to build on existing family strengths through values clarification, family skills-building and nurturing connections among families and their community.

SHF is appropriate for families in multicultural group settings, which are inclusive and embracing of all ages, ethnic, cultural, and socioeconomic backgrounds.

Research found significant improvement in family cohesion, family organization, and family communication among families that participated in SHF; and a significant decrease in family conflict as well as decrease in parental depression. Follow up research found that past participants reported better relationships among family members, a clearer understanding of parental roles, more awareness of children's needs, improved behaviors for children, and general improvement in communication skills for all family members.

### **BRIEF STRATEGIC FAMILY THERAPY**

BSFT is a family-based intervention aimed at preventing and treating child and adolescent (ages 8-17) behavior problems including mild substance abuse. BSFT was developed at the Center for

Family Studies, a division of the University of Miami Medical School's Department of Psychiatry and Behavioral Sciences, in 1975 and has been tested and refined in clinical studies. BSFT is based on the fundamental assumption that adaptive family interactions can play a pivotal role in protecting children from negative influences, and that maladaptive family interactions can contribute to the evolution of behavior problems and consequently is a primary target for intervention. The goal of BSFT is to improve the youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems.

BSFT has been tailored to work with inner city, minority families, particularly African American and Hispanic families and therapists are trained to assess and facilitate healthy family interactions based on cultural norms of the family being helped.

### **DANDO FUERZA A LA FAMILIA**

The Dando Fuerza a La Familia project was developed to reduce the risk factors in children of substance abusing Mexican-American parents (COSAPS) by improving the family environment and the parents' abilities to nurture and provide appropriate learning opportunities for their children. To make lasting changes, several elements were included for an effective intervention. The intervention was long in duration (14 weeks) and the trainer model responses to the child were provided while coaching the parents in better parenting behavior. The intervention involved learning prosocial skills. These elements are incorporated into a culturally appropriate curriculum and activities designed in order to maximize an effective intervention.

### **SOCIAL ADJUSTMENT PROGRAM FOR SOUTHEAST ASIANS**

The Social Adjustment Program is a culturally specific mental health program serving Hmong, Cambodian, Laotian, and Vietnamese immigrants and refugees living in the Twin Cities area. The social adjustment program combines Western mental health practices with the traditional healing methods of the cultures it serves. Services are provided to Southeast Asian youth and adults by bilingual and bicultural counselors trained in Western mental health practices. Core services of the Program are mental health assessment, counseling services for persistent mental illness, post-traumatic stress disorder, depression, and other emotional and behavioral problems, and case management.

### **THE TAMAR PROJECT: MARYLAND WOMEN AND VIOLENCE**

Known as the "Women, Co-occurring Disorders and Violence" study, the purpose is to develop, deliver, and evaluate specialized services for women who have histories of traumatic abuse as well as co-occurring mental health and substance abuse disorders. Trauma assessment and services for the children of the women in the study are also provided. The Maryland Group's TAMAR project is one of fourteen programs around the US selected for this multi-site federal study, and the only one based in the criminal justice system. The TAMAR project seeks to develop an integrated, trauma-oriented mental health/addictions service system for women in the correctional system in three Maryland County detention centers and their children. The program's services continue after the women's release into the community.

### **FAITH BASED PREVENTION MODEL (Formerly Jackson Church Program)**

This prevention model developed from the Jackson Church Program consisting of six African-American churches that had successfully implemented health promotions projects funded by the Department of Health and Human services, Office of Minority Health, American Heart Association, and the Florida Dept. of Health and Rehabilitation Services. Health promotion interventions are implemented at church sites, as a part of community awareness activities, and within selected community partners systems.

### **STRENGTHENING MULTI-ETHNIC FAMILIES AND COMMUNITIES**

This model program integrates various prevention and intervention strategies aimed at reducing violence against self, family, and community. The short-term objectives are to increase parent sense of competence, positive parent/child interactions, build child self-esteem and social competency skills and more parental involvement in community activities. The target population is ethnic and culturally diverse parents with children 3-18 years of age.

Research shows significant improvements in parent sense of competence, family/parent/child interactions, and child competence and behavior with an overall completion rate of 83% by participants.

### **PARENTS ANONYMOUS ADULT GROUP**

The Parents Anonymous prevention program involves parents, including parents at risk or involved with Child Protective Services. This proven effective program is dedicated to strengthening families through mutual support. Meeting weekly with other parents and a trained facilitator, parents learn to use appropriate resources and to build positive relationships. This program fosters problem solving, receipt of support, and expansion of their network of support from others to help reduce stress and isolation.

Research substantiates that Parent Anonymous Program diminishes the impact of risk factors while significantly increasing the resiliency of parent and children and decreasing incidents of child abuse and neglect and other at-risk or harmful behavior. Research shows that the program increases ability of parent to deal with stress.

### **DOLORES MISSION WOMEN'S COOPERATIVE CHILD CARE CENTER**

This comprehensive program does more than merely provide childcare services. It offers opportunities for community members to participate in a variety of educational programs, including teacher-training programs that prepare participants to become certified pre-school teachers. Developed within a low-income Mexican-American community, this empowering program demonstrates clear ties with community agencies and resources. In 2003, mental health services began to be offered to participants.

### **PROLONGED EXPOSURE THERAPY FOR POSTTRAUMATIC STRESS DISORDER**

Prolonged Exposure (PE) therapy is a cognitive-behavioral treatment program for individual suffering from posttraumatic stress disorder. The program consists of a course of individual therapy designed to help clients process traumatic events and thus reduce trauma-induced psychological disturbances. PE therapy reduces PTSD symptoms via psychoeducation, imaginal

exposure, and in-vivo exposure. This program has demonstrated effectiveness with adult victims of single or multiple traumas or violence who manifest PTSD symptomatology.

Research indicates that 70% to 90% of clients who receive PE therapy no longer meet the criteria for PTSD diagnosis. It is the most studied treatment program for PTSD and has broad empirical support from studies of clients with PTSD resulting from various types of trauma. Treatment effects were maintained at 12-month follow-up.

