CLINICAL SOCIAL WORK PRACTICE IN COMMUNITY MENTAL HEALTH

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About the cover and part opening art: In February of 1989, I admitted myself to a publicly-funded psychiatric hospital. I had suffered from depression as far back as I can remember and obsessive compulsive disorder for 14 years. I was terrified at what to expect at the hospital, but even more frightened at the thought of not going. I had no choice. As it turned out the decision was one of the best of my life. Of the many therapies I was introduced to, traditional psychotherapy and art therapy proved the most useful. It was an intensely emotional experience to rediscover my love of drawing. I participated in the art therapy program for the length of my stay. Not surprisingly the artwork that I do contributes to a clearer understanding of myself. I may someday "repay" my debt, by choosing art therapy as my profession, but at this moment I'm getting joy solely out of making the art.

<div align="right">

Amy Appelbaum
Artist

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*In honor of my parents
Alan Nathan Goldsamt and
Alice Louise Goldsamt*

Foreword

Every once in awhile a book appears on the scene that fills a vacuum so well that one is left wondering why this wasn't done sooner. This is such a book. Finally, social work has a quality text that goes to the heart of practice in community mental health.

The National Institute of Mental Health has adopted the search for a cure to mental illness to be its centerpiece activity. While there is great excitement about the possibilities this suggests, we must remember that the psychiatric community has at other times become excited about the potential of immediate cures. While the cures we desire may yet be a long way off, the critical need for rehabilitation, treatment, and social care is present now.

Because social workers, more than members of any other profession, serve as directors of mental health centers, the importance of a book addressed to this audience should be unquestioned. Further, almost a quarter of all MSW students specialize in mental health. Expanding community support programs for people with severe mental illness and community-based services for emotionally disturbed children and adolescents use a predominance of social work professionals. More social workers are directing research in community mental health than ever before.

Having a book where none previously existed is one matter; having a book of quality is another. *Clinical Social Work Practice in Community Mental Health* is a book of quality. It offers a number of features that promise to make it and subsequent editions the dominant text in the field. For example, the author obviously respects the competence and intelligence of her readers. At the same time, she does not assume they possess specific knowledge. She neither talks down to her readers nor speaks above their heads. The book is well-organized and is a model of writing clarity. All technical terms are defined and described. Dr. Sands never fails to recognize that for social workers, knowledge always includes specific applications for practice. Case vignettes are brief, yet they allow the material to come alive.

A careful look at a few chapters provides added insight into this excellent volume. Much of contemporary mental health practice seems to be based on a generic imagery whereby people are defined by their illness, deficit, pathology, or affliction and in which

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standardized methodologies are employed. Yet mental health practice, at least as far back as the time of Freud, has suggested that help can only be provided when it is individualized. Dr. Sands never lets her readers homogenize the people they seek to help. The chapters on women and cultural issues serve as a "celebration of diversity." This content is usually omitted from most texts or given token attention; yet it is required content for all courses in Council on Social Work Education accredited programs. While describing gender and cultural patterns important to mental health practice, she avoids the trap of replacing one set of stereotypes with another by emphasizing that within-group differences are often greater than between-group differences. Furthermore, she pays attention to how this information can be used in practice.

Over the last decade, community mental health has rediscovered people with chronic mental disorders. This population is the first priority of the National Institute of Mental Health and most state mental health authorities, and it is rapidly assuming similar prominence within community programs. A new cadre of social workers, well-grounded in knowledge about this population and the skills needed to implement proven interventions on their behalf, is critical to this movement. In too many venues, community practice is "old wine in new bottles," despite the rapidly increasing body of credible research suggesting the efficacy of new approaches and the ineffectiveness and even toxicity of some older methods. The triology of chapters devoted to intervention with persons with chronic mental disorders is exceptional in its "practice informed by research" perspective. Each topic is based on the most recent research in the field and, as in all the chapters, each topic is grounded in actual social work practice.

This book is not only a scholarly achievement but also an eminently usable tool for social work education and practice. For those who have the good fortune to read it, the book will contribute to their professional knowledge and professional sensitivity. Most importantly, our clients will be the ultimate beneficiary.

Dr. Charles A. Rapp
University of Kansas
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Preface

The community mental health movement and the implementation of the policy of deinstitutionalization have opened the door to a large population of clients requesting and needing mental health services in their local communities. Some of these consumers have severe and persistent mental disorders which, in previous times, would have been treated in psychiatric hospitals. Others are persons with moderately debilitating impairments, such as anxiety and depression. With this influx of clients, there is a heightened need for up-to-date information on treatment.

