

The New York State Office of Mental Health and Dean's Consortium of Schools of Social Work Project for Evidence-Based Practice (EBP) in Mental Health

COURSE ASSIGNMENT GUIDE

Seminar in Evidence Based Practices in Mental Health: Course Assignments and Exercises

The following assignments, case studies, and class exercises were developed by the project team and faculty to be used as part of the course. Some may also be used for colloquia or field placement discussions.

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Assignment - Evidence-Based Practice in Mental Health Poster

The goal of this assignment is provide you with the experience of evaluating the literature related to an intervention relevant for individuals with a diagnosis of serious mental illness. In addition, learning the poster method of presentation will provide you with experience that will assist you in future professional development. Posters are a frequent strategy that practitioners and researchers use to communicate ideas and data at conferences.

What is a poster? A poster summarizes key concepts with less use of narrative text than a paper would use, and more use of outlines, tables, and diagrams. The idea is for things to be visually appealing and easy to read. A sample copy of a poster reprint is handed out with this assignment. For our purposes, plan on your poster being about the size of a standard piece of poster board. Make sure your poster has a title and your name on it. You can find more information on creating posters online at:

<http://www.plu.edu/~libr/workshops/multimedia/posters.html#process> and <http://www.ncsu.edu/project/posters/>

- A. Choose a specific intervention related to people with serious mental illness.** For example, you might decide to focus on cognitive therapy for individuals with a diagnosis of schizophrenia. Your intervention can be covered in the course, but you must pull in literature beyond the course syllabus.
- B. Create a poster that addresses the following questions/points:**
- 1) Provide a description of the intervention, including the key components that must be present in order for the intervention to have good fidelity.
 - 2) What are the goals/targets/desired outcomes of this intervention, and how is progress toward these outcomes typically tracked?
 - 3) What is the nature of the evidence supporting this intervention?
 - You should summarize the key relevant professional academic literature in the area (from social work and related professions)-this should be done in a table format (author, sample, interventions tested, design, measures, and results). Include age, race, and ethnicity of sample in sample description whenever this information is reported.
 - Your research must extend beyond the required and recommended readings for the course, although you are welcome to use course readings in your poster.
 - The information you review in this section should present the state-of-the-empirical research relevant to your selected intervention.
 - Categorize the intervention according to the Level of Evidence classification presented in this course, and present the rationale for this categorization.
 - 4) What additional research is needed on this intervention to enhance its level of empirical support, or to demonstrate its effectiveness with key populations?

C. Create a Poster Reprint & Copies for Classmates. This reprint should include all the content in your poster. You should have enough copies of the poster reprints for everyone in class (including the instructor). If you want, Kinko's or similar businesses will reduce posters to a handout-size piece of paper for a reasonable cost, however, this isn't required. Instead, you can provide a version that reads more like a professional paper.

D. Reference List. List all references according to American Psychological Association (APA) style. Poster reprints that have references and citations that do not conform to APA format will lose points. While you may not have room on your poster for references (this is okay if you do not), you should have them listed in your reprint.

You will be graded on: 1) your ability to use the professional literature and other relevant information to address the task and justify the assessment tool/intervention; 2) your ability to critically assess, synthesize, and organize the information gathered; 3) the clarity and specificity with which you present the poster 4) presentation quality of the poster presentation (ease of readability, organization); and 5) the overall writing quality of the poster/reprint (organization, grammar, lack of typos, APA guidelines for all citations and referencing, etc.). During the poster session, you will be asked to verbally summarize your poster for others, but you will not be graded on this.

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Work Project for Evidence-Based Practice (EBP) in Mental Health**

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Assignment - Research Evaluation Assignment

“The world is full of claims of new and exciting things: from a better mousetrap to an instant release for untapped inner powers – or a surefire cure for anxiety. Each one brings with it the problem of deciding whether it is, indeed, a great breakthrough, or just another dose of snake oil” (Curtis, 1996).

The recent drive towards integrating evidenced-based treatment for individuals with a diagnosis of serious mental illness has led to an increase in the data collected on the effectiveness of various psychotherapeutic models. Specific guidelines have been developed by various researchers to help students and clinicians in the process of evaluating the levels of effectiveness of different psychotherapeutic and pharmacological treatments.

The goal of this assignment is to familiarize you with current models for the evaluation and criticism of evidence-based research. These models help the practitioner or student to critique the level of evidence that is produced by a research study. Without such models there would be no standardized means of determining the validity of the claims in literature published on the effectiveness of specific treatments.

Assignment Guidelines

A. Choose a specific research article that evaluates an intervention related to individuals with a diagnosis of serious mental illness. For example, you might decide to focus on cognitive therapy with individuals with a diagnosis of schizophrenia. Your intervention can be covered in the course, but you must pull in literature beyond the course syllabus.

B. Write a paper that addresses the following questions and points:

- 1) Provide a description of the intervention, including the key components that must be present in order for the intervention to have good fidelity.
- 2) What are the goals, targets and desired outcomes of this intervention, and how is progress toward these outcomes typically tracked?
- 3) What is the nature of the all the evidence supporting this intervention?
 - You should summarize the key relevant professional academic literature in the area (from social work and related professions)—this should be done in a table format (author, sample, interventions tested, design, measures, and results). Include age, race, and ethnicity of sample in sample description whenever this information is reported.
 - Your research must extend beyond the required and recommended readings for the course, although you are welcome to use course readings in your paper.
 - The information you review in this section should present the state-of-the empirical research relevant to your selected intervention.
 - Categorize the intervention according to one of the Level of Evidence classification models presented in this assignment, and present the rationale for this categorization.

- 4) What additional research is needed on this intervention to enhance its level of empirical support, or to demonstrate its effectiveness with key populations?

C. Reference List. List all references according to American Psychological Association (APA) style. Papers that have references and citations that do not conform to APA format will lose points. **You will be graded on:** 1) your ability to use the professional literature and other relevant information to address the task and justify the assessment tool/intervention; 2) your ability to critically assess, synthesize, and organize the information gathered; 3) the overall writing quality of the paper (organization, grammar, lack of typos, APA guidelines for all citations and referencing, etc.).

Guidelines for Evaluating Research - Two Models for Research Criticism:

Level of Evidence Coding System:

This model was adopted from the Agency of Health Care Policy's classification of Level of Evidence system. This system classifies each study into one of six categories in order to denote the strength of the evidence for the intervention (Foa, Keane, Friedman, 2000).

- **Level A:** Evidence is based upon randomized, well-controlled clinical trials for individuals with target diagnosis.
- **Level B:** Evidence is based upon well-designed clinical studies, without randomization or placebo comparison for individuals with target diagnosis.
- **Level C:** Evidence is based on service and naturalistic clinical studies, combined with clinical observations that are sufficiently compelling to warrant use of the treatment technique or follow the specific recommendation for individuals with target diagnosis.
- **Level D:** Evidence is based on long-standing and widespread clinical practice that has not been subjected to empirical tests for individuals with target diagnosis.
- **Level E:** Evidence is based on long-standing practice by circumscribed groups of clinicians that has not been subjected to empirical tests for individuals with target diagnosis.
- **Level F:** Evidence is based on recently developed treatment that has not been subjected to clinical or empirical tests for individuals with target diagnosis.

APA Model for Evaluation of Research:

The APA has developed a model with which a practitioner or student can effectively judge the level of evidence that is provided by an evidence-based report on the effectiveness of a particular psychotherapeutic intervention (Crits-Cristoph, Frank, Chambless, Brody & Karp, 1995). The APA developed this model so that students and clinicians are able to judge the degree to which a particular research project demonstrates the effectiveness of the intervention. In the APA model there are three levels of evidence:

1. Well-Established Treatments

- a. Highly specified, typically through treatment manuals, such that procedures could be clearly understood and replicated by others.
- b. Validated in studies in which the characteristics of the client samples were clearly described.
- c. Documented to be effective in either:
 1. At least two group-design studies of adequate statistical power demonstrating efficacy through superiority (statistical significance) to pill or adequate psychological placebo, or through superiority or equivalence to an already established treatment.