### **MULTIDIMENSIONAL FAMILY THERAPY**

Multidimensional Family Therapy (MDFT) is a family-based treatment developed for adolescents with drug and behavior problems and for substance abuse prevention with early adolescents. The MDFT intervention is designed to develop and evaluate family-based drug abuse treatment for adolescents. This approach has been recognized as one of a new generation of comprehensive, multicomponent, theoretically-derived and empirically-supported drug abuse treatments.

The MDFT model has been applied in a variety of community based clinical settings targeting a wide range of populations, including African Americans and Latinos. The majority of families have been from disadvantaged inner-city communities.

The treatment seeks to significantly reduce or eliminate the adolescent's substance abuse and other problem behavior, and to improve overall family functioning. For the parent(s), objectives include facilitating parental commitment and investment; improving the overall relationship and day to day communication between parent and adolescent; and increasing skills in parenting practices.

Treatment effects have been shown to persist at the one year follow up assessment. MDFT families showed significant improvements in family functioning, and teens receiving MDFT demonstrated superior gains in their school performance at one year follow up, relative to comparison treatments.

### **ASIAN YOUTH ALLIANCE**

The Asian Youth Alliance Program (AYA) is a multi-level, ethnic-specific prevention program developed by Asian American Recovery Services in Daly City, CA. The long-term goals of decreasing high risk behaviors and substance use among Chinese and Filipino youth are accomplished by successfully altering intermediary knowledge, attitudinal, and skill deficits related to these. AYA was formulated on the basis of empirical studies delineating risk and protective factors unique to the Asian groups targeted as well as anecdotal information concerning the specific problems present in Daly City in relation to each of the outcome domains targeted.

The AYA program serves high-risk Filipino and Chinese youth ages 15-20 and 15-18 respectively. The Family Strengthening Intervention also serves Filipino parents and other family members.

## **THE VILLAGE**

The Village Integrated Service Agency, a program of the Mental Health Association of Los Angeles, provides a coordinated, comprehensive range of services to people with schizophrenia and other serious and persistent mental illnesses including psychiatric, employment and housing services. This integrated service delivery system uses capitated, or fixed level, funding.

The goal of the Village is to “empower adults with psychiatric disabilities to live, learn, socialize, and work in the community.” To accomplish this goal, the Village integrates services, support, opportunity and encouragement.

Research documents the Village program effectiveness. Less than 20% of the Village members required hospital treatment. The number of hospitalizations was reduced and the length of stay in hospital settings was shortened. Just as significant were the improvements in the members’ living, working and social lives. Approximately 60% of Village members lived independently, either alone or with a roommate or spouse. About 30% of all Village members worked or attended school.

## **THE APIC MODEL**

The APIC model is designed to assess incarcerated offenders’ clinical and social needs, and public safety risks; to plan for the treatment and services required to address the inmate’s needs; to identify required community and correctional programs responsible for post-release services; and to coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services.

## **SYSTEMATIC TREATMENT ENHANCEMENT PROGRAM FOR BIPOLAR DISORDER (STEP-BD)**

The overall goal of the STEP-BD project is to improve treatment of bipolar mood disorder by finding the best way to deliver the most effective treatment available and to provide answers to the many important questions confronting the field. Since bipolar mood disorder is a complex condition, meeting this goal requires systematic assessment of treatment outcome in a large sample of patients 15 years of age and older over a long period of time.

Within this program, the coordinating center will establish a network of up to 20 treatment centers in which some 5,000 patients will be treated by specially trained psychiatrists and clinical specialists. Additional data will be collected that are focused on adherence to guidelines, as well as the influence of treatment setting and of regional and ethnic factors on treatment outcomes.

## **EMERSON DAVIS FAMILY DEVELOPMENT CENTER**

The Emerson-Davis Family Development Center (Emerson-Davis) is a residential treatment program for adults with mental illness and a history of homelessness. Located in Brooklyn, NY the Center consists of 22 one-bedroom apartments for single adults seeking reunification with their children, and 16 two-bedroom apartments for families. The program for families at Emerson-Davis provides comprehensive case-management and in-home family development services to promote independence and good parenting among residents. A range of services for children in residence with their parents is also available on-site. Emerson-Davis operates eight



“satellite” apartments in the community that are available to families after “graduation” from the residential program. Independent living is central among goals for all families at Emerson-Davis. Parents are supported to develop individual and family goals, and service plans that address the broad psychosocial needs of both parents and children are the center of the intervention.

#### **SAN FRANCISCO GENERAL HOSPITAL: CONSULTATION/LIAISON PROGRAM**

The Consultation/Liaison to OB/GYN (C/L) program at the San Francisco General Hospital is a specialized psychiatric consultation service serving the hospital population. The program focuses on providing psychiatric consultation to women 18 years and older receiving inpatient and outpatient obstetrical and gynecological services. It allows women with psychiatric and/or severe substance abuse problems, including women with serious mental illness, to receive psychiatric care during their regular prenatal and postpartum healthcare visits. The clinic serves 32% Latina women, with a high percentage of recently immigrants, 28% are African-American, and 13% are Asian-American. One benefit is that women with SMI are often able to transition to a local, community-based program and then able to transition to independent living.

#### **COGNITIVE BEHAVIORAL TREATMENT FOR DEPRESSION**

This manualized program has empirical evidence of the effectiveness of cognitive behavioral treatment for depression, including in primary care settings. It is designed especially for low-income women aged 18-70 who are suffering depression. Delivered in small group format, the intervention consists of 4 modules with each module lasting 4 weeks. It allows for new members to participate in the group at 4 week interval. The manual is available in English and Spanish. Research consistently documents that participants show decreased depressive symptoms and improved quality of functioning as a result of the CBT group intervention.