Among community mental health practitioners, social workers are ubiquitous. They work with community mental health centers, emergency services, community residences, partial hospitalization programs, clubhouses, and vocational rehabilitation programs. Social workers provide clinical services to clients who have crises and to those who need ongoing supportive care and psychotherapy. Members of a profession that sees itself at the interface between the person and the environment, social workers offer a critical link between the client and the client's family or significant others, community services, and the mental health team.

This book is written for readers who wish to gain specialized knowledge of clinical social work practice in community mental health. One audience consists of social work graduate students who are taking courses or are specializing in mental health. Advanced undergraduate students who are interested in mental health are another audience. A third audience is made up of practitioners in mental health. Although clinicians and students of related mental health professions such as nursing may benefit from reading this text, this book is written from a social work perspective. Community mental practice is presented with respect to the history of what was once called "psychiatric social work," as well as the value base of the social work profession. This book assumes prior foundation knowledge of social work theory and practice, including the generalist perspective, microcounseling skills, and human behavior in the social environment, and some familiarity with the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)* (American Psychiatric Association, 1987).

In keeping with the needs of the clinical social worker, this book provides both a framework for practice and a description of diverse interventions. Guided by a conceptual framework that is biopsychosocial, it offers a way to understand clients holistically and to work in a milieu characterized by the "biological revolution," legal rights issues, and the *DSM-III-R*. Special features to be noted are that it:

- incorporates current biopsychosocial research findings
- provides extensive information about medication
- emphasizes empirically supported and research-informed practice
- describes and provides case examples of model treatment approaches
- includes chapters on women and minorities of color
- describes case management and other interventions with persons with chronic mental disabilities
- includes cases and questions at the conclusion of the chapters

The mental health practice described in this book applies primarily to noninstitutionalized adult clients, approximately 18 years and older, who live in the community. Particular attention is given to the treatment of populations with severe and moderate mental health difficulties, that is, persons with "chronic" psychiatric disabilities, dual diagnoses (substance abuse together with a mental disorder), depression, and anxiety. Although efforts have been made to be comprehensive, certain boundaries had to be drawn. This book does not discuss intervention with persons who simply have "problems in living" or difficulties which are principally environmental or existential. Moreover, it does not give specific attention to the treatment of persons with personality disorders and dementia, interventions with whom are discussed extensively in other textbooks. Children, adolescents, forensic, dual-diagnosed mentally retarded/developmentally disabled populations, and adults living in nursing homes or other institutions are also excluded.

The book begins with a prologue, which is presented as a personal statement. Next comes the introduction, designed to acquaint the reader with the leading concepts, themes, and issues that are addressed in the book. Community mental health, deinstitutionalization, and psychiatric epidemiology are discussed, and definitional issues surrounding mental health, normality, and mental illness are examined. The book then is divided into two parts. Part I, A Framework for Practice, contains seven chapters. The first, chapter 2, looks at the history of clinical social work practice in the context of mental health history in the United States. The next, the conceptual framework, describes the terms, theories, and perspectives utilized in this volume. An integrated biopsychosocial perspective that encompasses a number of theories is presented. Chapter 4 describes elements of a comprehensive biopsychosocial assessment that is in keeping with the conceptual framework. Here the mental status examination, a functional assessment, and the psychosocial summary are described. Chapter 5 is concerned with the legal and ethical dilemmas that have emerged while social workers try to practice within the framework of their professional values and the legal system. The next two chapters address the dimensions of gender and culture. Chapter 6 incorporates a feminist perspective and identifies mental health problems attributed to women. Chapter 7 dis-

cusses clinical practice with minorities of color, that is, African Americans, American Indians and Alaskan Natives, Asian Americans, and Hispanics.

Part II contains six chapters on intervention. Although the primary emphasis here is on research-informed psychosocial treatment modalities, information on psychotropic medication is included in several of these chapters. Because persons with chronic mental disorders constitute a population with a significant need for intervention in the community, three chapters are devoted to their treatment. Chapter 8 describes definitional issues and parameters, research findings, principles of intervention, and the philosophy of rehabilitation. The next chapter, on case management in a community context, examines several models of case management and describes a range of community resources appropriate for persons with severe and persistent psychiatric disorders. The third chapter on treatment with this population, chapter 10, focuses on medication, social skills training, and family psychoeducation. Chapter 11, which was written by Deborah K. Webb and Diana M. DiNitto, is on clinical practice with clients who abuse substances and have mental health problems. This chapter provides definitions of substance abuse and comorbidity, describes the continuum of educational and treatment programs, and addresses special treatment issues. Chapters 12 and 13 describe treatment approaches with persons suffering from depression and anxiety, respectively. Each of these chapters discusses and provides illustrations of therapeutic models that are strongly supported by empirical research. Here and elsewhere the criteria used to select model programs were that (a) social workers were instrumental in their conceptualization or design, (b) there is empirical support for their effectiveness, and (c) they are relevant to social work practice in community mental health. The book concludes with an epilogue.

