The Frontline Reports column features short descriptions of novel approaches to mental health problems or creative applications of established concepts in different settings. Material submitted for the column should be 350 to 750 words long, with a maximum of three authors (one is preferred), and no references, tables, or figures. Send material to the column editor, Francine Cournos, M.D., at the New York State Psychiatric Institute, 1051 Riverside Drive, Unit 112, New York, New York 10032.

A Role Development Intervention for Persons With Schizophrenia

Role development is a theory-based intervention designed to assist persons who have a diagnosis of schizophrenia to develop social roles, including the task and interpersonal skills underlying these roles. The overwhelming effects of the symptoms of schizophrenia can affect a person's ability to develop or maintain such social roles as family member, worker, community member, student, and friend. Health care practitioners who are trained in the use of role development can help clients identify and develop roles and skills that are meaningful to them.

Role development has four components: a theoretical base, a description of functional and dysfunctional behavior within roles and skills, assessments to evaluate roles and skills, and methods to promote positive change. The theoretical base is founded on principles in role theory and social learning theory. Descriptions of functional and dysfunctional behavior and assessments to evaluate these behaviors have been developed for seven roles and their associated task and interpersonal skills. The methods to promote positive change provide guidelines for choosing appropriate activities, interactions, and modifications to the environment.

To implement role development, the practitioner conducts an interview with the client to determine the roles and skills the client would like to address. The practitioner then observes the client and completes the appropriate assessments for skills and roles on the basis of the observation and interview. Next, the practitioner develops a treatment plan in collaboration with the client, which includes the roles and skills to be addressed as well as specific activities and interactions for promoting change. The practitioner and the client discuss the client's progress on a weekly basis and develop a plan for the coming week. The practitioner documents a weekly progress report, and modifications to the treatment plan are made accordingly.

A research study was conducted to determine whether adults with schizophrenia who resided in a forensic setting demonstrated better task and interpersonal skills and social roles when they were involved in an individualized intervention based on role development compared with an intervention based on a multidepartmental activity program. Although the development of roles may be viewed as more appropriate for clients in community settings, this study was conducted to determine whether clients in a forensic setting demonstrated an interest in developing roles and an ability to do so.

The study was conducted from May 2000 to June 2001. The clients who participated in the study were men aged 18 to 55 years who had a diagnosis of a schizophrenia-spectrum disorder and who were receiving antipsychotic medication. A total of 84 clients were admitted to the study, 42 participants each in the experimental group and the comparison group. No participants withdrew from the study. Eighteen staff from the rehabilitation department participated in the role development training and implementation. Training occurred over a period of ten weeks, for a total of 15.5 hours. Roles for this study were limited to those an individual could develop in this forensic setting—for example, worker, student, group member, or friend.

All clients participated in programs daily for four hours a day. Clients in the multidepartmental activity program participated in nonindividualized therapeutic interventions designed to encourage socialization and the productive use of time. The intervention was group oriented and was not structured to address the development of individual social roles or the specific skills that are nested in these roles.

Quantitative and qualitative measures were used to collect data. The study used a repeated-measures pretest-posttest design. Participants in both groups were evaluated with four instruments that assessed role and skill functioning on admission to the study and after four, eight, and 12 weeks of participation. Independent raters, blinded to the purpose of the study, conducted the initial and repeated measures of functioning. Qualitative measures included client interviews and staff focus groups. Once the experimental group began, staff were monitored biweekly for fidelity to the intervention via completion of fidelity checklists.

No demographic differences were noted between participants in the experimental group and those in the comparison group. Within-group tests, between-group tests, analysis of covariance, multivariate analysis of variance, and repeated-measures analysis of variance were conducted. Data analysis indicated that participants in the role development program showed statistically significant improvement ($p<.05$) in the development of task skills, interpersonal skills, and role functioning, especially at four weeks of treatment, compared with participants in the multidepartmental activity program. Qualitative data from staff focus groups and patient interviews supported these findings. Although both groups indicated that the rehabilitation program was a positive aspect of

their hospitalization, only the participants in the role development program could cite specific skills and roles they learned and ways in which these skills and roles could transfer to other life situations.