#### **FAMILY SUPPORT SERVICES/PACE (FSS/PACE) PROGRAM**

The Family Support Services/PACE (FSS/PACE) program is a program of the Mid-Eastern Iowa Community Mental Health Center (MCMHC), located in Iowa City, Iowa. PACE stands for Parents, Advocacy, Coordination and Education. The program provides clinical case-management for families in which a parent has a serious and persistent mental illness, and has minor children living in the home. The most frequent diagnosis among the parents served by FSS/PACE is Major Depressive Disorder.

The primary goal of FSS/PACE is to prevent or reduce child welfare involvement and unplanned hospitalizations, and to increase the quality of life for families while building a bridge between mental health services and other service delivery systems. FSS/PACE case managers form supportive, therapeutic relationships with families. Building on families’ strengths, case managers focus on the development of problem solving skills, mental health counseling, and education for both parents and children about mental illness.

# *Gay Lesbian, Bisexual and Transgender Individuals*

## **Promising Practices**

### **LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT)-AFFIRMATIVE/FEMINIST THERAPIES.**

LGBT-affirmative and feminist therapies are philosophical and theoretical positions that serve as an umbrella practice to complement any therapeutic approach used with this population. The therapies assume that sexual orientations vary naturally, and reject the idea that heterosexual norms are the standard by which all persons should be judged. Likewise, LGBT-affirmative and feminist therapies reject rigid gender-role stereotypes that have historically created narratives for LGBT individuals and women in general that have invalidated their equality with heterosexual males in male dominated societies and social institutions. The LGBT-affirmative and feminist approaches emphasize the need to understand the context from which any individual client is living to inform the conceptualization of the client's problems rather than relying solely on traditional diagnostic categories.

### **COMMUNITY REINFORCEMENT APPROACH TO SUBSTANCE ABUSE TREATMENT.**

The Community reinforcement approach is endorsed by NIDA as an effective treatment for substance abuse and dependence. The approach utilizes a variety of behavioral techniques to create substance-free environments for clients that are more reinforcing than those associated with substance abuse. Social, recreational, family and vocational supports are used in the treatment, and the attempt is to make these areas of the person's life function in a positively reinforcing manner in order to increase substance-free days and reduce abuse and dependence.

### **COGNITIVE-BEHAVIOR THERAPY FOR GENERALIZED ANXIETY DISORDER**

Because there is emerging evidence that LGB individuals may experience generalized anxiety disorder at higher rates than non-LGB individuals, understanding empirically-supported treatment is necessary. CBT for generalized anxiety disorder targets the physiological components of anxiety through relaxation procedures, behavioral components through graduated exposure to fearful situations, and the cognitive components through questioning catastrophic predictions about future outcomes. CBT is easily conducted in a group format.

### **PANIC CONTROL TREATMENT**

Some evidence suggests that gay and men are vulnerable to panic disorder. The treatment for panic disorder is behavioral and includes cognitive components. Because panic is often a combination of misinterpreted body sensations, the treatment consists of exposing the client to a variety of interoceptive sensations that are often misinterpreted as life-threatening. For example, a client may be asked to hyperventilate in the session and stand up quickly, mimicking the dizziness that is often experienced during a panic attack. Likewise clients are sometimes asked to run in place in order to increase heart rate. Faulty beliefs about such experiences are then

questioned as the client practices creating the physiological sensations that he or she once believed just came “out of nowhere” . The treatment also targets avoidance behaviors to encourage clients to engage in activities that they have begun to avoid out of fear of having panic attacks.

### **COGNITIVE-BEHAVIORAL GROUP THERAPY FOR SOCIAL PHOBIA.**

Social phobia is a health risk, particularly for individuals needing to negotiate low-risk sexual behaviors in the prevention of HIV infection. Social anxieties can keep people from asserting their needs to practice safer sex. Cognitive-behavioral group therapy utilizes in-session exposure to feared social situations and homework assignments to engage in social activities that clients formerly avoided. The treatment has been successfully applied with gay and bisexual men. The treatment has been shown to be as effective as pharmacological treatments.

### **COGNITIVE THERAPY FOR DEPRESSION**

Depression affects nearly 25% of adults in the United States alone. Emerging data suggests that LGBT youth and adults may be more vulnerable to experience depression because of the pressure of being sexual minorities. Cognitive therapy is a well-established treatment for depression that targets the negative, depressogenic beliefs, and employs behavioral activation strategies to combat inertia. Therapists teach clients to monitor their automatic thoughts, and to find alternative responses to depressive thoughts. Cognitive therapy has been adapted for use in groups.

### **INTERPERSONAL THERAPY FOR DEPRESSION**

Considered an empirically supported, efficacious therapy for depression, Interpersonal Psychotherapy is a time-limited treatment. The focus is on difficulties in interpersonal functioning, unresolved grief, and interpersonal deficits. Treatment targets changing the client’s interpersonal relationships by improving the client’s skill at managing such relationships. The treatment has been applied to individuals for treatment of acute depression and has also been used in on-going maintenance following recovery from depression.

### **BRIEF DYNAMIC PSYCHOTHERAPY FOR DEPRESSION**

Following psychoanalytic emphasis on transference in therapy, Brief Dynamic Psychotherapy for depression uses a short-term, focused approach. The therapist and client agree upon the targets for focus. Core conflictual relationship themes are a focus of treatment, as is symptom reduction and improved insight. The therapeutic relationship is considered of the utmost importance in this treatment. Transference reactions and client defenses are quickly identified in early sessions as the client and therapist agree on the targets for treatment.

### **GROUP COUNSELING THEORY**

Lesbian and gay clients have been shown to choose group counseling as a treatment of choice. This may be due to the relative isolation faced by sexual minority individuals, especially those living in rural areas. Group counseling offers individuals the opportunity to share concerns with others who may face similar challenges. The goal of counseling is to instill hope, impart information, demonstrate the universality of experience, develop social skills and engender interpersonal learning. This treatment modality is cost-effective, and is also a useful treatment

for clients that need the support of peers to mitigate the consequences of living in relative isolation.

