

THE VISN 5 MIRECC MATTERS

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ASSESSING THE FAMILY TO FAMILY EDUCATION PROGRAM

Submitted by Lisa Dixon, MD, MPH

The important roles of families in the lives of adults with serious mental illnesses (SMI) are well documented. However, family members often experience anxiety, fear, shock, grief, anger, and blame. These are common responses to the burdens inherent in helping a relative with SMI, which include disrupted family roles and schedules, a drain on time and energy, stressed relationships, financial depletion, and involvement in the mental health system. In fulfilling their care-giving roles, families are similar to anyone under stress in that they report intense needs for information and support.

When clinical services, in the form of family psychoeducation and other services, failed to meet the needs of families, peer- and community-based programs emerged. These programs incorporate elements of self-help, empowerment, trauma recovery, and stress and coping theories, and employ mutual assistance models in which the people in need are also considered sources of wisdom and support for each other. Such "family-to-family" programs regarding serious mental illnesses focus on family member needs directly rather than on influencing patient symptoms or functioning, are led by trained peers (usually volunteers) and are accessible and widespread. To date, scientific evaluation of their effectiveness has been very limited. As such programs become widespread, it

is critical to understand whether they are effective.

By far the most common such program is the National Alliance for the Mentally Ill's (NAMI) Family-to-Family Education Program (FTF), a 12-week class with a highly-structured standardized curriculum, developed and conducted by trained family members. FTF provides education about mental illness and treatments, emotional and practical support, and problem solving and communication skills. **Drs. Dixon, Lucksted, Murray-Swank, Bellack and Medoff** have recently been awarded a four-year grant to conduct a randomized trial of this program. They will compare individuals who have completed the three-month FTF class to individuals who participated in the typical community supports for three months. They will follow up six months later with FTF participants to determine if program benefits are retained over time. In addition to assessing family member participants in FTF, they will also evaluate the potential benefit that FTF has for consumers with SMI and the family system. The study will be conducted in collaboration with NAMI affiliates in Baltimore City/County, Howard, Montgomery and Frederick Counties. Families of veterans are welcome to participate in the FTF program throughout the state and may be eligible to participate in the study.

PROGRAM EVALUATION FOR PTSD TREATMENT PROGRAMS

Submitted by Sonja Batten, PhD

In the past 20 years, significant progress has been made in the assessment and treatment of Posttraumatic Stress Disorder (PTSD). However, existing treatments are often not as effective for a veteran population as they are for a civilian population with PTSD. The VA Maryland Health Care System (VAMHCS) offers a psychotherapy treatment program for veterans based on best practice guidelines for PTSD, but its effectiveness has not been assessed. In order to do so, **Dr. Sonja Batten**, Coordinator for the VAMHCS Trauma Recovery Programs, and her staff have created a structured program evaluation protocol to examine the effectiveness of the outpatient PTSD treatment at the Baltimore VAMC. General rates of recovery following participation in the program will be assessed, as well as patient characteristics that help identify those veterans who will benefit most from the treatment.

Multiple studies have also documented the frequent comorbidity between PTSD and substance use disorders (SUD). For example, research has found that approximately one third of individuals with SUD also have PTSD. Thus, clinicians have become faced with the question of how to best treat these patients. Although a handful of programs have been designed to intervene with comorbid PTSD and SUD patients, there is little empirical data on the efficacy and effectiveness of such programs.

The Baltimore VAMC residential program that focuses on the treatment of comorbid PTSD and SUD has undergone significant development and reorganization under the direction of Dr. Batten. Plans are underway to evaluate the effectiveness of the current program using a structured program evaluation protocol to collect treatment outcome data. As in the assessment of the outpatient PTSD treatment program, rates of

recovery after participation will be studied, as well as characteristics of participating veterans.

ROLL OUT THE RED CARPET!

The long-awaited VISN 5 MIRECC DVD, “Schizophrenia And Other Mental Illnesses: Involving The Family, Improving Care”, is finally here! This one hour, three-part (20 minutes each) program highlights the importance of including families in the treatment of patients with schizophrenia and other mental illnesses. It was funded by the VISN 5 MIRECC (**Paul Ruskin, MD**, Project Manager) and produced by Video Press. Video Press is an award-winning production facility of the University of Maryland School of Medicine and is under the direction of Susan Hadary and William Whiteford. Programs produced by Video Press have won an Oscar, numerous Emmy awards and multiple awards by professional organizations.

