

This Month's Highlights

◆ Festschrift for Gary Bond

Evidence-based practices in psychiatric rehabilitation are complex combinations of treatments, services, and supports, which are provided in well-researched sequences with attention to an individual's needs and preferences. Because of their complexity, these interventions lose effectiveness when they are not delivered with fidelity to established models. No one in the field of psychiatric rehabilitation can talk for long about fidelity without referring to the work of Gary R. Bond, Ph.D., whose research for nearly four decades has emphasized the importance of rigorously assessing how care is delivered. When Bond retired after 34 years from Indiana University–Purdue University Indianapolis (IUPUI) in 2009, his colleagues held a conference to honor him. A special section in this month's issue—Festschrift: Gary Bond and Fidelity Assessment—presents a sample of current work in this area, some of which is from the conference and all of which has been influenced by Bond. In an introduction to the Festschrift, Michelle P. Salyers, Ph.D., who served as guest editor, gives an overview of the four articles (page 764). In the first article, Gregory B. Teague, Ph.D., and coauthors describe four recently developed fidelity measures as a way of illustrating advances in fidelity assessment and the range of current approaches (page 765). Faithful delivery of an evidence-based practice requires clinicians who are competent in the practice. The second study, by Alan B. McGuire, Ph.D., and colleagues, tested an instrument to measure clinician competence in delivering the illness management and recovery program (page 772). Engaging clients in shared decision making is a key clinical compe-

tence at the heart of effective practices. In the third study, Dr. Salyers and her colleagues examined a system for rating and coding elements of shared decision making observed during routine mental health visits (page 779). The difficulty of training frontline clinicians to deliver an evidence-based practice limits its dissemination. In the final article, Weili Lu, Ph.D., and colleagues describe how feedback from a standardized fidelity assessment measure used by supervisors and consultants to rate audio-recorded therapy sessions can enhance clinician training (page 785). In Taking Issue, Angela L. Rollins, Ph.D., acknowledges Dr. Bond as her mentor and describes new challenges in fidelity assessment to be addressed by his protégés and colleagues as they continue his work (page 731).

◆ Bond's Work Continues

For Dr. Bond, retirement from IUPUI meant relocation to the Dartmouth Psychiatric Research Center, where he continues his investigations, as evidenced by three reports in this issue from Dr. Bond and fellow researchers. In the first article, Maria Monroe-Devita, Ph.D., and colleagues present findings from a literature review of strategies to implement assertive community treatment (ACT) teams and sustain their effectiveness over time. Their review of 57 articles highlights the importance of monitoring program fidelity but concludes that such monitoring must be blended with other strategies to maintain ACT quality (page 743). In the second study, Dr. Bond and colleagues analyzed data from four randomized controlled trials of the individual placement and support (IPS) model of supported employment to derive standardized outcome measures for use in future studies of

IPS (page 751). In the third article, Dr. Bond and his coauthors describe validation of an updated scale to measure IPS program fidelity (page 758).

◆ Engaging Parents, Engaging Children

Only half of children with mental health problems receive services, and for those who do, dropout rates are high. Because children rarely make their own treatment decisions, efforts to enhance their engagement in services must focus on parental and family factors. Sarah Horwitz, Ph.D., and colleagues examined data from nearly 600 children age six to 12 years with elevated symptoms of mania who were new patients at nine outpatient clinics participating in the Longitudinal Assessment of Manic Symptoms Study. Data at baseline and six months indicated that children's dropout from therapy was strongly correlated with their parents' satisfaction with outpatient services. Children whose parents perceived a lot of benefit from treatment were twice as likely to continue in treatment. Medication with or without therapy was perceived as more beneficial than therapy alone (page 793).

Briefly Noted . . .

- ◆ Two articles examine effects of California's "millionaire's tax" imposed in 2005 to raise funds for recovery-oriented mental health services (starting on page 802).
- ◆ In Maryland's Medicaid program women with serious mental illness were more likely than other enrollees to be screened for cervical cancer (page 815).
- ◆ Analyses of national data found that veterans with depression die two to eight years earlier than veterans without depression (page 823).