## **Promising Programs**

### **INGERSOLL GENDER CENTER**

The Ingersoll Gender Center in Seattle has been serving the transgender community since 1977. Ingersoll provides support groups, and information and referrals for transgender, transsexual, intergender and questioning youth and adults. The main focus of the center is to serve as a referral and information source. Transgender individuals often face the most severe isolation, and can believe that they are unique. The Ingersoll Gender Center provides much needed peer support to help decrease feelings of isolation. The center also provides referrals for both mental health and medical services.

### **TALKSAFE**

TalkSafe is a program in New York City whose goal is to help HIV-negative gay and bisexual men to competently negotiate low risk sexual behavior in order to maintain their sero-negative status. TalkSafe is run in a group format. Participants identify situations and beliefs that place them at higher risk for unsafe sexual behaviors. They form peer connections to encourage one another to continue to remain hopeful in the face of the AIDS epidemic and to overcome obstacles to practicing lower risk sexual behaviors.

### **SEEKING SAFETY**

Seeking Safety is a group therapy for people with trauma histories whether or not they meet criteria for Post Traumatic Stress Disorder (PTSD). The treatment integrates treatment for PTSD and substance abuse. The goals are to increase safety in relationships for the participants. Cognitive, behavioral and interpersonal areas are addressed. The program also utilizes case management.

# *Co-Occurring Mental Health and Substance Abuse Disorders*

## **INTEGRATED TREATMENT FOR DUAL DISORDERS**

This program/manual (Mueser, Noordsy, Drake, & Fox, 2003) details a comprehensive set of approaches including assessment, individual, group, and family that can be tailored to the specific needs of individual programs. Some the approaches included in the book are reviewed below. The target population for this program includes patients with severe mental illness, most commonly those with psychotic disorders, but may include anxiety disorders such as posttraumatic stress disorder and personality disorders such as borderline personality disorder

## **ASSERTIVE COMMUNITY TREATMENT (A BEST PRACTICE)**

Assertive Community Treatment (ACT) is an evidence-based model of care developed for individuals with severe mental illness that was modified for dual disorder patients (Stein & Santos, 1998; Test, 1992). The integrated intervention includes the essential features of ACT (e.g., services provided in the community using assertive engagement, a higher intensity of services offered, small caseloads for therapist, services available on a 24-hour basis) plus additional features relevant for dual disorders. These additional features include: the treatment team provides substance abuse care using a stage wise dual disorders model, dual disorders treatment groups are offered, and the team exclusively focuses was on patients with dual disorders. Drake and colleagues (1998) evaluated this model in a three-year randomized trial of ACT for dual disorders compared to usual case management. Overall, both treatments showed good retention, reduced substance use, and increase in days in stable community residences. Results showed that ACT performed better than standard case management on some substance abuse and quality of life outcomes.

## **INTEGRATED MOTIVATIONAL INTERVIEWING, COGNITIVE-BEHAVIOR THERAPY, AND FAMILY INTERVENTION**

Barrowclough and colleagues (2001)'s program integrates routine care with three interventions: motivational interviewing, individual cognitive-behavior therapy, and family or caregiver intervention. Also, each client is assigned a "family support worker," who provides information, gives advice on benefits, advocates for the patient, and provides emotional support and practical help. In a randomized controlled trial, this integrated care program plus routine care showed superior outcomes on measures of substance abuse, symptoms of schizophrenia, and global functioning compared to routine care alone.

## **FAMILY INTERVENTION FOR DUAL DISORDERS**

Family Intervention for Dual Disorders (FIDD; Mueser & Fox, 2002) adapts both single and multiple-family group formats for patients with severe mental illness and substance use disorders and their families. Single-family intervention is the primary venue of intervention, which is

designed to teach family information and skills to manage the relative's dual disorder. The course of this time-limited treatment can last 9 months to 2 years and can be home-based. Importantly, the clinician providing FIDD should be part of the patient's treatment team. Multiple family group is seen as an adjunct treatment and usually time-unlimited. The latter is based on the Treatment Strategies for Schizophrenia Study (Mueser et al., 2001). Pilot data from six families suggests that FIDD can help improve client outcomes. All clients in the study improved on substance use outcomes over the course of one year.

### **BEHAVIORAL TREATMENT FOR SUBSTANCE ABUSE IN SCHIZOPHRENIA**

Behavioral Treatment for Substance Abuse in Schizophrenia (BTSAS; Bellack & DiClemente, 1999; Bellack & Gearon, 1998; Bennett et al., 2001) is an adaptation of Social Skills Training (SST; Bellack, Mueser, Gingerich, & Agresta, 1997), an evidence-based behavioral treatment for schizophrenia. BTSAS has five components: (1) monthly motivational interviews to address treatment goals; (2) urine drug screen contingency wherein patients receive small amounts of money for abstinence; (3) social skills training to teach patients to refuse drug offers; (4) psychoeducation on substance use and schizophrenia; and (5) problem solving and relapse prevention. BTSAS is a six-month, twice weekly group therapy that utilizes two therapists. The treatment does not require abstinence or a commitment to abstinence for enrollment; it employs a harm reduction approach (patients are encouraged to select abstinence as a goal). Other important aspects of the therapy include its non-confrontational and non-critical tone; empathy and positive reinforcement are emphasized. In a pilot study of BTSAS among community and VA patients (Bennett et al., 2001), "good progress" patients showed less drug use post-treatment relative to poor progress patients.

### **INTEGRATED GROUP THERAPY**

Weiss, Najavits, & Greenfield (1999) developed an integrated relapse prevention group therapy (IGT) for bipolar and SUDs. IGT focuses on and integrates themes relevant to both disorders in addressing and managing patients' risk for relapse. Sample sessions address some of the following topics to reduce relapse risk for both bipolar and substance use disorders: identifying and coping with high-risk situations, self-monitoring, and cognitive distortions. In a pilot study, Weiss et al. (2000) found that IGT was associated with better alcohol and drug outcomes and fewer symptoms of mania post treatment.