2. A large series of single-case design studies using good experimental design and demonstrating superiority to pill or psychological placebo or to another treatment
 - d. Demonstrated to be effective in studies by at least two different investigators.
2. Probably Efficacious Treatments
- a. Highly specified, typically through treatment manuals, such that procedures could be clearly understood and replicated by others.
 - b. Validated in studies in which the characteristics of the client samples were clearly described.
 - c. Documented to be effective in either:
 1. Two studies showing that the treatment is more efficacious than a waiting-list control-group
 2. One study demonstrating efficacy either through performance superior to that of a pill or psychological placebo, or equivalency to an already established treatment
 3. A small series of good single-case design studies
 4. At least two good studies demonstrating efficacy, but flawed by the heterogeneity of the client samples
3. Experimental Treatments
Treatments that do not meet criteria for either of the above categories are labeled experimental. A treatment with this label may be, but is not definitively effective.

Curtis, George C. (1996). The Scientific Evaluation of New Claims. *Research on Social Work Practice, 6*, 117-121.

Foa, E.B., Keane, T., Friedman, M. (Eds) (2000). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*. New York: Guildford Press.

Crits-Christoph, P., Frank, E., Chambless, D. L., Brody, C., & Karp, J. F. (1995). Training in empirically validated treatments: What are clinical psychology students learning? *Professional Psychology: Research and Practice, 26*, 514-522.

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Seminar in Evidence Based Practices in Mental Health

Assignment - Researching Evidence Based Practice in Mental Health

Many interventions and mental health practices are now using the label of "Evidence-Based Practice" or research based practice. It shows up in advertising and catalog blurbs for treatment curricula and treatment manuals.

The purpose of this assignment is to select an actual product currently being marketed that makes this claim, find and examine the evidence behind the this claim, and then critically assess whether you think the evidence demonstrates that the intervention is effective and for whom.

[Note: an example of a product making this claim follows, however this assignment can be modified to another product, or the student can also find a product themselves and then critically assess the evidence.]

Hazelden Publishing markets many such manuals and treatment curricula. Central New York Psychiatric Center utilizes their Criminal Justice curricula as part of their forensic mental health treatment programs. On a recent visit to a forensic mental health unit located in a correctional facility the staff referred to an Evidence Based program that they were using with the inmates with SMI.

On their website at <http://www.hazelden.org>  Hazelden makes the statement for their Criminal Justice materials:

Hazelden is the leading publisher of evidence-based programs and curricula that address the specific needs of clients struggling with substance abuse and mental health issues.

Based on this claim, providers such as Central NY Psychiatric Center are utilizing their treatment manuals and workbooks in their treatment programs.

Please use the following outline for your discussion and assessment of the product you will review:

- a. Select a product from Hazelden.org catalog and discuss the following:
- b. How do they describe the intervention and programs? Who is it intended for?
- c. What training and professional certifications or requirements do they suggest for the practitioners utilizing the program (i.e. Social workers, psychologists, mental health counselors or workers, correctional staff?)
- d. Is there an implementation guide or assistance? What does this include? If not, how might this be problematic?
- e. What is the cost for its use and ease of access for the providers, and for the recipients (inmates) using it? Does this raise any issues for implementation?

- f. Is there any fidelity measure provided or evaluation of the implementation?
- g. Describe the evidence that is provided by Hazelden supporting its effectiveness:
 - i. Is there published or available research supporting its claim? (Note: You may have to contact Hazelden to obtain a copy or a reference for this. Or you may need to do your own investigation of the research to find some evidence if they are unable to provide a link.)
 - ii. If so, describe the research including who conducted it, the research design, the population and sampling method, the measures used and the results or outcomes of the research. Has research been applied to other racial or cultural groups as well? Is there any evidence that it is effective with diverse populations?
 - iii. Is there anecdotal evidence? Please describe and critically examine this evidence for validity as best you can.
- h. If there is no direct evidence for this intervention but it relies or incorporates another practice or intervention that is evidence-based (such as Cognitive-behavioral therapy or similar) then describe the evidence that supports the use of this EBP with this particular population and what support there is to show that this is an effective use of the EBP.
- i. How might a culturally diverse population affect the implementation, use or effectiveness of this treatment program?
- j. Based on what you have found out, would you recommend the continued use of this treatment or intervention in this setting? What are the advantages of its use? What are the concerns you would have about its use?

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Assignment – Mental Health Cultural Diversity

[Taken from assignment prepared by Dr. Susan Mason, Yeshiva University]

Students will choose a racial/ethnic group and conduct and report on research answering the question: What are the obstacles faced by members of this group in accessing needed mental health services? A short paper with references will be turned in on the 7th class session.

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Assignment - Medication Management

Select a client from your placement setting whose medication you would like to understand. Briefly provide a brief summary of the presenting issues for this client (up to two pages)

- Presenting problem
- Diagnosis
- Major Strengths
- Major challenges and stressors
- Major supports
- Treatment setting
- Medication(s) and dose
- Rationale for medicine and dose (Why this particular medication or set of medications?)
- How is the medication monitored? By whom?
- Observation of compliance and effectiveness

Then address the following questions:

- Is the current treatment plan successful? What's working? What's not? How are you evaluating this?
- Is the client aware of what medication(s) he or she is taking? How does he or she understand the use of and adherence to medication in relationship to overall treatment?
- What are the implications of selecting this particular medication for the client? What needs to be monitored in the future? What does the client need to know about the particular medication (or set of medications) that he or she is taking?
- How would you work with the client to increase knowledge regarding the selection of the medication(s) and the importance of adherence to treatment?

In a concluding section, reflect on what you have learned through the process of preparing the paper.

Option #B - Select a diagnosis and a medication that is used to treat someone with that diagnosis...

Conduct a literature based and internet based search to gather some basic information on the medication.

First, provide a detailed description of the medication that you have selected.

- What group or groups of clients would be a candidate for this particular medication? Why?
- How does the medicine work (action in the brain)? See the following web site to help you out: <http://thebrain.mcgill.ca/> 
- What are some of the benefits of the drug? Risks? Side effects? Dosage?

- When would the medication be indicated for a particular client or group of clients? Contraindicated?

In the second part of the paper, describe the medication in a fashion that would be understandable to an individual with a psychotic disorder and/or the caregiver for such individual. Prepare an informational description that you could use to teach a client or group of clients about this particular medication. Attend to language and simplicity of presentation. As you write, consider what questions a client might ask (i.e. what that client might need or want to know).

In a concluding section, reflect on the challenges involved in learning about the particular medication that you select so that you would in turn be able to educate your client(s) effectively.

NOTE: for either option, provide a brief list of references (articles, websites etc). Use APA style.

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Class Exercise and Assignment: Motivational Interviewing

In class case presentation followed by application of the **Decisional Balance Worksheet Assignment**, <http://motivationalinterview.net/clinical/decisionalbalance.pdf> 

Utilizing media services, students will create and videotape an interview that is 10 to 15 minutes in length utilizing a "Motivational Interviewing" technique with a partner. The team is responsible for transcribing the interview and providing the professor with a process recording on the due date. Only one process recording and write up is to be turned in. Six to eight typed pages for your evaluation/analysis of the interaction will also be turned in (actual process section can be single spaced).

This is a clinical interview of a client. You will need to identify ahead of time the demographics of your client, setting, how many times you have met before, etc. You **MUST** write a consent form and have it signed before you interview your classmate. You must include in the consent permission for the video to be showed in class. Guidelines for class viewing will be provided later in the semester. The tape will be destroyed after viewing in class and discussion. The client data to be collected will be fictional in nature.