I gratefully acknowledge the help of a number of individuals who made this book possible. First of all, I would like to thank the clients with whom I have worked over the years, who, in many ways, taught me how to help them. Some of their stories have been incorporated into this volume. Thanks go, too, to my family and friends, whose support and confidence sustained me through a period of intense isolation—in particular, my parents, whose support has been lifelong; my daughter, who took over the cooking when I was engrossed at the computer; and my son, who recognized that his mother, too, needed space. I would like to express my appreciation, also, to former colleagues at The Ohio State University, who read and made comments on drafts of some of the chapters—especially Beverly Toomey, Richard First, Kathleen Nuccio, and members of the postmodern feminist study group. Special thanks go to social work students, whose concerns are reflected in this text. Among them are Karin Gregory, Christopher Russell, Zelda Weaver, and Nella Garrett, who gave me permission to quote excerpts from their papers; Cathy Young, an outstanding graduate research assistant; and Laura Liss, whose excellent work as an indexer was vital to the completion of this book. The following individuals also made significant contributions to this text: Mary Linden-Salter from the Ohio Legal Rights Service, who was always responsive to questions about clients' rights; Daniel G. Hale, attorney, who reviewed the chapter on legal and ethical issues; and Charles Rapp of the University of Kansas, who field-tested the book. I am grateful, as well, to the reviewers whose comments and suggestions proved valuable to the development of the book: Maureen Maloney, of C-E-I Community Mental Health, Lansing,

Prologue

According to the hospital report, 25-year-old Carla had lived an insufferable life. For 5 years prior to her hospital admission, she was the "old lady" of Rex, the leader of a motorcycle gang. Rex physically abused her himself and shared her with his friends. During her travels across the country with the gang, Carla was confined periodically in jails and mental hospitals. The state mental hospital which referred her to the local community mental health center gave her the diagnosis of "schizophrenia, chronic undifferentiated type."

Carla arrived at the community mental health center with her mother, a 50-year-old widow, with whom she was living. A clinical social worker conducted a screening interview with Carla alone and together with her mother. During the individual interview, Carla responded to questions, but she acted as though she could not remember much about her past association with the motorcycle gang. Her affect was neither flat nor animated; she appeared to be subdued. During the joint session, Carla maintained eye contact with the social worker, but avoided looking at her mother.

After the case was presented to the community mental health center's interdisciplinary treatment planning team, the staff recommended that Carla participate in the center's partial hospitalization program. The social worker would see Carla in individual therapy and intermittently would hold sessions that included Carla's mother.

A few weeks after Carla joined the program, she began to talk quietly with other clients and staff. Much to the satisfaction of the partial hospitalization staff, Carla became increasingly sociable over time. After 3 months, Carla mentioned that she was feeling "nervous" and wanted a change of medication. The social worker arranged for her to see the center's psychiatrist and advocated a change from an antipsychotic medication to some other drug. The psychiatrist changed her medication to an antidepressive agent. Before long, Carla became gregarious, flirtatious, and interested in evangelical religion. She reported sending monetary contributions to a number of television ministers.

Late one night the social worker was called at home by a counselor from the mental health center's 24-hour crisis line. The social worker was asked to contact the manager of a nearby motel who had told the crisis worker that Carla was lying naked with the curtains open in a motel room, where she could be seen partying with several men. The social worker responded immediately by calling the client and the manager. She urged Carla to close the curtains and send her friends home, and assured the manager that the situation would be resolved. A few weeks later Carla left town with a male client in the program—but not before asking the social worker for a referral to a mental health clinic in the city where she was headed.

"Carla" is a pseudonym for one of the first clients with severe psychiatric problems with whom I worked as a clinical social worker. At the time I was not much older than she. For a long time after this case was terminated, I was bewildered. Was Carla misdiagnosed? Was she on the appropriate medication? Did the treatment used by the mental health staff foster the radical change in her behavior? Did any of my interventions contribute to the negative outcome of this case? What kinds of interventions should have been used?