### **SEEKING SAFETY**

Seeking Safety is a present-focused coping skills therapy to help people attain safety from both PTSD and substance abuse (Najavits, 2002, 2003). The key principles of Seeking Safety include: safety as the larger goal of treatment, working on PTSD and substance abuse at the same time, a focus on ideals to counteract the loss of ideals from the experience of having PTSD and a substance use disorder, and addressing cognitive, behavioral, interpersonal, and case management areas for client's functioning. In addition, the therapy focuses on clinician processes, such as helping clinicians work with countertransference issues. Each session of Seeking Safety has an identified "topic" (e.g., asking for help, self-nurturing) that addresses themes relevant to both PTSD and substance abuse and that includes the development of coping skills related to the issue. In preliminary studies of Seeking Safety among women in the community and in prison, significant reductions have been found in substance use and trauma-related symptoms (e.g., Najavits, Weiss, Shaw, & Muenz, 1998).

## **CONCURRENT TREATMENT OF PTSD AND COCAINE DEPENDENCE**

Concurrent Treatment of PTSD and Cocaine Dependence (CTPCD; Back, Dansky, Carroll, Foa, & Brady, 2001; Brady, Dansky, Back, Foa, & Carroll, 2001) combines cognitive-behavioral exposure treatment for PTSD with coping skills training for substance use disorders. CTPCD is a twice-weekly, 16-session individual outpatient therapy for comorbid PTSD and cocaine dependence, although it is believed that it could be useful for patients with PTSD and any type of SUD. Initial therapy goals are to establish the skills necessary to obtain sobriety and to inoculate patients against the risk of relapse when completing exposure therapy. First, core SUD coping skills are taught along with an overview and rationale for exposure therapy, followed by prolonged exposure. In an open-trial of CTPCD, treatment completers showed a reduction in PTSD symptoms as well as alcohol and drug use, depression and employment outcomes pre-treatment to a 6-month follow-up.

## **ASSISTED RECOVERY FROM TRAUMA AND SUBSTANCES (ARTS)**

Assisted Recovery from Trauma and Substances (ARTS; formerly called Substance Dependence PTSD Therapy - SDPT) was developed for patients with varied SUDs and traumas (Triffleman, 2000, 2002; Triffleman, Carroll, & Kellogg, 1999). This 20-week twice-weekly individual therapy adapts and integrates three therapies: Cognitive-Behavioral Coping Skills Treatment (Carroll, Donovan, Hester, & Kadden, 1993), Stress Inoculation Therapy (Meichenbaum & Cameron, 1983), and in vivo systematic desensitization (Meichenbaum, 1994). In phase I, stabilization from recent substance use with the goal of abstinence and alliance building are emphasized. Patients are taught abstinence-oriented trauma-informed coping skills (i.e., examinations of cognitions and dysphoria associated with cravings; generation of alternative cognitions, and management of emotional and physical states). Phase II focuses on decreasing PTSD symptoms through education, stress inoculation (e.g., learning coping skills to deal with current reminders of the trauma), and in vivo prolonged exposure, with the purpose of desensitizing patients to trauma-related stimuli that they have avoided.

## **TRANSCEND**

Transcend is a 12-week partial hospitalization program developed for Vietnam combat veterans with chronic SUD-PTSD comorbidity that focuses on decreasing PTSD symptoms and promoting an addiction-free lifestyle (Donovan, Padin-Rivera, & Kowaliw, 2001). The program is based on concepts from constructivist, dynamic, cognitive-behavioral, and 12-step paradigms/theories. The treatment approach integrates behavioral skills training and trauma processing with an emphasis on meaning and self-acceptance/forgiveness, relapse prevention training, and peer social support. The program includes six weeks of skill development and six weeks of trauma processing. Donovan et al. (2001) evaluated Transcend and found a significant reduction in substance use and PTSD symptoms pre- to posttreatment.

## **DUAL FOCUS SCHEMA THERAPY**

Dual Focus Schema Therapy (Ball & Young, 1998) targets core early maladaptive schemas and coping styles observed across the ten personality disorders. Dual Focus Schema Therapy is integrated through the use of a set of common core techniques such as functional analysis, self-monitoring, and coping skills training. Two assumptions of the therapy are: (1) targeted intervention into most problematic areas will affect a broader range of behaviors; and (2) a

strong working alliance is essential to change. The treatment consists of 24-sessions and has two stages: (1) early relapse prevention plus identification/education about early maladaptive schemas/coping styles and their associations with substance abuse and present lifestyle; and (2) schema change therapy and coping skills work.

### **DIALECTICAL BEHAVIOR THERAPY FOR SUBSTANCE ABUSERS WITH BORDERLINE PERSONALITY DISORDER**

Dialectic Behavioral Therapy (1993), a treatment for borderline personality disorder with shown effectiveness, has been adapted for borderline substance abusing clients (Dialectical Behavior Therapy for Substance Abusers with Borderline Personality Disorder – DBT-S; Linehan & Dimeff, 1997; Linehan et al., 1999; Linehan et al., 2002). The modified version includes the standard components of DBT with the addition of several strategies specific to substance abuse. Therapists emphasize a dialectic approach to abstinence, which includes an “unrelenting insistence” on abstinence coupled with acceptance and non-judgmental problem solving/relapse prevention when drug use does occur, with a quick return to an unrelenting insistence on abstinence. In addition, an intervention that focused on replacing “pills with skills” included a 4-month “transitional maintenance” replacement medication protocol to facilitate the use of adaptive coping skills, followed by 4 months of drug tapering to promote skills strengthening, and 4 months of no drug replacement to promote skills generalization. In a recognition of the need for therapy to engage/motivate patients, Linehan et al. (1999; 2002) developed these strategies to improve “attachment” of the client to the therapy and therapist, as well as to help reach out and bring back “lost” patients. In two randomized controlled trials, DBT-S has been associated with reduced substance use, improved global and social functioning relative to treatment as usual, and comparable outcomes relative to a comparison condition.

