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cially considering they already experienced a 10 percent cut last year, said Bridgett Linnebach, executive director of Alpha Group Administrators, Inc. The Phoenix-based company provides group homes for the developmentally disabled.

"We had to make across-the-board cuts," Linnebach told *MHW*. Starting wages for employees are about \$8 to \$10 an hour with no experience, she noted. "Now we have to bring people in at minimum wage, about \$7.50 an hour, to do the job," said Linnebach, who has accepted a 50 percent pay cut.

"We had a zero profit margin prior to the 10 percent cut," she said. "We're not a non-profit. We can't get additional [funding] support from banks or obtain a loan. We're in a lose-lose situation."

"We're going to find other avenues and do everything in our power to make it work," said Nelson. One approach is by partnering with other agencies and supporting their side businesses or vocational rehabilitation programs, such as a mechanic shop and a print shop, she said.

"We keep supporting one another in the field," she said. "We're trying to be creative in our efforts to pull together and create a system to support people," said Linnebach.

Magellan support

Magellan officials are working with individuals impacted by the budget cuts to ensure they understand their reduced benefits and work to connect them with community-based resources, said Gregory

Taylor, Magellan spokesperson. "We're facing one of worst economic crisis we've ever seen in this state," Taylor, told *MHW*.

The provider network organizations will work with the SMI population to determine if they are eligible for AHCCCS. Magellan has been attending the clinic advisory council meetings at 25 clinics across the state and hosting regional resource fairs, he said.

Magellan will help connect people to community resources and to address any gaps in service, Taylor said. "These resources include community agencies, faith-based organizations, social service organizations, federally qualified health centers (FQHCs) or the VA," he said. The goal is more than a referral, but a successful linkage wherever possible," said Taylor. •

Practitioners tout cost effectiveness of group therapy

During a time when the economy is forcing providers and community mental health organizations to ration care, eliminate programs or treat patients only when their mental illness reaches a crisis-intervention state, it makes sense to consider group therapy — a cost-effective treatment modality — according to some practitioners and researchers.

Overall, group therapy is a very valuable mode of treatment," Cecil Rich, co-founder and president of the Boston Institute for Psychotherapy, told *MHW*. "It's very cost-effective and has been for many years," he said. Group therapy treatment does have long-term advantages and it costs less for the patients and for insurance companies, he said.

The rates are pretty reasonable and most insurance companies accept this form of treatment, Rich said. Individual therapy for private practice, for example, might cost \$150 to \$170 per session, whereas a 90 minute group session, on the other hand may range from \$40 to \$50 or sometimes more, said Rich.

Rich indicates that short-term groups, say 10 weeks, may cost more than groups that last several years. However, 10 weeks may be good for certain issues, like grief or divorce, Rich added.

Research in outcomes literature notes that group psychotherapy is seen as the equivalent of individual therapy in a number of studies over the past year, for treatment of such disorders as post-traumatic stress disorder (PTSD), schizophrenia and depression, said Les Greene, editor of the *International Journal of Group Psychotherapy*.

"There was no difference in the effectiveness between the two modalities," Greene told *MHW*. "You can treat eight people in one hour as effectively as you can treat one person in one hour."

Training issues

Young clinicians are not learning about group therapy as much as other treatment modalities and it is not getting translated into practice, said Greene.

Gary Burlingame, a professor of psychiatry at Brigham Young University, said he has found that fewer and fewer graduate programs are requiring courses in group psychotherapy training. About three out of four graduates in the American Psychological Association clinically approved psychology programs do not receive group psychotherapy training, he said. Group sessions may not be used as much because there are less trained people, Burlingame inferred.

"If you have equal treatment that costs less than individual treatment why are people not using it more frequently, especially in these economically challenging times," he said. "It's a puzzle."

Burlingame, in a chapter he authored in "Bergin and Garfield's Handbook of Psychotherapy and Behavior Change," noted that his review of meta-analyses that focused on comparative effectiveness of the group psychotherapy versus the individual format concluded that the majority reported no

differential effectiveness between the two modalities.

Group psychotherapy treatment penetrates virtually every clinical setting, said Burlingame, who said he consults with publicly funded state systems. "I have run into people who have some anxieties about running group sessions," said Burlingame. "They don't feel confident and skilled in doing it."

Burlingame and colleagues conducted a 2003 study, "The Differential Effectiveness of Group

Psychotherapy: A Meta-Analytic Perspective." The differential effectiveness of group psychotherapy was estimated in a meta-analysis of 111 experimental and quasi-experimental studies published over the past 20 years. Three different effect sizes were computed: active versus wait list, active versus alternative treatment, and pre- to post treatment improvement rates. The active versus wait list overall effect size (0.58) indicated that the average recipient of group treatment is bet-

ter off than 72 percent of untreated controls.

The study found that a majority of providers were doctoral-level psychologists. The setting for group treatment was most often a university counseling center, followed by a correctional institution and an outpatient mental health program.

"Group therapy sessions can help provide a sense of comfort, safety and familiarity once patients are comfortable in endorsing that modality," Greene said. •

BRIEFLY NOTED

National Suicide Prevention Lifeline lends support to crisis centers

In light of increased demand for mental health crisis services attributed largely to the current economic downturn, the federally funded National Suicide Prevention Lifeline has awarded a stipend to 20 of its suicide prevention crisis centers nationwide. The Substance Abuse and Mental Health Services Administration, which funds the national Lifeline, reported April 5 that a competitive application process was undertaken to identify the centers most in need of funds. Each of the 20 centers received from \$26,000 to \$50,000. Calls to the national Lifeline and local crisis centers have increased steeply in the past two years. [The National Lifeline is a 24-hour, toll-free confidential resource: 1-800-273-TALK (8255).]

Study examines continuity of care in schizophrenia

Continuity of care for patients with schizophrenia is crucial to long-term outcomes, according to study co-author Jean-Pierre Lindenmayer, M.D., and colleagues. The researchers examined data for 240 patients who had been hospitalized for schizophrenia or schizoaffective disorder. Three facility-level processes were identified as providing a significantly greater chance of receiv-

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ing outpatient care within 30 days of discharge from an outpatient facility: social work support for patients during the transition to outpatient care; facility-level protocols for the transfer of care from an inpatient to an outpatient provider; and inpatient facility involvement with regional joint planning efforts. The study was presented April 13 at the Quality of Behavioral Healthcare Conference.

Law may help prevent discrimination based on genetic information

In his recent article, Paul S. Appelbaum, M.D., writes that the Genetic Information Nondiscrimination Act is "of substantial importance" to persons with mental disorders and their family members." Writing in the April issue of *Psychiatric Services*, Appelbaum explained that the 2008 law prevents insurers from using genetic information in determining coverage and premiums. It also prohibits employers from using employees' genetic information. The final provisions of the law go into effect this year. Appelbaum concludes that despite the law's limitations, it "may turn out

to be every bit as important in protecting persons from discrimination on the basis of propensity to develop a mental disorder as it is likely to be for general medical conditions."

STATE NEWS

Vermont considers 'Challenges for Change' plan

Vermont Representative Anne Donahue (R) is voicing her concerns about the "Challenges for Change" plan for streamlining the state government, the Times Argus wrote April 11. A bipartisan team of legislators and gubernatorial aids say the plan will save roughly \$38 million this coming fiscal year. The proposal to integrate "currently separate adult mental health programs into one continuum of care" will reduce accountability, said Donahue. "People many not be getting what

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