

# RECOVERY: PATIENTS, FAMILIES & COMMUNITIES

2007 CME Syllabus and  
Proceedings Summary  
*Addendum*



PSYCHIATRIC  
SERVICES  
ACHIEVEMENT  
AWARDS  
SESSION

October 11-14, 2007  
New Orleans, LA

FRIDAY, OCTOBER 12  
8:30 – 11:30 A.M.





**Psychiatric Services Achievement Awards Program**  
**Salon F, Third Floor, New Orleans Marriott**  
**Joel S. Feiner, MD, Chair**

**Friday, October 12**  
**8:30 a.m.–11:30 a.m.**

### **Session 1**

#### **Psychiatric Services to Deaf Individuals: What is Different?**

*Bronze Award*

*Robert Pollard, Ph.D., Associate Professor of Psychiatry (Psychology), University of Rochester School of Medicine; Director, Deaf Wellness Center, 300 Crittenden Boulevard, Rochester NY 14642*

#### **EDUCATIONAL OBJECTIVES:**

At the conclusion of this presentation, the participant should be able to (1) describe common differences between deaf and hearing individuals regarding primary language structure, literacy, sociocultural characteristics, and fund of information; (2) adapt mental status exam procedures properly for deaf individuals; (3) work effectively with sign language interpreters.

#### **SUMMARY:**

Deaf individuals who communicate via American Sign Language (ASL) represent a large and unique sociocultural and language minority in the US. This population has very limited access to mental health services and providers are rarely ASL-proficient or otherwise properly trained to serve deaf individuals competently. The structure of ASL differs markedly from English, leaving providers dependent on sign language interpreters to mediate communication or, worse, forcing deaf individuals to communicate via written English or "lipreading." English literacy and fund of information limitations common in this population require accommodation in evaluation and treatment methods as do sociocultural characteristics unique to deaf ASL-users. This presentation will focus on the basics of service provision to the deaf population, including the aforementioned issues, mental status exam adaptations, and effective work with interpreters. Specialized deaf mental health resources will be described, including both direct service and information resources.

#### **TARGET AUDIENCE:**

Clinicians and clinical service administrators.

#### **REFERENCES:**

1. Leigh IW, Pollard RQ: Mental health and deaf adults. In Oxford handbook of deaf studies, language, and education, edited by Marschark M, Spencer PE, New York, Oxford University Press, 2003, pp 203-215.
2. Pollard RQ: Professional psychology and deaf people: The emergence of a discipline. *Am Psychologist* 1995; 51: 389-396.

### **Session 2**

#### **Intervening in Early Psychosis: Lessons Learned in a Community Program**

*Silver Award*

*Sally L. Godard, M.D, Clinical Associate Professor, Oregon Health and Sciences University; Yamhill County Adult Mental Health, 627 Evans Street, McMinnville, Oregon 97128*

#### **EDUCATIONAL OBJECTIVES:**

At the conclusion of this workshop, the participant should be able to (1) demonstrate an understanding of the importance of early intervention in psychotic illness; (2) describe core elements of an early psychosis intervention program; and, (3) identify the strengths and challenges of working within a public managed care program across a wide geographic region.

#### **SUMMARY:**

The human and societal impact of schizophrenia is devastating. In 2001, Mid-Valley Behavioral Care Network, a public managed mental health organization, set out to change that reality by systematically implementing early psychosis intervention across its five Oregon counties. Services provided by the Early Assessment and Support Team (EAST) were based on



the Early Psychosis Prevention and Intervention Center in Australia.

Key elements of EAST include community education, flexible outreach, eligibility based on symptoms rather than funding, family partnerships and multi-family psycho-education, vocational support, low dose prescribing, and individualized counseling.

EAST has served 300 families since its inception with 94 percent of the individuals having strong family support. Most of the participants have been able to succeed in work and school with accommodations, and have had a dramatic and sustained drop in hospitalizations after entry into the program. Because of the success of EAST, the Oregon Legislature has recently allocated \$4.3 million for similar programs throughout Oregon. EAST will be providing the leadership and support for this new venture.

EAST is also part of a new, four-year study sponsored by The Robert Wood Johnson Foundation's Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP), under the lead of Maine Medical Center's Portland Identification and Early Referral (PIER) program in Portland, Maine.