### **MULTISYSTEMIC THERAPY**

Multisystemic therapy (MST; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998) is a family/community-based model that was originally designed to treat serious antisocial behavior in juvenile offenders. By changing the youth’s greater social context (i.e., family, peer, school, support system), it seeks to promote prosocial behavior and reduce antisocial behavior. MST is a pragmatic intervention. After conducting a functional analysis of the target behavior, problem-focused treatments with empirical evidence are applied to change the target behavior. To eliminate barriers to treatment, MST is delivered at the family’s home and the treatment team assumes responsibility for engaging the family and attaining clinical outcomes. Services are available 24 hours a day/7 days a week. Therapists work in teams and have low caseloads. In addition, MST has a strong quality assurance component, including clinical support with manualized assessments and interventions, clearly articulated treatment principles, having MST expert consultation, and extensive organizational consultation. Experts give local MST supervisors consultation. An Internet based tracking system monitors adherence. Research evaluations of MST have been positive. Seven randomized controlled trials and one quasi-experimental trial have been completed and published (see Henggeler et al., 2002 for a review). Across these studies, MST has demonstrated success in treating serious antisocial behaviors, improving family relations and functioning, increasing school attendance, decreasing youth’s mental health symptoms/problems (e.g., conduct problems, anxious-withdrawn behaviors, immaturity, psychiatric symptoms) and substance use, and decreasing long-term rates of re-arrest.



## **MST INTEGRATED WITH THE COMMUNITY REINFORCEMENT APPROACH**

This model integrates MST with an evidence-based intervention for substance use disorders, the Community Reinforcement Approach (CRA; Budney & Higgins, 1998), to address substance use disorders among youth. CRA includes tracking substance use through urine screens with rewards given for screens indicating no substance use, functional analyses to identify substance use triggers, self-management plans to address triggers of substance use, and use of drug avoidance skills (Randall, Henggler, Cunningham, Rowland, & Swenson, 2001). By integrating these two models, both the broader social context and specific substance use issues are addressed in treatment.

## **MST-BASED CONTINUUM OF CARE MODEL**

MST has also been modified to better address the needs of youth with serious mental illness: MST-based continuum of care is an integrated mental health and substance abuse service system. In this model, MST service delivery systems include home-based services, intensive outpatient, crisis intervention, family resource specialists/parent partners, therapeutic foster care, respite services, access to residential and hospital beds and integration of evidence-based psychopharmacological treatment. Care is given on an ongoing basis (in contrast, standard MST is usually offered as a 3-5 month time limited treatment) and the integration of MST into the multiple service delivery systems allows the MST treatment team to have a greater influence over treatment decisions when the youth is placed outside the home. Moreover, a key feature is that the same team (e.g., therapist, psychiatrist, supervisor) treats the adolescent regardless of his/her placement on the continuum of care.

### **Seeking Safety for Adolescent Girls**

As described above, Seeking Safety is a coping skills oriented therapy for current SUD and PTSD. To address the developmental needs of adolescent girls, Najavits, Gallop, & Weiss (2003) describe several modifications to the protocol: (1) material was conveyed verbally if the client did not want to read written handouts; (2) to evoke emotional material, use of more appropriate techniques such as “displacement” were used; (3) the trauma was discussed if desired by the client; (4) two sessions were allotted to address topics outside the manual; and (5) parental updates on treatment progress were provided, if the client agreed. In addition, parents were invited to attend one session that focused on, “Getting Others to Support Your Recovery.” In a randomized trial of Seeking Safety, clients who received Seeking Safety plus treatment-as-usual reported reduced substance use, PTSD and trauma-related symptoms, SUD and PTSD-related cognitions, improved functioning, and less psychopathology than clients in treatment as usual.

# *Geriatric Mental Health*

## **Best and Promising Practices in**

### **THE GATEKEEPER MODEL OF CASE-FINDING AND RESPONSE (A BEST PRACTICE)**

This program is a community-wide system of proactive case finding to identify at-risk older adults. Gatekeepers are non-traditional referral sources that come into contact with older adults through their everyday work activities. They are trained to look out for signs and symptoms that might indicate an older person needs assistance and learn where to refer them for service response. The Gatekeeper model has 3 core program elements: 1) Gatekeeper Recruitment and Training, 2) The Referral System, and 3) The Community Response System. The Gatekeeper model has been awarded many honors including Exemplary Outreach Models in Geriatric Mental Health (WICHE) and Promising Substance Abuse Prevention Program (Center for Substance Abuse Prevention, SAMHSA).

### **PSYCHOGERIATRIC ASSESSMENT AND TREATMENT IN CITY HOUSING (PATCH) (A BEST PRACTICE)**

PATCH is an outreach program that utilizes the Gatekeeper case-finding strategy with a mobile treatment model to target older adult residents of public housing in need of mental health care. A psychiatric nurse provides education and training to public housing employees (e.g. custodians, maintenance workers, managers) that come into contact with residents. The nurse also provides outreach to assess older adults mental health needs when staff become concerned about a resident. If mental health services are needed, a psychiatrist makes a home visit with the nurse and together they develop an ongoing treatment plan (e.g. psychotherapy, medications, service linkages). Mental health services are provided in the home. The nurse continues care with case management and advocacy as needed.

### **RURAL ELDERLY OUTREACH PROJECT (REOP)**

REOP is an assertive outreach model designed to strengthen self-reliance of rural Virginians in caring for older adults, heighten awareness of aging and mental health issues, and to address cultural, ethnic, geographic diversity. It incorporates the Gatekeeper case-finding strategy and utilizes an integrated multiple disciplinary team to develop the individuals care plan. The primary team is made up of psychogeriatric and psychiatric nurses. A social worker, psychiatrist, and gerontologist provide consultation during team meetings. Upon referral, a nurse and/or psychiatrist will make a home-visit if needed to make a comprehensive assessment. Case management and individualized care is provided in the home as needed.