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The Comprehensive Asian Preschool Services Program

The Comprehensive Asian Preschool Services program (CAPS) is a culturally focused behavioral health intervention that targets mostly Chinese, monolingual immigrant families with young children who are enrolled in one of four preschool programs in the Chinatown and Tenderloin neighborhoods of San Francisco. CAPS was one of 12 sites funded nationally by the Starting Early Starting Smart (SESS) initiative, a public-private partnership of the Substance Abuse and Mental Health Services Administration and the Marguerite Casey Foundation. The goal of SESS was to test the effectiveness of integrating behavioral health services into early-childhood and primary health care settings to foster healthy child development among underserved families at risk of substance abuse and mental health problems.

Implemented in 1997 under the direction of the third author, CAPS was a community-based collaboration among three nonprofit organizations with a long history of service to the Chinese immigrant community in San Francisco: Asian American Recovery Services, Wu Yee Children's Services, and Chinatown Child Development Center.

A key component of the CAPS intervention is an integrated family services team for individualized service planning. The team includes teachers and classroom staff, a licensed mental health professional, and a bilingual family advocate who provides outreach, support, and referral services to families. In addition, on-site mental health consultation and services are provided by a bilingual mental health professional on an ongoing basis. Parenting education and support is also a key component, including a structured parenting curriculum and monthly parent support meetings. The eight-week parenting curriculum addresses intergenerational conflict in immigrant families and was developed by Professor Yu-Wen Ying at the University of California at Berkeley. In addition, recreational family events and activities are organized with parental involvement to promote a supportive community for families, many of whom are recent immigrants who do not have extended families in the United States.

A profile of families that participated in the CAPS evaluation revealed that housing is substandard and overcrowded and that parents work at multiple, stressful, low-wage, low-skill jobs in the garment, restaurant, and hotel industries, with few or no health care benefits. Many live in single-occupancy hotels without bathrooms, refrigerators, or cooking facilities. Forty-one percent of caregivers and 10 percent of children lacked health insurance at intake. Immigrant families experience considerable stress adjusting to their lives in the United States, and children are particularly vulnerable to conflicts between cultural norms at home and those encountered at school, especially in the transition to kindergarten. Caregivers may be at a loss as to how to best support and promote healthy child development in a bicultural context or how to obtain needed services for themselves and for their children. Thus a major goal of CAPS is to link families to culturally appropriate services in the community.

The SESS program, and the CAPS program in particular, has demonstrated outcome effectiveness in terms of increasing service linkage and access to culturally appropriate mental health services as well as to other comprehensive services for families, caregivers, and children. CAPS has also had a positive impact on parental and child health and well-being, family functioning, and child behavior at home and in the classroom, as indicated by preliminary evaluations of the intervention that used an equivalent comparison group over a one-year period.

Of the 284 families captured in the service logs in our intervention sites, 97 percent had received individualized case management services, 83 percent had attended a parenting education or support group, 51 percent had at least one home visit by their family advocate, 31 percent had received on-site mental health services or consultation, and 27 percent had documented service planning and coordination services on their behalf. These figures most likely underestimate true service activity.

During the same period, 271 referrals were made to culturally specific community-based services for 119 families in one of our four intervention sites, including referrals for behavioral health services (a major focus of the SESS initiative), referrals for physical and dental health services, and referrals to address basic needs, such as housing, food, public assistance, employment, legal referrals, and children's services.

Thus the CAPS program embodies an innovative service integration approach to working with immigrant communities that are underserved and at risk of behavioral health problems and links these families to culturally specific behavioral health and comprehensive support services. In addition, CAPS empowers parents to be advocates for their children in the school setting by teaching them to work effectively as partners with teachers and to seek out appropriate mental health services to address the needs of their families.

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