In the write up section, you must evaluate the interview:

1. Do a brief set-up of the situation. Who the interviewee(s) is, their background, and presenting issue(s). Why MI was chosen.
2. Write a process recording for the entire interview as follows.
[Process recording Instructions: Split your page vertically. On the left hand side do a verbatim process- s/he said, you said, s/he said, you said. On the right hand side make three different observations;
 - a) What the material evoked in you (feelings).
 - b) What the interviewee(s) was really trying to communicate
 - c) Why you chose to respond the way you did, what you were thinking, what you were trying to convey to the interviewee(s).
 - d) Three or four MI techniques utilized in the interview. Why were they chosen?]
3. Identify non-verbal (your) interactions. How did they affect the interview process?
4. What social work values, principles and service elements were apparent in the interview?

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Assignment - Case Application

Class sessions 3-13 cover specific mental health interventions. Using the case the instructor provides, write three brief papers (3-5 pages) on three of these interventions (one paper on each intervention) and how they might be applied to the case example.

Included in the paper should be:

- Your assessment of how well the intervention meets the client's needs
- Anticipated barriers to implementing the intervention and how they might be addressed
- The degree to which the interventions are compatible with social work values

[Note to instructor: this assignment could be completed through class presentations & role plays instead of through a paper; see cases in curriculum guide]

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Case Study: "Joe"

General history

Thirty-two year old white Roman Catholic male. Born in New Jersey; oldest of three children, two younger sisters. Two step-sisters and one step-brother from father's remarriage.

Natural mother abandoned family when patient was four years old. Father remarried; stepmother and he did Joe didn't get along well. Joe reports that she pushed him down the stairs, hit him with a knife, and would tie him to the bedpost for hours when he misbehaved. Patient lived with father until he was about sixteen years old and began running away. Patient searched for his natural mother, found her in California, lived with her for a period of time. Mother died in 1975 of alcohol and drug addiction (as reported by step-mother). Patient tried to help his mother but became involved in using alcohol and drugs with his mother. (Patient abused substances prior to reuniting with mother).

Patient states he never did well in school and was simply passed along from grade to grade. He dropped out in the ninth grade. Patient has had various jobs over the years, generally menial and short-term.

Patient was married at age twenty-one and has an eight year-old daughter. He and his wife have been separated for seven years at his wife's request due to patient's drug problems and abuse of his wife. Patient's estranged wife and daughter continue to live in California.

Patient has experienced homelessness and traveled around the country due to what he describes as "paranoia" fears; that after considering that some people might be after him, it became generalized that everyone was out to harm him. Patient describes himself as "living on the street" for approximately five years and hitchhiking from place to place; at times he has indicated that he saw another homeless man murdered (set on fire) by a group of kids. He himself was attacked once and fell, hit his head, and was knocked unconscious.

Patient has history of arrests and incarcerations, some which are drug related.

History of mental illness

Patient stated at separate times: 1) that his mental illness began in his teens, and 2) that it began in his late twenties and was precipitated by drug abuse. Patient has been hospitalized six times within the last five years. Paranoia and the interaction effects of substance abuse have precipitated each of these hospitalizations. At times patient has been considered dangerous to himself and others, and has made two suicide attempts; and he has had paranoid thoughts that he must kill others to protect himself from their potentially killing him. Preceding his last hospitalization patient was aggressive and inappropriate and needed restraints when hospitalized.

Diagnosis:	Schizophrenia, chronic paranoid	295.30
	Alcohol Dependence	303.90
	Cannabis Abuse in remission	305.20
	Hallucinogen Abuse (LSD) in remission	305.30

Substance abuse history

Patient states that he was prescribed Tranxene for relief of acute anxiety. This prescription was renewed for eight years from the time patient was eighteen to twenty-six years old. Patient stated that he was detoxified from the drug in a Drug Rehabilitation Center. Other treatments include two two-week long rehabilitation programs.

Patient began drinking alcohol at fifteen years old and began smoking marijuana at seventeen years old. Patient has a history of multi-drug abuse. Patient reports that he is unable to have just one drink. When he drinks he consumes very large quantities of alcohol.

Other pertinent information

Patient has a history of elopement from treatment and non-compliance with medications. Patient's last hospitalization was one and one-half to two years. During his hospitalization there may have been some continued substance abuse. However, during the last six months of the patient's hospitalization it was thought that the patient was abstinent, and that his abstinence was motivated by wanting to be discharged and live in the community.

Present situation

At the time of readiness for discharge from the hospital patient's only family contact was with his father. Patient's wife has begun divorce proceedings. Patient has very limited contact with his daughter after a period of no contact when he was homeless.

Patient has difficulty interacting with other patients. He tends to identify with staff members and to seek their company.

Patient approaches work-oriented tasks in an obsessive-compulsive manner. He is task-oriented and has competent skills in some areas.

Patient reports having strong urges to drink and use drugs.

Adapted by Nancy Smyth from the Spitzer, R.L., et al. (1989). DSM-III-R Casebook (pp. 191-193). Washington, DC: A.P.A. Press.

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Case Study and Class exercise: “Gloria”

An Example of a Consumer Receiving Supported Employment Services Provided by Dr. Lauren Gates, Columbia University

The case example is based on a consumer, Gloria. The first column of the Case Example indicates the Supported Employment Component **or** underlying concept important to Supported Employment (e.g., consumer empowerment, activating natural supports) that is relevant to the employment-related services offered by the counselor.

The second column of the Case Example presents the important steps Gloria and her counselor take as Gloria moves through the employment process.

It is important to note that:

- ◆ The steps presented in the Case Example are not intended to provide a complete account of all Gloria’s issues or the services she receives. They are intended to highlight important points in the process of securing and sustaining employment
- ◆ Some SE components are relevant to more than one step and therefore appear multiple times in the Case Example

Class Exercise - One approach to completing the case example with students is to provide students with a copy of the Case Example where the SE components have been omitted and ask the students to identify which Supported Employment Component is represented in the entry.

An Example of a Consumer Receiving Supported Employment (SE) Services

SE Component	Vocational Assessment and Career Planning
1 Zero Exclusion	Gloria is a 33 year old, single woman living with her parents. She was first diagnosed with schizophrenia when she was 20 and has been hospitalized several times since then. Currently she continues to experience some symptoms (and side effects of medication) but is stable in her condition. Gloria has been receiving rehabilitative services at ABC Agency and has been utilizing the agency’s mental health services for several years. Although a treatment plan has been developed for Gloria, up until now, Gloria hasn’t discussed the possibility of a vocational goal. In the group that she regularly attends, however, a conversation ensues about Gloria’s interest in pursuing competitive employment.

SE Component	Vocational Assessment and Career Planning
<p>2 Comprehensive Assessment</p>	<p>After the group, Gloria and her counselor meet and he helps her to assess her occupational interests, skills, work history, job preferences and potential challenges to employment. Gloria says that she would like to pursue a career in house painting. Her father runs a painting business and she has worked for him on and off. She sustained back injuries, however, and she is afraid that these injuries will interfere with her ability to work as a painter.</p>
<p>3 Peer Support Technical Assistance</p>	<p>In their next meeting, Gloria's group discusses options that match group members' vocational interests. They review the CareerZone to see job listings in related fields. (http://www.nycareerzone.org/)</p>
<p>4 Individualized Placement/ Matching</p>	<p>Through discussions with her counselor, Gloria decides she would like to pursue a job working in a paint or home improvement store, since she knows a lot about house paint and enjoys interior design and home improvement projects. Gloria prefers a job that is close to her home, as she has difficulty maneuvering public transportation, but enjoys walking. Gloria and her counselor discuss employers near her home.</p>
<p>5 Service Coordination</p>	<p>In anticipation of Gloria's concern about losing her benefits, Gloria's counselor arranged to have a benefits specialist attend their next meeting. With input from the benefits specialist, Gloria decides that her initial goal is to work part time to avoid complicating her benefits situation, and to help ease her adjustment to work.</p>
<p>6 Service Coordination</p>	<p>Gloria and her therapist meet because she feels she has made a wrong decision to pursue integrated, competitive employment. She is frightened and unsure that this is the best choice for her. The therapist counsels Gloria, offering techniques for overcoming her apprehension. Gloria feels she is ready to proceed with the vocational process.</p>
<p>7 Limited Pre-Vocational Activities Rapid Job Search</p>	<p>Gloria and her counselor determine that obtaining a job in the community is a goal that she would like to attain. This is specified when they update her treatment plan. She is now motivated to work intensely toward this goal, as she has a strong desire to earn money and be a part of the working world. Gloria and her counselor walk through the neighborhood looking for help wanted signs, look in the newspaper for help-wanted advertisements and on the internet.</p>

