#### **Key Dates**

- TH Apr 27 (last class) Unit 27; Social Perspective Assignment in class; Term Paper Step 4 (attach graded Steps 1 and 3 with my "Term Paper Grading" sheet)
- WE May 3 11:30-2:30 Final Exam (Part I Multiple Choice, Part II Short Essays); Term Paper Step 4 (slight penalty) (attach graded Steps 1 and 3 with my "Term Paper Grading" sheet)

Goal: To learn about and evaluate the value that community approaches might have in both the treatment and prevention of different forms of psychopathology

# UNIT 27: COMMUNITY APPROACHES TO PREVENTION AND TREATMENT

#### **Learning Outcomes**

- By the end of this class, you should be able to:
  - Describe how group and couples/family models of psychotherapy are used within the mental health system.
  - Explain what deinstitutionalization refers to, how it has come about, and how it has been a problem.
  - Describe the procedures and criteria that are involved in involuntary psychiatric hospitalization.
  - Identify the key goals that are reflected within the community mental health movement
  - Distinguish between the three different forms of prevention and how they are used in mental health.

- Group psychotherapy
  - Group therapists may be primarily psychodynamic or humanistic of cognitive or behavioral in their approach
  - Some groups are focused on a specific diagnosis, others include people with many different diagnoses
  - While each individual member is the focus of treatment, the therapist will make use of the group as a whole, focusing on interactions within the group

- Couples and family therapies
  - Focus goes beyond the "identified patient" and looks at the couple or family as a system
  - Approaches might be primarily psychodynamic or humanistic or behavioral or cognitive
  - There are also family systems therapies that are unique to this modality
  - Couples/family therapies are often in conjunction with the identified patient also being seen in individual therapy

- Social units and systems as a focus of treatment
  - Group therapies (but still tend to focus on each individual)
  - Couples and family therapies: going beyond the "identified patient" (focus on the system)
  - Residential care: milieu therapy
  - Less-than-residential: partial, day treatment, etc.
  - Self-help support groups (e.g., AA)

- Hospitalization
  - A brief review of the history of asylums and mental hospitals
  - The deinstitutionalization movement
- Legal issues
  - Civil commitment
  - Patients' rights (e.g., vote, sign contracts)
  - Right to treatment and to refuse treatment

- Community psychology and the community mental health movement
  - Making services accessible
    - Reduce cost
    - Use public education to promote awareness, reduce stigma
    - Increase number of providers
    - Widen the scope of who is a "provider"
    - Keep people in their homes and communities
  - Emphasis on "problems in living" (Szasz) more than on psychopathology, on wellness more than illness

- Community psychology
  - The emphasis on prevention
    - Primary prevention: wide application
    - Secondary prevention: targeted at those at risk
    - Tertiary prevention: overcoming barriers to treatment
  - DSM-5's "Other Conditions": child maltreatment, partner violence, homelessness, etc.
    - Can be viewed as social, not clinical, problems
    - Can be targeted to reduce the incidence of mental disorders

- Integrative models of psychopathology
  - The biopsychosocial model revisited
  - Integrative models of causation
    - Phobias
    - Substance use disorder
    - Antisocial personality disorder
    - Schizophrenia

- Integrative models of treatment
- Most mental health professionals describe their approach as "eclectic"—they draw from and combine many different treatment techniques
- Dual diagnosis
- Combining medication and some form of psychological treatment—often valuable, but not always
- Matching patients with the "right" form of treatment: evidence unclear

#### A Final Comment

- Why do we know so little? Why is there so much disagreement and confusion?
- Perhaps our current classification system, deliberately designed to be descriptive and not truly "diagnostic," is an obstacle
- What will DSM-6 look like? Or DSM-10?!