### **MENTAL HEALTH OF RURAL ELDERLY OUTREACH PROJECT (EOP)**

EOP was one of the first to formally replicate the Gatekeeper model in a rural area. It was designed to identify older adults in need of services and to initiate and coordinate referrals to medical and social service agencies. They provide training to the formal network of service providers in the elderly case management network as well as nontraditional referral sources-- Gatekeepers. Upon referral a nurse makes a home visit or other acceptable site to conduct a

comprehensive evaluation. All assessments are reviewed by a multidisciplinary team (three nurses, general medical practitioner, 2 psychiatric CNS's, social worker and psychiatrist) at a weekly meeting and a care plan is developed. Clients, family members and other providers are often involved in the care plan as well.

### **GERIATRIC REGIONAL ASSESSMENT TEAM (GRAT)**

GRAT is a specialized crisis intervention and stabilization service for older adults in King County, Washington. The service is provided by a multidisciplinary team with geriatric specialization. The team offers in-home medical, psychosocial, and functional assessments for adults 60 years of age and older. Specific services include a comprehensive psychiatric, medical, social and functional assessment, crisis intervention and stabilization, prompt referral and linkage to mental health, aging, substance abuse, and health care providers, consultation, care planning, and education of professionals, families, and other care providers, and guardianship evaluations on a fee-for-services basis.

### **THE ELDER SUBSTANCE ABUSE OUTREACH PROGRAM**

The Elder Substance Abuse Outreach Program began as a joint project between Hawthorne Services, a multiservice geropsychiatric organization, and Brattleboro Retreat, an inpatient substance abuse treatment agency in Chicopee, Massachusetts. The program was started to address an unmet need in the community for older adults in need of substance abuse services that were not self-referring to traditional substance abuse programs. The primary goal of the program is to identify older adults in need of substance abuse treatment and to then link them to appropriate services. It has three facets of treatment: Identification of older adults at-risk; outreach to older adults in their home by an experienced clinician, and weekly substance abuse therapy and peer support group meetings.

### **THE CENTER FOR OLDER ADULTS AND THEIR FAMILIES**

The Center for Older Adults and Their Families is the geriatric speciality service of the Gouverneur Diagnostic and Treatment Center's Department of Behavioral Health, Gouverneur Hospital. The hospital is part of the larger New York City Health and Hospitals Corporation and is affiliated with New York University's Bellevue Medical Center. The program components include: an older adult outreach team that make initial home visits for assessment and engagement, a clinic program that offers assessment, evaluation, therapy, and case management, a day treatment program with a comprehensive array of services plus activities in a therapeutic milieu, and psychiatric consultation for the nursing facility. The outreach component relies on staff visiting homes, including public housing, senior centers, and other facilities, to increase awareness of mental health services through education and consultation. The focus is on reducing the stigma associated with mental health and services. Referrals come from primary care physicians, in-patient psychiatric facilities, and from friends and family members.

### **THE OLDER ADULT OUTREACH AND EDUCATION SERVICE**

The Older Adult Outreach and Education Service offers inpatient and outpatient substance abuse and mental health treatment, counseling and assertive outreach with a special focus on older adults with a primary substance abuse problem in Ann Arbor Michigan. Chelsea Community Hospital operates the Outreach program as well as a substance abuse outpatient treatment

program, Older Adult Recovery Center. The University of Michigan Turner Geriatric Clinic and Neighborhood Senior Services, a non-profit social services agency, work closely with the two programs to provide seamless and comprehensive community-based services to Ann Arbor's Seniors. A social worker from the Neighborhood Senior Services links older adults to appropriate resources and/or services.

### **THE IN-HOME MENTAL HEALTH PROGRAM**

The In-Home Mental Health Program of Evergreen Healthcare, Seattle, Washington, provides mental health services to older adults in their own homes, adult family homes, assisted living facilities and nursing homes. A multidisciplinary staff provides the following services: assessment and diagnosis, individual therapy, assessment and medication evaluation by an ARNP/Psychiatrist, medication management by psychosocial nurses, social work-case management services, coordination of mental health and medical care, transition to outpatient mental health services, consultation to assisted living facilities, adult family homes and nursing homes, and telephone crisis services 24 hours a day. Older adults are eligible for in-home services if they meet the following criteria: experience signs and/or symptoms of depression, a thought disorder, dementia, mania or anxiety/panic disorder; are home bound due to a psychiatric or medical condition; and agree to receiving services.

### **RESOURCES FOR ENHANCING ALZHEIMER'S CAREGIVER HEALTH (REACH) (A BEST PRACTICE)**

A multi-site research program sponsored by the national Institute on Aging and the National Institute on Nursing Research. It is occurring at six sites: Boston, Birmingham, Memphis, Miami, Palo Alto, and Philadelphia. Interventions include: 1) individual information and support strategies, 2) group support and family systems therapy, 3) psychoeducational and skill-based training approaches, 4) home-based environmental interventions, and 5) enhanced technology support systems Schulz et. al, 2003). The goal of all the interventions is to change the nature of specific stressors such as problem behavior of the care recipient, their appraisal, and the caregiver response to the stressors.

### **FAMILY CAREGIVER COUNSELING SERVICE**

This is a specialized outreach therapy service provided by the Geriatric Regional Assessment Team that consists of a registered nurse, geriatric mental health specialists, an on-call occupational therapist, and a psychiatrist. The team works collaboratively to provide 1) one to five in-home sessions of brief counseling for caregivers who meet the criteria for eligibility; 2) referral to community services, including support groups and respite care; 3) education and support on specific emotional issues experienced by the caregiver.

### **SENIOR SERVICES CAREGIVER OUTREACH AND SUPPORT PROGRAM**

Caregiver advocates help caregivers identify community resources, select the best options, and assist in securing needed services. Advocates make home visits and give workplace or community presentations on caregiver resources, long distance caregiving, paying for care, and legal issues for caregivers. Additional sources of support include 1) the program's Online Journal where caregivers can read and write daily accounts by other caregivers about their daily experiences via the internet and 2) a caregiver message board.