SE Component	Vocational Assessment and Career Planning
<p>8 Disclosure Planning Post-placement support</p>	<p>Gloria and her counselor discuss how her symptoms and side effects of medication might affect meeting job requirements and he brings up the issue of disclosure. The counselor suggests that she attend an after hours, peer-run support group, in which she can speak with her peers about issues she may encounter in employment. He also tells her about different workplace supports and accommodations that could be available if she chooses to disclose.</p> <p>Please note, these service activities represent excerpts from a consumer's complete vocational record and does not include all the services offered from the program, nor does it serve as a guide to Medicaid documentation requirements.</p>
<p>9 Mutual Support Empowerment</p>	<p>Gloria attends the peer-run support group in which she discusses issues related to obtaining and maintaining employment. In the group, Gloria and her peers talk about how to advocate for themselves in the workplace. For example, they discuss how the Americans with Disabilities Act protects people like Gloria.</p>
<p>10 Role of Natural Supports</p>	<p>Gloria shares with her family that she is getting ready to look for a job. Her parents ask if she really thinks she can meet job demands given her condition. She explains that she can get accommodation on the job if she discloses she has a disability. Her mother is emphatic that Gloria not disclose her condition. She is afraid that Gloria will be mistreated and ostracized if she reveals she has a mental health condition. She also thinks that working will cause Gloria to decompensate.</p>
<p>11 Role of Natural Supports</p>	<p>Gloria, her parents and her counselor meet to discuss Gloria's plan to work. Together Gloria and the counselor explain how Gloria will be supported through the process and help Gloria's parents better understand the importance of work to Gloria.</p>
	<p>Job Placement</p>
<p>12 Individualized Placement</p>	<p>Gloria and her counselor identify a job opening at Crescent Paint and Decorating Co. for a part time clerk. The counselor has helped a consumer get a job as a custodian at the store before and knows the owner, Bill. The counselor visits the store with Gloria to introduce her to Bill. They talk to Bill, asking him what skills and qualities he is looking for in an employee. Bill says his customers are a do-it-yourself crowd, and often need instruction about the best type of paint for specific jobs and the best brushes and rollers to apply the paint to different surfaces. Gloria says that she has experience as a painter, and demonstrates her knowledge of the products in the store. Bill asks Gloria to come back the next day when he has more time to interview her.</p>

SE Component	Vocational Assessment and Career Planning
13 Accommodation to a Specific Job	Gloria and her counselor discuss the Paint Co., and Gloria is enthusiastic about the job and thinks she can do it but has some doubts and wonders if her condition will be too much of a barrier to holding a job. She is nervous about having to multi-task on the job. In her previous work, she only had to focus on painting houses, but at the Paint Co., she will need to advise customers, keep the merchandise straight and use the register.
14 Disclosure Planning	Gloria asks her counselor to support her in disclosing to Bill during the interview. Gloria's counselor prepares Gloria for the interview. They perform a mock-interview, so Gloria is prepared with appropriate answers to interview questions.
15 Accommodation to a Specific Job On-going Support to Meet Consumer & Employer Needs	In the interview, Bill is impressed by Gloria's knowledge of his products. She is easy to talk to in the context of the interview, but when Bill takes her on a tour of the store, she appears overwhelmed. Bill is concerned about her ability to multi-task, as it is possible that several customers would be asking about products at once. Gloria's counselor tells Bill that Gloria may need an accommodation, but will be able to handle the job with the right support. Gloria tells Bill that she really wants the job and thinks she can be successful if she has a co-worker who she can turn to in case several customers approach her at once. Gloria's counselor explains that he has helped other workers who have mental health conditions succeed on the job with an appropriate accommodation. Bill agrees to hire Gloria part-time.
16 On-going Support at the Workplace	Gloria and her counselor agree that her counselor will visit the workplace daily during Gloria's shift, for the first several weeks, to assure her that she is doing ok. Her counselor will meet with her after work to debrief on the day. Gloria is working 4 hours, 3 days a week.
17 Accommodation	Gloria and her counselor talk to Bill about assigning a co-worker to team up with Gloria to offer support when more than one customer requires assistance at once. Bill agrees to speak to another employee, and put this accommodation in place.
18 Continuous Assessment	After 6 weeks on the job, Gloria is meeting with her counselor once a week to discuss her progress. She reports that her co-worker is pleasant and helpful, but she hasn't received any positive feedback from Bill or her co-worker, and she feels stressed that she is not meeting the expectations of her employer. She is still very unsure of herself, even though she has not heard any complaints from Bill.

SE Component	Vocational Assessment and Career Planning
<p>19 On-going Support</p>	<p>Gloria’s counselor suggests that they have a joint meeting with Bill to review her first weeks on the job. When Bill, Gloria and her counselor sit down together, Bill tells Gloria that she has been doing an excellent job. Gloria tells Bill she has been feeling like she has not met his expectations because no one has given her any feedback. Gloria’s counselor suggests an accommodation in which Bill will check in with Gloria during each shift and offer feedback on her work. Gloria’s counselor reduces his visits to the workplace to one visit every other week. Gloria continues to drop in at the agency each week for support and troubleshooting around relapse prevention.</p>
<p>20 Job Transition Career Development</p>	<p>After 6 months at Crescent Paint and Decorating, Gloria says that she would like to leave her placement. She tells her counselor that she is finding the work boring and the pay is too low. She would like to get additional training so that she can apply her painting skills to smaller scale art projects that won’t exacerbate her back injury. She and her counselor explore CareerZone and Gloria is excited about the idea of graphic arts, although she is not adept at using the computer. She wonders if there are employment opportunities that provide on the job training.</p>
<p>21 Career Development</p>	<p>Gloria and her counselor learn of a training program at the local community college. Gloria decides to cut back her hours at the hardware store and enroll in the training program.</p>
<p>22 On-going Support Career Development</p>	<p>Gloria begins the training program, maintains her part time job and continues to receive support through her vocational services program.</p>

The New York State Office of Mental Health and Dean's Consortium of Schools of Social Work Project for Evidence-Based Practice (EBP) in Mental Health

Seminar in Evidence Based Practices in Mental Health

Mr. Jones Case Study - Fishbowl Class Activity

Give class a case study (Mr. Jones), and divide the class into small groups.

Assign half the small groups the task of "making the case" that Mr. Jones has a primary substance abuse problem and that the psychiatric symptoms are likely just a consequence of his use, hence he needs only substance abuse treatment. Assign the other half of the groups to make the case that he has a primary mental health problem, and that his substance use is strictly a function of self-medication, hence he needs only mental health treatment. Each group should be instructed to evaluate the case in light of their perspective and they will be asked to send a representative to a team meeting to advocate their perspective. Give the groups about 15 minutes to work.

Then take a representative from each group and construct a treatment team meeting role play in the middle of the room. Appoint a team leader and instruct the leader and team to come a decision about a whether Mr. Jones has a primary mental health or substance abuse problem. If desired, leave an empty chair in the team meeting that any member of the class can move into to add a point they think needs to be made (and then they can leave the chair, leaving it open for someone else).

Process the exercise discussing the problems inherent in trying to make clients fit the focus of our service systems (i.e., one primary problem).

A Case Study Example

This is a case study that can be integrated into the seminar as a tool for assignments, activities and classroom discussions.

CASE STUDY: Mr. Jim Jones

Client Name: Mr. Jones

Date of Evaluation: 9/30/99

I. Reason for admission (chief complaint) as stated by client, family and/or referring agency:

"The Sheriff's Department injected me with germ warfare causing these sores.