#### **TARGET AUDIENCE:**

Psychiatrists, nurses, social workers, case managers, all mental health professionals.

#### **REFERENCES:**

1. Jane Edwards & Patrick McGorry, *Implementing Early Intervention in Psychosis: A Guide to Establishing Early Psychosis Services*, London 2002 (Martin Dunitz, Ltd).
2. Ashok Malla and Jennifer Payne, "*First -Episode Psychosis: Psychopathology, Quality of Life, and Functional Outcome*", *Schizophrenia Bulletin*, Vol 31 no.3, pp.650-671, 2005.

### **Session 3**

#### **The Harris County Hospital District Community Behavioral Health Program: Meet the New Community Psychiatry Primary Care Team!** *Gold Award for Community-based Programs*

*Britta Ostermeyer, M.D., Baylor College of Medicine, 1502 Taub Loop, 2<sup>nd</sup> floor, Houston TX 77030*

#### **EDUCATIONAL OBJECTIVES:**

At the conclusion of this workshop, the audience will have received an overview of CBHP and will understand the goals and objectives which helped CBHP to create more access to community behavioral health for patients within Harris County, Texas.

#### **SUMMARY:**

The Harris County Hospital District (HCHD) Community Behavioral Health Program (CBHP) is a large scale integrated behavioral health and primary care program which relocated psychiatrists, psychotherapists, and substance abuse counselors shoulder-to-shoulder with primary care physicians into 16 large primary care centers within Harris County, Houston (3.7 million people, 32% under or uninsured below age 65) with the drastic goal to increase community access to behavioral health care and to reduce appointment waiting periods for behavioral health services. This workshop will provide an overview of CBHP and its players, will go over the goals and objectives of the program, and will present exciting results from the program's first two years of operation. The workshop will discuss CBHP's experience in furthering the scope of psychiatric interventions by PCPs via curbside consultations, lectures, DVDs, and small group discussions in order to improve capacity for behavioral community treatment.

#### **TARGET AUDIENCE:**

Psychiatrists, all types of mental health professionals, primary care physicians, and health care administrators.

#### **REFERENCES:**

1. Unützer J, Katon W, Callahan CM, et al: Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial. *Journal of the American Medical Association* 288:2836-2845, 2002.
2. Simon GE, Katon WJ, VonKorff M, et al: Cost-effectiveness of a collaborative care program for primary care patients with persistent depression. *American Journal of Psychiatry* 158:1638-1644, 2001.
3. Belker BL, Barnes RF, Greenberg DM, et al. Preliminary outcomes from an integrated mental health primary care team. *Psychiatric Services* 55(4): 442-444, 2004.

#### **Session 4**

#### **Intensive, In-Home, Child & Adolescent Psychiatric Service (IICAPS): Home-Based Treatment for SED Youth and Their Families**

*Gold Award for Academically or Institutionally Sponsored Programs*

*Joseph L. Woolston, Yale University School of Medicine, Child Study Center, 230 South Frontage Road, New Haven CT 06520*

#### **EDUCATIONAL OBJECTIVES:**

At the conclusion of this workshop, the participant will have learned to (1) understand clinical model of IICAPS, (2) understand use of IICAPS data for QA/QI at case, team, program and network levels and (3) understand opportunity for systems change of service delivery at local and state levels.

#### **SUMMARY:**

This workshop intends to inform an audience of community mental health clinicians and public policy makers about IICAPS: its intended target population, treatment model, proposed mechanism of therapeutic action, state network and state agency partnerships, and outcomes.

#### **TARGET AUDIENCE:**

The audience should have interest and some interest and/or experience in child mental health interventions for SED youth at risk for requiring institutional based treatments.

#### **REFERENCES:**

1. Woolston, JL, Berkowitz, SJ, Schaefer, MC, Adnopo, JA (1998), Intensive, Integrated, In-home Psychiatric Services: The Catalyst to Enhancing Outpatient Intervention. *Child and Adolescent Psychiatric Clinics of North America*, 7:615-633.
2. Woolston, JL, Adnopo, JA, Berkowitz, SJ, (2007), *A Home-Based Psychiatric Treatment Model for Children and Adolescents with Serious Emotional Disturbance*. New Haven: Yale University Press.



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