### **SPECIALIZED HELP FOR ALZHEIMER'S IN A RESIDENTIAL ENVIRONMENT (SHARE)**

Participants experienced discrete structured activity periods for welcoming/orientation, therapeutic activities, socialization, toileting, lunch, and snacks. The program provides nursing, social work, therapeutic recreation, dietary services, and rehabilitation services. Therapeutic activities include cognitive and sensory stimulation, exercise and movement programs, music and rhythm, and reminiscence.

### **ON LOK SENIOR SERVICES PROGRAM DAY HEALTH CENTER**

A multidisciplinary team serves as a case manager for each patient; the team includes physicians, nurse practitioners, nurses, social workers, recreation/occupation therapists, home health aides, dietitians, and drivers.

### **KAISER PERMANENTE SOCIAL HEALTH MAINTENANCE ORGANIZATION**

This S/HMO plan offers the full range of medical benefits that are offered by standard HMO's plus chronic care/ extended care services. Enrollees are charged higher premiums that make them eligible for an expanded array of long-term care benefits that go beyond the usual Medicare long-term care benefit. The expanded part of services are usually community-based.

### **PROGRAM FOR ALL-INCLUSIVE CARE OF THE ELDERLY (PACE)**

PACE uses a coordinated set of services that include both medical and social care services delivered at a day health center. Mental Health services are provided largely through a geriatric psychiatric nurse practitioner who conducts a bi-monthly clinic at the center. THE ARPN is also available to do home visits.

### **OUTCOMES-BASED TREATMENT PLAN (OBTP)**

The OBTP is an integrated outcomes-based treatment planning instrument that is completed by the clinician, a patient-administered treatment outcomes questionnaire, and a set of aggregate service system quality and performance indicators. It is geared to older adults with mental illness.

### **COMPREHENSIVE ASSESSMENT REPORTING EVALUATION (CARE)**

CARE is a computer-based assessment tool and process to assess and develop service plans for clients who receive long-term care services. It is designed to accurately measure needs and allocate resources based on medical, cognitive, behavioral and personal care needs

### **LITTLE HAVANA HEALTH PROGRAM, MIAMI/DADE**

This program offers a comprehensive array of 70 services to more than 63,000 people each year through 21 multiservice community centers. The centers provide preventive social, health, nutrition, and mental health services. The health program offers health promotion, disease prevention, health education, mental health services and primary health care. Health care for older adults occurs in senior centers, congregate meal sites, adult day health centers, and a primary clinic.

### **KIT CLARK SENIOR SERVICES**

Kit Clark is a multipurpose elder services agency providing a full spectrum of services to seniors in Boston. Thus, mental health services is one component of a program that provides nutrition programs, meals, home repair, housing programs, exercise, health education, adult day services, primary health care, and social opportunities.

### **OVER 60 HEALTH CENTER**

This program describes itself as offering a consumer-directed approach and “one-stop shopping” for a range of health-related services including health promotion, disease prevention, screening, diagnosis, and treatment for health, mental health, and substance abuse problems.

### **PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS (PEARLS)**

PEARLS is a study examining the effect of a community-based treatment program versus standard care. Clients in the intervention group receive an innovative depression treatment. Care managers conduct 8 one-hour sessions over 5 months.

### **COMMUNITY CONTACTS FOR THE WIDOWED**

Widows were paired with a widow contact who provided emotional support and practical assistance.

### **SENIOR COMPANION PROGRAM (A BEST PRACTICE)**

A federally funded program that provides grants to qualified agencies and organizations for expanding supportive services to improve lives of older adults. The program enlists volunteers to provide in-home support services and assistance with tasks of daily living for home-bound persons.

### **THE MULTI-FACETED PRIMARY CARE INTERVENTION**

Those diagnosed by the primary physician as having major depression and who agreed to antidepressant therapy were given educational materials about symptoms and treatment of depression. A psychologist then provided a highly structured program to teach cognitive-behavioral skills for managing depression and to counsel on medication adherence. A psychiatrist monitored the patients course of treatment and made appropriate adjustments to the course of treatment.

### **IMPROVING MOOD: PROMOTING ACCESS TO COLLABORATIVE TREATMENT (IMPACT)**

Primary care patients have up to 12 months of access to a depression care manager who is supervised by a psychiatrist and primary care liaison. The care manager provides medication support and/or counseling, depression management in collaboration with the primary physician.

### **PREVENTION OF SUICIDE IN PRIMARY CARE ELDERLY – COLLABORATIVE TRIAL (PROSPECT)**

Health Specialists and primary care physicians collaborate in identifying depression in older adults, develop targeted and timely treatment recommendations, and encourage compliance with treatment.

### **INTEGRATED MODEL: PRIMARY CARE RESEARCH IN SUBSTANCE ABUSE AND MENTAL HEALTH FOR ELDERS (PRISMe)**

This model uses a mental health consultation liaison approach. It is currently under research funded by four federal agencies. There are 11 study sites, in which outcomes for older adults randomly assigned to the integrated model are compared to outcomes for those assigned to the referral model.

### **GERIATRIC MENTAL HEALTH OUTREACH PROGRAM**

This program works with informal and formal community caregivers, physicians, community agency staff, and long-term care facilities. The program has an inter-professional consultation home visit team that conducts home and community-based assessments and completes care plans. The team provides client-centered case consultations with health care providers who take the referrals.

### **PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS (PEARLS)**

PEARLS is a community-based treatment program that includes teaching problem solving techniques to relieve symptoms of depression, planning pleasant events, and increasing physical and social activities. Care managers conduct 8 one-hour sessions over 5 months. NWPEC collaborates with community based agencies that provide social support to the elderly.

### **ELDERS WRAP-AROUND TEAM**

The Elders Wrap-Around Team provides coordination of a wide range of services that are needed by older adults. The Wrap-Around Team includes representatives from 12 core agencies who meet for two hours each month to discuss specific cases and service issues. Providers from 40 other agencies are invited to the table when a case warrants additional expertise. The older adult, family members or supportive others are also encouraged to attend the meetings. The Wrap-Around concept centers around an older adults strengths, needs, and preferences. The goal is to maintain the older adult in their own home and community safely and independently as long as feasible.