II. History of Present Illness:

Mr. Jones is a 48-year-old African-American male who was referred to the Smithville Assertive Community Treatment team (SACT) for after-care following his release from Smithville State Hospital due to his diagnosis of Schizophrenia, Paranoid type. Mr. Jones presents as an extremely resilient and resourceful individual. He has

managed to survive on his own despite significant barriers to his well-being which includes: severe poverty, homelessness, a past history of numerous traumatic experiences, lack of social supports, substance abuse dependence, a long history of acute psychiatric hospitalizations, persistent recurring symptoms, and a history of involvement with the criminal justice system. Mr. Jones has managed to survive in the community by living on only \$509 dollars a month, retrieving food out of garbage cans and securing intermittent housing in "dive apartments." He has attempted to control his symptoms through the use of alcohol and illegal substances and states that psychiatric medications have not worked well for him. Through his experiences he has developed a severe mistrust of the legal system and psychiatric treatment system. His ability to survive despite these circumstances is a testament to his tenacity and intense desire to remain independent.

Mr. Jones states that his current goals are to: (1) live by himself in Smithville, (2) eat three meals a day, (3) find a doctor to get rid of the germs that the Smithville County Sheriff's Department injected him with, (4) not go back to jail or the hospital, (5) get a job, and (6) develop a relationship with someone he can trust.

Previous Smithville State Hospital records indicated that he was released from a maximum-security forensic unit (release date 8/27/99) after being found incompetent to stand trial for alleged felony assault. He was transferred to Smithville State Hospital for treatment and released on 9/29/99.

Mr. Jones was admitted to Smithville State Hospital Forensic Unit in July 1988 after facing charges of aggravated assault. Jones states that, while on the forensic unit, he made suicidal gestures, such as slashing his neck with a razor blade due to auditory hallucinations. He reported attempting to commit suicide five or six times in jail by slicing his arms with sharp instruments, sticking pins into electrical outlets, overdosing on pills, jumping off things, and setting himself on fire.

The client's first encounter with the legal system occurred in 1975, when he shot a friend in self-defense. After that time, he began to drink heavily and use street drugs. He served time in the Mississippi Department of Correction in 1976 for robbery and again in 1984 for aggravated assault. While in prison for aggravated assault, he was diagnosed with schizophrenia and placed on Haldol and Sinequan. He reported a good response to Haldol and was described as quiet and cooperative. He is afraid of what might happen if he goes to prison again, and believes that the Mississippi syndicate has a contract out on him for \$10,000.

The Smithville Police Department records from 6/8/98 indicate that Jones was threatening to cut people with a knife at his apartment. He was found to have three outstanding warrants. Police noticed a strong odor of alcohol. Jones attacked the officers. He was not affected by pepper mace. After being handcuffed, Jones stated that police were going to burn in a volcano and that he was going to light the fire.

Correctional Medical Services notes from August 1998 indicate Jones was treated with Haldol for schizophrenia, but had been refusing medications. He states that psychiatric medications have been ineffective in the past. His records show he is unable to maintain a structured medication regimen due to a lack of social and structural supports. He is described as experiencing acute symptoms as evidenced

by his constant talk about Jesus and devils. He complains about vampires. He refused antibiotics for his impetigo.

A letter from Dr. Hidalgo (who saw Jones 10/98) describes Jones as "extremely labile and frequently quite hostile." He was loud and demanding. He had improved after a recent hospitalization during which he received Haldol, but again decompensated. He was religiously preoccupied and delusional.

A court order from 11/9/98 indicates that a jury found him unable to stand trial due to his symptoms and he was subsequently committed to Smithville State Hospital.

A report from Smithville County Jail indicates that Jones was treated with Haldol and Cogentin for paranoid schizophrenia that is complicated by him not taking his medications in the prescribed manner. The jail indicates that Jones is "very unpredictable and goes through mood swings. He exhibits paranoia and is delusional at times. He thinks that he is Christ and will accuse others of being the devil. He picks hair out of his head and beard and has little round areas of pink skin where he no longer has any hair. He can be aggressive and a couple of days ago, he tried to hit a nurse with his fist. He does not like to wear clothes."

Service system records indicate numerous previous psychiatric hospitalizations, including five admissions to the State Hospital and fourteen to Morgan Medical Center. He has been offered outpatient treatment since 1992. Other past diagnosis includes Psychotic D/O, NOS, Organic Hallucinosiis, Adjustment Disorder and Undifferentiated Schizophrenia.

He states "I was charged with murder in 1976, but all I did was pull the trigger." He reports that he had AIDS (a delusion) and stomach viruses from drinking out of toilets. He has 19 past admissions but only four of them longer than two weeks. When asked about substance abuse, he states "I can't get them enough. They make the angels and devils stop talking to me." He has numerous self-inflicted scars on his arms. He reports that he hears and is Jesus Christ. He believes that he has bugs crawling inside and outside of his body. He also believes that staff has tried to kill him in the past.

Mr. Jones reports that he is a victim of a conspiracy involving Satan and the Smithville County Sheriff's Department to infect him with germ warfare. He states that he hears voices of the devil and the Holy Spirit. He reports that this occurs all the time and that he is not bothered by these experiences. He states that the voice says "stick ice picks in my eye and I'm going to eat you in the microwave." He becomes agitated when discussing these voices in detail because he believes they are real and is fearful of retribution from "the devil." He denies any symptoms of depression but reports two previous suicide attempts by cutting his forearm. He states that he has not been suicidal in many years. He denies any symptoms of mania, panic attacks, or memory impairment. Recently he reports that he is doing poorly, which he attributes to being infected with germ warfare.

Treatment goals and individual strengths as stated by the client:

Jones states that his goals are as follows:

- *"Find a doctor that can get rid of these germs that the Smithville County Sheriff's Department injected me with."*
- *"Get a job so I can get some money so that I don't have to eat out of trash cans and sell drugs for food."*
- *"I want to stay out of jail and the hospital because people are out to get me there. A man can't live his whole life that way."*

Jones states that his strengths are as follows:

- *"I know that I can survive on the streets because no one is going to mess with me".*
- *"I'm a smart man."*
- *"People like me."*

History of Past Mental/Psychiatric Illness:

Smithville County Jail (1975) *Shot a friend in self-defense. Shortly thereafter, he began drinking heavily and using street drugs. His sister reports that Jones was "never quite right as a child and had lots of problems in school and at home." She reports that he used to draw funny pictures on everything - "they looked evil." She feels that his first divorce triggered an increase in ETOH use and led him to the situation where he was arrested after killing his friend. She states that he "went down hill from there."*

Department of Corrections (1976-1983) *Convicted of armed robbery. Jones spent two months in the Skyview Unit (Psychiatric Unit) and received the diagnosis of Psychotic D/O, NOS during this incarceration. Reports indicate that he would be fighting with "spirits" and was saying that the "devil was coming to get him." Doctors tried him on Thorazine, which helped to clear up the hallucinations but he experienced a reaction to the medication and was transferred to the medial unit. Reports indicate that he was not restarted on another antipsychotic following this episode.*

During his time in the community, Jones married again and later divorced. He says that his ex-wife just did not understand him and refused to believe that the "devil would kill them one day." He stated that they would stay barricaded for days in their apartment to stay safe. He feels that this led to their divorce.

Department of Corrections (1984-1988) *During this period, Jones was incarcerated at the Skyward Psychiatric facility. It is reported that he exhibited "fixed" delusions the entire time he was there, related to the devil trying to kill him. His hallucinations decrease with an "adequate" dose of Haldol-D. His aggressive behaviors decreased as well although he continued to be confrontational with staff as well as other inmates. Staff reports that he suffered several injuries related to retaliation from inmates. He did not actively participate in substance abuse treatment and continued to deny problems in this area.*

Mireston County MHMR (2/7/92-11/1/93) *It is reported that Jones showed up for one after-care appointment, received an injection and did not show up for any other appointments.*

Mireston County Jail (1993) Felony assault of a police officer. Jones reportedly resisted arrest when being questioned in a "drug-related" situation. The report indicates that he was verbally aggressive stating "that the devil would not receive him tonight and that the police would die for helping the devil." He reportedly caused extensive injury to one officer requiring several days of hospitalization (i.e. a broken wrist and bruising to the face). Charges were dropped and he was released.

