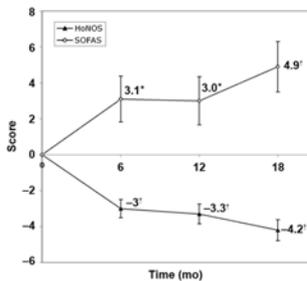


Outcome of community-based rehabilitation program for people with mental illness who are considered difficult to treat

Angelo Barbato, MD, et al.



This observational study investigated the outcomes of a community-based rehabilitation program for people with mental illness who were considered treatment failures by psychiatric professionals in Milan, Italy. The results show that very isolated people with

mental illness who had poor interpersonal relationships gained some advantages from this rehabilitation program that was based on a close personal one-to-one relationship with a key worker, although most patients remained disabled at the end of the program. The main advantage was increased participation in community activities. However, the program duration may have been inadequate for producing greater improvement.

some increase in empowerment through certain programs, particularly for those mental health consumers who attended the programs more often.

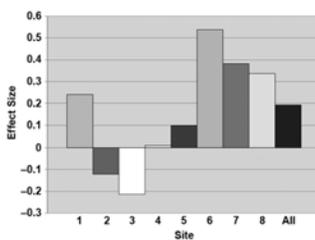
Family contact, experience of family relationships, and views about family involvement in treatment among VA consumers with serious mental illness

Aaron Murray-Swank, PhD, et al.

When family members are productively involved in the treatment of persons with serious mental illness, treatment outcomes improve. We asked veterans with serious mental illness about their family relationships and their views about family participation in their mental health care. Most participants wanted their family involved in their treatment but cited a number of barriers to such participation. Consumers, family members, and mental health clinicians and administrators will benefit from this research because it sheds light on how they can most effectively work together to achieve the best possible treatment outcomes.

Effects of participation in consumer-operated service programs on both personal and organizationally mediated empowerment: Results of multisite study

E. Sally Rogers, ScD, et al.



Programs run by mental health consumers for other consumers have been growing in number. However, little research has been done to determine whether these programs increase the personal empowerment of those who use the programs.

This study took place at eight sites around the United States. Half of a group of individuals who received mental health services was assigned to attend a consumer-run program. The other half was not, and the two groups were compared. Results of the study showed

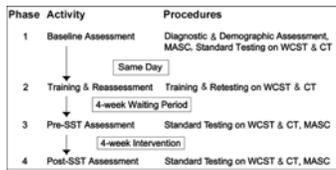
Assertive community treatment—Issues from scientific and clinical literature with implications for practice

Alan Rosen, FRANZCP, MB, BS, et al.

Assertive community treatment (ACT) is one of today's most effective models for organizing clinical and functional treatment in psychiatry. It is an integral component of the care of persons with severe mental illness. Drawing on international research, we reviewed ACT and examined the trends and issues that affect the implementation of ACT. Evidence shows that the most effective case-management models include many ACT features, are noncoercive, use a wide range of interventions, contain other evidence-based interventions, involve individual and team case management, may involve consumers as direct service providers, and have an interdisciplinary workforce and support structure for staff.

Is learning potential associated with social skills in schizophrenia?

Wendy N. Tenhula, PhD, et al.



People with schizophrenia often have difficulties with memory, attention, and problem solving. Understanding these cognitive abilities may help us learn how well a consumer will do in different kinds of treatment programs.

We tested the learning and problem-solving abilities of 56 veterans with schizophrenia and then met with them for eight sessions of social skills training. We studied whether these veterans with schizophrenia could learn new problem-solving tasks and whether their ability to learn indicated how well they would do in social skills training.

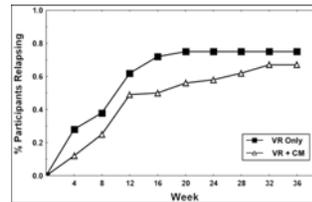
Effects of co-occurring disorders on employment outcomes in a multisite randomized study of supported employment for people with severe mental illness

Judith A. Cook, PhD, et al.

This research looked at whether unemployed people with mental illness and another co-occurring disorder have a harder time going back to work than those with only mental illness. People were studied for 2 years and received services including job counseling, job-finding help, and support for retaining jobs. Results showed that people with co-occurring medical problems or disabilities took longer to get their first jobs than those who had only mental illness. They also made less money and worked fewer hours at their first jobs. Return-to-work services should provide extra help for people with both mental illness and other co-occurring disorders.

Adding contingency management intervention to vocational rehabilitation: Outcomes for dually diagnosed veterans

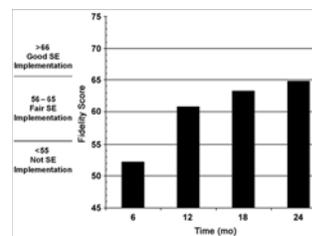
Charles E. Drebing, PhD, et al.



Improved success rates for vocational rehabilitation (VR) programs are needed. We evaluated how well adding a reward program (known as “contingency management”) enhanced job acquisition and tenure for participants of a VR program. The contingency management intervention offered participants cash incentives up to \$1,170 for completing tasks related to sobriety and job search and maintenance. Participants were 100 veterans with both psychiatric and substance use disorders. Participants who received the new contingency management intervention completed more job-search activities, stayed sober longer, and obtained jobs faster and at greater rates than those who did not.

Dissemination of supported employment in Department of Veterans Affairs

Sandra G. Resnick, PhD; Robert Rosenheck, MD



A number of effective programs for people with severe mental illnesses (such as schizophrenia) exist and are supported by significant scientific evidence. However, many of these programs are not commonly used in the mental health care system and researchers and policy makers do not always know the best ways to help staff at mental health agencies learn and adopt these programs. In 2004, the Veterans Health Administration began a national project to train staff at its facilities to learn and practice supported employment, a program that helps people with severe mental illness work in the community. This article describes this training project and a parallel research study that is being conducted to help identify how best to train clinicians to learn new practices.

Bridging science to service: Using Rehabilitation Research and Training Center program to ensure that research-based knowledge makes a difference

Marianne Farkas, ScD; William A. Anthony, PhD

While conducting research is important, the field of mental health rehabilitation and recovery has not done a good job of “getting the word” out about what research has

found. Decision makers in mental health and rehabilitation, as well as consumers and family members, often do not learn about the state of the science until many years after studies have been completed. We present principles for “getting the word” out in an organized and feasible way to help change how services are delivered and use the Boston University Center for Psychiatric Rehabilitation’s experiences with the principles to illustrate bringing science to practice.