Years later, after I had more practice experience and had delved into the literature, I realized that Carla should have been given the diagnosis of bipolar (manic-depressive) disorder. Carla's increasing friendliness was symptomatic of a shift in her mood from a depressive to a manic state. Considering sociability a desirable outcome of the partial hospitalization program, the staff naively thought that she was making progress. When I reflected on this case later, I also recognized that the change in her medication probably fostered her manic reaction. At the time, neither I nor anyone else on the staff appeared to be aware of the tendency in the United States to give the diagnosis of schizophrenia when bipolar was in order. We accepted without question the diagnosis Carla was given in the hospital that referred her to us.

The community mental health center in which I was employed was created in response to federal legislation enacted in the 1960s, that appropriated funds to local communities developing systems of mental health care. At that time five kinds of services were required—inpatient care, partial hospitalization (day treatment), outpatient services, crisis intervention (emergency services), and consultation and education (C and E). My principal assignment at that time was with the partial hospitalization program, but in the course of my career I have worked in other areas of direct services.

I began working in this mental health center in the early 1970s, a period of social consciousness. I was still experiencing the fervor of the civil rights movement, the Vietnam War protest, and the women's liberation movement. Prior to taking this position, I had read Thomas Szasz's (1961) *The Myth of Mental Illness,* R. D. Laing's (1967) *The Politics of Experience,* and Seymour Halleck's (1971) *The Politics of Therapy,* as well as numerous other books that were coming out of the antipsychiatry movement (Cooper, 1970; Laing, 1971; Ruitenbeek, 1972). This body of writing questioned the nature of mental illness, particular treatment practices, and the inequality between clients and professionals. Families, social structure, and clinicians were implicated in the fabrication of mental illness and the "oppression" of psychiatric patients. Affected by these writings, I wondered to what extent culturally shared ideas about

mental health and mental illness shaped perceptions of persons who were labeled mentally ill. Aware of the slogan of the women's movement—"the personal is political"—I asked myself whether the mental health problems presented by the "mentally ill" were manifestations of social injustices.

My personal struggles with the ideology of mental health derived from my social work values as well as my identification with the social movements of the 1960s. As a social worker, I believed in the dignity of the individual regardless of his or her social, economic, or mental condition. In keeping with my respect for the individual, I did not attach much significance to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-II)* (American Psychiatric Association, 1968), which was used at that time. Furthermore, I recognized that individuals have rights such as self-determination and self-actualization and that social workers were responsible for promoting social justice and equality. In keeping with my values, I tried to create an atmosphere of openness, honesty, and mutual respect in my work with clients and colleagues. I did not want to be an "oppressor."

The major issues I grappled with in my years as a mental health practitioner were: labeling persons mentally ill; involuntary commitment of clients to mental hospitals; the client's right to treatment; and client rights versus professional responsibilities. The first two issues were reflective of social work values and ideas inherent in the civil rights movement. The last two issues were faced after I was able to accept that some individuals wanted, needed, and benefited from clinical treatment.

My resolution of these dilemmas was facilitated when I came to realize that community mental health is also a social movement and that it, like the social movements of the 1960s and 1970s, is driven by values that I espoused. In a community context it is possible to respect and advocate clients' rights, mobilize support from caring individuals, and prevent mental disability. The community mental health movement and its companion ideology, deinstitutionalization, have contributed to the policy of transferring treatment from remote hospitals to the community, where trained social workers, in tandem with other mental health professionals and local residents, promote clients' optimal psychosocial functioning in the community.

I now believe that one can help persons with serious mental health problems without oppressing them, and that in order to be as helpful as possible, one must be an informed practitioner. A clinical social worker practicing in a community mental health setting should be knowledgeable about biological concomitants of mental disorders, medication, epidemiological research findings, and research on effective psychosocial treatment modalities. I now recognize that my earlier belief that mental illness was a product of social politics interfered with my recognizing mental health disorders such as Carla's and how they can best be treated. Furthermore, I now see that before one advocates a change in a client's medication, one should be sensitive to possible diagnostic errors and knowledgeable about the risks associated with medications used to treat diverse disorders. Although I recognize that the antipsychiatry movement polarized the interests of helping professionals and clients, I continue to believe that social workers have a responsibility to protect clients' rights.

This volume is the outcome of my thinking about, practice in, and teaching of clinical social work in community mental health. It represents an integration of know-

ledge, experience, and values that I hope will be helpful to social work practitioners in the 1990s. Written at a time in which multiple theories guide practice, the biomedical model has gained prominence, and research-based practice is sought, this book argues for social work practice that is based on a thorough assessment of individual clients and their social milieux, knowledge of findings from biological and social science research, understanding and application of psychosocial theories, and a social work value orientation.

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