Hospitalizations 11/4/93-5/24/98

Morgan Medical Center (11/4/93-11/19/93)

Morgan Medical Center (11/26/93-12/5/93)

Morgan Medical Center (2/4/94-2/15/94)

Morgan Medical Center (8/20/94-8/29/94)

Morgan Medical Center (11/1/94-11/5/94)

Morgan Medical Center (1/12/95-5/4/95)

Morgan Medical Center (6/28/95-7/6/95)

Morgan Medical Center (8/21/95-8/28/95)

Smithville State Hospital (8/28/95-9/8/95)

Morgan Medical Center (3/1/96-3/5/96)

Morgan Medical Center (7/19/96-7/30/96)

Smithville State Hospital (7/30/96-10/4/96)

Smithville State Hospital (12/13/96-2/8/97)

Morgan Medical Center (5/17/98-5/24/98)

In the review of the hospitalizations at Morgan Medical Center and Smithville State Hospital listed above, a significant pattern is noted. Symptoms include Jones verbalizing that, "Vampires from England attack him and he believes he is Jesus." He is irritable and threatening and believes that Morgan Medical Center barbeques people. Medications that were tried were Zyprexa, Risperdol, Seroquel, and Haldol. It appears that when he was released, there was never any follow-up and housing was an on-going issue. As a result, Mr. Jones was either unwilling or unable to follow-up with his treatment. In speaking with the Salvation Army, it was reported that Jones was released to their charity but could only spend three days at a time there per their policy/procedure. The Smithville County Sheriff's Department reports many "criminal trespass" arrests during this time as well.

It appears that Jones's symptoms are never adequately treated and that trials on the new-generation antipsychotics are short with no support upon release from the hospital. In assessing Mr. Jones, due to his lack of structural supports (housing, money, nutrition etc), his symptomatology, and his prior reactions with medication, he is either unwilling or unable to take his medications.

Smithville County Jail (6/8/98-11/1/99) *While in jail, he was prescribed Haldol-D and oral plus Cogentin. He refused the injection. It was reported by staff that he was "arrogant, and believing the devil is in him."*

Smithville State Hospital (11/20/98-8/27/99) *Committed to Maximum Security Unit after being found unable to stand trial for the alleged offense of Assault Causing Bodily Injury/Assault to a Public Servant. It was reported that Jones continued throughout his hospitalization to maintain psychotic symptoms with delusions and hallucinations. He was also described as treatment resistant. It was recommended to the court that he would not likely become competent within the near future. His medications included Gabapentin 900 mg bid; Ativan 1 mg bid; and Risperidone 65 mg bid.*

Smithville State Hospital (8/27/99-9/29/99) *Transferred from Smithville State Hospital after the felony charges were dropped for further treatment. Reports indicate that Jones was aggressive and easily agitated towards staff. He was verbally loud and escalated easily. He was also engaging in self-talk and laughter significant for auditory hallucinations.*

Mental Status Exam:

The patient was lucid, oriented, coherent, and alert. He was groomed casually and appropriately with good hygiene. His hair and beard were appropriately trimmed. His mood was labile. Initially his mood was mildly elevated, but due to his past experiences with treatment and legal authorities he is untrusting and suspicious. He becomes upset and agitated when discussing his symptoms because he feels that he will pay consequences if he talks about them. For example, he said "Satan attacked me in jail and said he was going to stick an ice pick in my eyes and cut me with a chainsaw. He made me cut my jugular vein....I hear the Holy Spirit. Once it's in you, it stays with you...I'm not going to talk about hearing the angels. I know not to...This is a conspiracy." Jones admitted to racing thoughts. He was paranoid, explosive and unpredictable. He was not threatening to self, and not felt to be suicidal. He was hallucinatory, and admitted to hearing angels. His memory was difficult to assess due to his active psychosis. His eye contact was fair. His psychomotor activity was increased with his agitation. He said, "Taking them pills or not taking them pills, I feel the same way."

Diagnosis (SCID Completed):

Axis I: 295.30 Schizophrenia Paranoid Type Polysubstance Dependence

Axis II: 301.7 Antisocial Personality Disorder with Borderline features

Axis III: History of Exposure to Hepatitis A, B and C as validated by laboratory studies

Esophageal Reflux
Non-Tuberculosis Mycobacterium

Axis IV: A,B,C,E,H,I

Axis V: 30

Recommendations for Treatment Plan

The overall psychiatric rehabilitation goal is to help Mr. Jones achieve his expressed goals of living independently in the community in a clean, safe apartment, finding a job and having access to appropriate nutrition. To help him achieve these goals and to help him function more effectively in the community Mr. Jones will be assisted in securing needed social supports. Mr. Jones will also be provided the opportunity to learn skills that will allow him to cope more effectively with stressors and symptoms without resorting to the use of chemical substances that will cause him to have further conflicts with the law.

It is recommended that Mr. Jones be provided housing and the support and education necessary to help him learn the skills needed to live independently and vocational assistance. Mr. Jones will have access to ACT rehabilitation counselors to help him learn skills needed to function independently in the community and secure employment.

Mr. Jones states that he does not wish to take medications at this time. Therefore it is recommended that Mr. Jones be offered the opportunity to learn more about his illness in relations to causes, symptoms, and triggers and to be offered suggestions as to how to manage these symptoms himself without medication. Furthermore, on a weekly basis his primary advocate will provide education about available medications in order to enable Mr. Jones to understand the options available to him so that he may make an informed choice regarding the use of psychiatric medications. If Mr. Jones chooses to use medications he will be provided further training and education so that he may manage his medication regimen himself. It is recommended that should Mr. Jones choose medications that he has access to see the ACT psychiatrist a minimum of every month to monitor symptoms, side effects, and medications. Social functioning and mental status will be monitored daily with continuous monitoring of suicidal/homicidal ideation. Collaboration with the local law enforcement agencies to ensure the safety of the community and staff is maintained.

III. Physical Health

Current Doctor: *Mississippi Family Practice, Smithville*

Past Medical History: *Records show that he has no major health problems. History of exposure to Hepatitis A, B, and C, as validated by laboratory studies; esophageal reflux; non-Tuberculosis Mycobacterium*

Surgical History: *Records show he has no previous surgery.*

Substance Abuse History: *The patient reports past use of cocaine, marijuana, LSD, alcohol and other sedatives.*

Other Significant Social Factors: Sexual: Heterosexual

Current Medications: Haldol and Cogentin

Allergies: None

Family History: He denies knowledge of any major health problems with family members. Contact with family should be made to verify. He reports that both his mother and father have died and that he has nine sisters who refuse to have contact with him. He states that he has three children but does not know where they are living.

Height: 6'2" **Weight:** 155 **Blood Pressure:** 120/70

Significant Occupational Exposure: None

Travel History: US only

Prosthetic Devices: None

Review of Systems:

- **Special Senses:** Vision, hearing, taste, and smell are preserved
- **Neuromuscular:** Denies any history of head concussion, seizure disorder, or paralysis
- **Cardiorespiratory:** Denies any history of chest pain, cardiac arrhythmia, palpitations, bronchitis or pneumonia.
- **Gastrointestinal:** Denies any history of dysphagia, peptic ulcer disease, hematemesis, or melena. Does report a history of esophageal reflux
- **Genitourinary:** Denies any history of kidney stones or kidney infection
- **Gynecologic/Menstrual:** N/A
- **Endocrine:** Denies any history of diabetes
- **Fractures:** Denies any history of fractures

At physical examination, this patient is alert, active, somewhat cooperative, delusional.

Appearance and Nutrition: He appears to be malnourished and underweight.

Skin: There are multiple sores on face, neck and extremities, which are self-inflicted traumatic sores; there is a tattoo on right arm; there is no evidence of major scars.

Head: Normal cephalic; face is symmetrical; scalp is normal except for some sores that are also self-inflicted.

Eyes: Conjunctivae are pink; sclerae are white; pupils are equal, round, they react to light and accommodation; there is no ptosis; there is no nystagmus; the extraocular movements are normal; vision is 20/20 in both eyes without glasses.

Ears: External ear canals are clean, tympanic membranes are normal; able to hear conversational voices and the vibrating fork.

Nose: In the midline; no obstruction.

Mouth: Oral mucosa is moist, throat is clear.

Neck: No enlarged thyroid; no vein engorgement; no palpable lymph nodes; range of motion of the C-spine is normal.

Chest: Lungs are clear.

Breasts: No masses felt.

Heart: Regular.

Vascular system: In upper and lower extremities, all pulses are present; there is no evidence of varicose veins.

Lymphatic system: There is no evidence of lymphedema or enlarged lymph nodes in groin, axillae or supraclavicular areas.

Abdomen: Soft; non-tender; no masses felt.

Genitalia: Of a male.

Anus/rectum: The patient declined to be checked.

Pelvic: Not applicable.

Trunk and extremities: Range of motion of all joints in upper and lower extremities is normal.

Neurological exam: Alert and oriented; uncooperative and delusional.

Cranial Nerves: Pupils are equal, round, they react to light and accommodation; there is no ptosis; there is no nystagmus; the extraocular movements are normal; facial muscles are symmetrical without weakness; tongue is in the midline with normal movement and the deglutition mechanism is preserved.

Motor system: In upper and lower extremities, good muscle strength and development; fine and gross manipulation and grip strength are normal; gait in terms of speed, stability and safety is normal.

Sensory system: Vibration, pain and temperature can be felt.

Cerebellar: Finger to nose and tandem gait are normal; Romberg is negative. Reflexes in upper and lower extremities are brisk and symmetrical; no abnormal reflexes found.

Personal Routine

Oral Hygiene: Jones reports that he brushes his teeth when he has a toothbrush and toothpaste. His transitory history has affected this area.

Shampoo/Bathing: Jones reports that when he has access to facilities, he enjoys being clean and bathes daily.

Sleep: "I don't keep track of time except when the sun rises and the sun sets."

Sexual: Jones reports that he is currently sexually active and prefers "many different" women. He states that he uses a condom each time because he reports

that he is HIV positive. (Tests do not confirm this.) He reports that "he learned his lesson" when he had Chlamydia and "practices safe sex now." He denies a history of sexual abuse.

Substance Use: Jones reports that he smokes at least a pack of cigarettes a day and more if he can get them. He reports that he has smoked since he was fourteen and has no complaints of shortness of breath or persistent cough. He states that he drinks 1-2 caffeinated drinks. He states that he drinks alcohol on a daily basis if available and prefers beer. He reports that he enjoys using marijuana and "crack" cocaine and will use it daily if he can access it. He feels that he needs the alcohol and drugs to survive but states he "can cut down when he needs to."

Recommendations:

Ongoing monitoring

Follow-up with MMB in re: Esophageal Reflux, non-TB Mycobacterium, and sores on head/face.

Dental Appointment

SCID Completed (Severe combined immunodeficiency and related immunological information)

IV. **Alcohol/Substance Abuse**

Records and self-report indicate an extensive history of Substance Abuse involving the following:

Alcohol: Jones reports that he uses this substance daily if it is available. He has used within the past 48 hours. Use began at the age of 12.

Heroin: Jones reports that following the shooting of his friend in 1975, that he tried Heroin several times. He has not used this substance since that time.

Sedatives: Jones reports that he has used Dalmane and Seconal after doctors at Smithville State Hospital prescribed it for him. He states that he did not like the effects but that they had a "high street value."

Tranquilizers: He reports using Ativan, Valium and Xanax. Again he reports that he did not like the effects but that these drugs he was able to sell on the streets.

Amphetamines: He reports using prescribed Cylert.

Cocaine: Jones reports he would use "crack" cocaine on a daily basis if it were available. He began using this drug in 1988 and has used this consistently when in the community and even times when he has been incarcerated. He reports he has snorted, smoked and injected. This is his drug of choice.

Hallucinogens: Jones reports that he has used this in the past 48 hours. He states that he started using this drug when he was 12. He states that it was readily available because other family members used it.

Withdrawal Symptoms: Jones reports that he has experienced flu-like symptoms, gets sick to his stomach, gets confused and possibly experiences visual and tactile hallucinations when forced to quit using the substances of his choice.

Use Patterns: Jones reports that he usually uses in the morning with others when he is tense or scared. He feels that he has to use more than he used to and has been unable to hold a job because of his use. ("No one will hire a user.") He knows that even though use causes his symptoms to increase, he is not able to function as he should but that it helps him to forget and it stops the voices of the devil. He states that he will not be killed if he does not hear them (the voices).

Problems Related to Substance Use and Level of Impairment:

- *Physical* - Jones has received a doctor's warning more than once to quit using substances.
- *Cognitive* - Jones reports experiencing blackouts, memory problems and confusion due to use.
- *Affective* - No reports of depression following use but reports do indicate an increase in "manic" type symptoms.
- *Tolerance* - An increased dose is required to get the desired effect.
- *Felt need* - Jones reports a strong desire to use to feel "normal."

Interpersonal problems - He knows that many relationships have focused around the use and who has access to the drugs. He reports that he has never had a relationship with someone who did not need to trade something for drugs. He acknowledges that when he has committed all of his alleged crimes, he either has been "drug-seeking" or has owed someone.

- *Aggression* - He becomes homicidal when using and experiencing acute symptoms.
- *Vocational* - He has not worked since he was 23.
- *Legal* - Multiple arrests related to use.
- *Financial* - "Most of my money is spent paying back people that I owe."

Treatment and Abstinence History: Jones reports that he has never been treated for alcohol or drug addiction and is only abstinent when he is incarcerated or in the hospital.

Family Substance Abuse Assessment: Jones' sister reports that many of his sisters have suffered severe consequences due to substance use including incarceration, interpersonal problems. She also reports that Jones' father was 'drunk' all the time.

Motivation/Confidence Rating: Due to the severity of dependence and lifestyle/familial pattern, Jones is not motivated to quit using at this time but is able to verbalize the impact that the use has on his illness.

His history shows repeated disturbances of functioning seemingly precipitated by relatively small amounts of alcohol or drug use.

Assessment Summary: Jones meets the diagnostic criteria for Polysubstance Dependence. Even though he has experienced extreme consequences due to his use, this has had little impact due to his addiction that is fueled by his need to control his symptoms. This is a learned behavioral pattern of dealing with stressors and has been modeled by family members as a coping strategy as well as being reinforced by their effectiveness in reducing symptoms as reported by this client.

It is recommended that staff work with Jones on developing coping strategies to deal with his stressors/symptoms and to work on environmental changes. It will be of the utmost importance to develop a non-judgmental therapeutic relationship with Jones to help him make better choices.

Current Daily Structure: Jones reports that he usually spends his day wandering the streets. When he is incarcerated, "my day is planned for me." He states that he has a hard time doing things because "People are watching me and the devil will come for me if I am out too long."

V. **Education and Employment**

Jones graduated from Ball High School in Smithville. He states that he does not have many memories from school. He states that he did not have many friends and struggled in school. People thought I "was weird." His sister reports bizarre behavior and that he was always drawing evil pictures. She reports that classmates were scared of him because of his constant talk about "the dark side." He did, however, show proficiency at drawing and expressed an interest in art.

Jones is able to read and write but states that he finds it difficult to concentrate to complete something.

Military History: He is a non-veteran.

Employment History: Jones reports many odd jobs since high school but only several that he has held for more than three months. These have included making deliveries for a grocery store, cleaning for a pet store and house painting. The last time that he worked was in 1995.

Recommendations: Jones states that he wants to work at this time. Staff needs to identify his interests and work with him on pursuing employment.

VI. **Social Development and Functioning**

Jones and his sister report that he was born and raised in Mudville, Mississippi. He has nine siblings all of whom are sisters. He is in the middle of the birth order. He feels that he was left to "raise himself." He states that his dad was "drunk" all the time and that his mother would cry. He stated that his father was in jail several times and that his mother had to live on welfare. He states that his father beat his mother and the children. He states that he does not have any good memories from

childhood and that he never had any friends. He graduated from Mudville High School. He states that he liked being alone except when he needed to "satisfy his manly urges." He states that he and his friends drank beer and smoked pot on a regular basis. That was the only thing we had to do.

He states that the only friends he has now are people who owe him. He feels it is not "worth it" to be in a relationship. He has been married two times and divorced. His first wife divorced him after he was caught messing around on her and beating her because she was possessed by the devil. His second wife divorced him, he feels, because she would not believe him when he told her the devil would kill them and would barricade them in the apartment for days at a time. He has three children with whom he has no contact.

Culture and Religious Beliefs: Both of Jones' parents are of African-American descent. When he is asked where he was raised, he states that he was raised overseas. (His sister reports that this is inaccurate.) Jones reports that he is discriminated against by the "white" people and that the KKK is out to get him and that the Mississippi syndicate will track him down and kill him. When asked about religion, he stated that he is Jesus Christ and verbalized how the angels and devils are beneath him when he is all-powerful. Many of his delusional thoughts are fixated around his belief that he is persecuted because of his race and the belief that he is Jesus.

Leisure Activities: Jones reports that it is difficult for him to concentrate for long periods so he spends his time walking. He states that he does not watch TV because that is "the way that they gather information on you." He reports that he will go to a bar to "find him a woman."

Social Skills: Jones feels that if you behave in a threatening manner, you will get what you want. He reports that he gets into fights all the time and the police are always called to handle things. He states that people "piss him off" all the time and that he really does not like anyone. He has multiple arrests related to his aggressive responses.

Legal Involvement: See Part 1 of this assessment.

Living Arrangements: Jones is currently homeless. He states that he wants to live by himself in Smithville. He reports that when he is not in the hospital or in jail, he has lived on the streets or has gotten "dive" apartments, staying no longer than a month before being evicted. Prior landlords report that evictions occur due to "aggressive" threats to other tenants, poor upkeep of the apartment, and alleged drug trafficking.

Eating Habits/Food Preparation: Due to his extensive history of institutionalization, Jones has not been required to prepare his own meals. When he has been homeless, he reports that he will eat whatever he can get. He would like to eat three meals a day with "lots of meat." He states that he is not able to cook well but can make things like sandwiches and that he can barbeque. He feels that he will need assistance in learning these skills. It has been noted that he has been able to trade food items for beer and drugs.

Grocery Shopping: During contacts at the store, Jones is unable to complete the task due to his paranoia and unable to prepare a list due to his disorganized thoughts.

Diet and Exercise: He has a history of being malnourished due to lack of access to nutritional foods and due to his beliefs that food is poisoned and then not eating. Treatment of paranoid symptoms and monitoring of his eating habits and weight will be of the utmost importance.

Grooming: Jones reports that he wants to take daily baths. He states that he has to take them frequently at times "because there are bugs crawling out of my skin and I have to get them off." He has infected sores on his skin due to continuous picking at his scalp and face. He requires verbal prompting to remember to use all the grooming items such as shampoo and soap.

Laundry: Jones does not know how to use the laundromat facilities and needs physical prompts and reminders to complete the task. He does not like to spend his money doing laundry. He is limited in his clothing and staff will need to assist him in purchasing new clothes.

Money Management: Jones' current monthly income is his SSI check of \$509. In the past, when he has received the check himself, he would spend the entire amount in one week primarily on drugs and then present himself in the ER for admission to the psychiatric unit. His payee will now be Guardians Are Us to ensure that his check is spent on his basic needs. He will complete a monthly budget with staff assistance.

Housing: Jones will be responsible for housekeeping tasks where he lives. He reports that he has a hard time keeping places clean because he cannot organize well. He states that he cannot get motivated and at least he is not living in a dumpster.

VII. **Recommendations**

Due to the severity of Jones' symptoms (i.e., paranoia, avolition, poor concentration) and extensive time spent in an institutional setting, he will require extensive support in all areas of ADLs. Jones reports that he would like to work and stay in one apartment for six months without being evicted. He feels that he will need daily supports to do this in the areas of housekeeping, money management, exploring vocational options and apartment maintenance. He also will require ongoing monitoring of his diet to assure that he is eating properly.

**The New York State Office of Mental Health and Dean's Consortium of Schools of Social
Work Project for Evidence-Based Practice (EBP) in Mental Health**

Seminar in Evidence Based Practices in Mental Health

Class Exercise: Group Demonstration/Training

[Taken from assignment prepared by Dr. Catherine Dulmus, University at Buffalo]

Group Demonstration/Training (20 pts): Students will sign-up for a 60-minute group demonstration/training for 1 intervention (Social Skills, Family Psychoeducation, or Motivation Interviewing) and provide an overview to the class of the readings and the intervention, demonstrate the intervention through role-play, and then train the class in the intervention.

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Class or Field/Colloquia Exercise: Fidelity to Treatment Exercise

[Using the EBP Fidelity Scales](#) for:

- Supported Employment
- Integrated Dual Disorders
- Wellness Management
- Family Psychoeducation/Illness management
- Medication Fidelity
- Quality Measures for Schizophrenia

The student will demonstrate understanding of the importance of fidelity in evidence-based practice.

Expected Outcomes

- a) Describe the definition and role of fidelity in evidence-based practice
- b) Discuss the difference, where appropriate, between fidelity at the level of the program and the practitioner.
- c) Describe the core programmatic components of the evidence-based interventions being implemented within the field agency.

OR

You may want students to contrast the [Medication Treatment Fidelity Scale Organizational Level vs. Medication Treatment Fidelity Scale Prescriber Level](#).

OR

Suggested field/colloquia activity: The student will:

- Apply an appropriate fidelity scale to the field agency to assess the degree of fidelity adherence.
- Discuss with agency field supervisor the difference between programmatic fidelity and practitioner fidelity as it relates to the EBP used in the field agency.
- Discuss with agency field supervisor the definition and role of fidelity in evidence-based practice.
- Discuss modifications with agency field supervisor (or treatment team) to EBP that might need to be made for a particular client from a special population, while ensuring that the core fidelity components and principles remain intact.

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Seminar in Evidence Based Practices in Mental Health

References for Additional Case Studies and Class Exercises

References for additional case studies:

Lefley, H. P. (2005). *Advanced family work for schizophrenia: An evidence-based approach*. London, Gaskell Publications.

A short book containing 19 case studies detailing how clinicians deal with special problems that arise in Family Psychoeducation for schizophrenia.

O'Hare, T. (2005). *Evidence-based Practices for Social Workers: An interdisciplinary Approach*. Chicago: Lyceum Books.

Topics include highlights of co-occurring disorders, integration of human behavior theories, key assessment/evaluation scales and reviews of reliability and validity data, **detailed case studies**, accompanied by sample intervention plans. [Lyceum Books](http://www.lyceumbooks.com) (773)-643 1902. To review features go to www.lyceumbooks.com. 

References for Additional Class Exercises:

Perron, B. & Munson, M. (2006). Coping with voices: A group approach for managing auditory hallucinations. *American Journal of Psychiatric Rehabilitation*, 9,(3) 241-258. A psychosocial skill based intervention. Many practitioners are at a loss for knowing what coping strategies are effective for managing auditory hallucinations and how to teach them to their clients." Each session is comprised of both a supportive discussion and skills training that are supported by empirical evidence.