This program is highly recommended for families, patients, clinicians, policy makers and the general public, and can be viewed on the MIRECC website at http://www1.va.gov/visn5mirecc/default.cfm?page=online_ed.

WELCOME TO NEW MIRECC STAFF

The MIRECC is pleased to welcome four new Research Assistants:

Julia Evely, MS, will be a recruiter and therapist for our alcohol and substance abuse treatment studies. Julia recently received her Master’s degree in Clinical Psychology from Radford University, and worked for Southwestern Virginia Counseling and Psychological Services as a Testing Administrator.

Rebekah Majors, BS, will be based at the VAMC in Washington D.C. Rebekah is a third-year doctoral student in Clinical Psychology at the Catholic University of America. In addition to her work with the MIRECC, she is an extern at the DC VAMC, working in Primary Care Behavioral Health. Rebekah will be recruiting and administering assessments for Dr. Wendy Tenhula's study, "The Use of Skills Training to Augment CWT/VI for Veterans with SMI (M-PROVE)".

Bethany Mundis, BA, received her Bachelor's degree in Psychology from the University of Baltimore in 1997, and is currently working on her M.S. in Applied Psychology. Bethany was a Research Assistant at the Medical University of South Carolina in Charleston, and most recently worked at Johns Hopkins University as a Psychometrician for the Cornerstone Research Program. She will be administering assessments for five MIRECC research projects.

Lori Thompson, MSW, earned her Master's degree in Social Work from Howard University in 2000. Prior to coming to the MIRECC, she worked at Union Memorial Hospital with adult patients admitted to the psychiatric unit, and in the emergency department conducting psychiatric assessments. Lori will be a recruiter and therapist for our dual diagnosis treatment protocols.

GOOD-BYE AND THANKS

Brian Kirkpatrick, MD, will be leaving the MIRECC and the Maryland Psychiatric Research Center to become the Vice-Chair of the Department of Psychiatry at the Medical College of Georgia (MCG). He will be continuing his research on schizophrenia and developing the academic productivity of the Department. In addition, Dr. Kirkpatrick will be involved in clinical care issues, education, and other aspects of the Department's function, and he will spend

part of his time at the Augusta VA Medical Center.

Dr. Kirkpatrick's many contributions to the MIRECC include serving as the Acting Director of the Clinical Core. He also established a Clozapine clinic in the VAMHCS, and served as the Chairman of the Clozapine Treatment Team (CTT), which is responsible for ensuring the safe and effective use of clozapine in the VAMHCS. He assisted in the development of the educational program to establish minimum qualifications and knowledge requirements for prescribers of clozapine in the VAMHCS. In addition, he worked with Drs. Butchart and Ruskin and other clinicians in the Mental Health Service line to help identify patients who may benefit from a trial of clozapine. We are grateful for his work on behalf of the MIRECC and wish him much success in his new position.

Selvija Gjonbalaj, PhD, recently left the MIRECC after coordinating Dr. Bennett's "Treatment of Alcohol Use Disorders in Schizophrenia" study for two years. In addition, Dr. Gjonbalaj administered diagnostic assessments and served as a therapist for the dual diagnosis treatment groups. She will be working for the University of Medicine and Dentistry of New Jersey in the Psychiatry Department as a Mental Health Clinician, and in the VISN 3 MIRECC as a Research Scholar. Selvija will use the skills honed in our MIRECC to lead psychoeducational groups and perform diagnostic assessments with SMI and dual diagnosis patients, among other activities. We wish her all the best and know that VISN 3 will benefit greatly from her contributions.

UPCOMING EVENTS

13th Annual Maryland Schizophrenia Conference

November 1, 2005

8:30 AM – 4:30 PM

Martin's West

6817 Dogwood Road, Baltimore

E-Mail: MDSchizConf@mprc.umaryland.edu

Web Site: www.mdschizconf.org

Family Support and Education Program

November 12, 2005

10:00 – 11:30 AM

Baltimore VA Medical Center, Room 2B-136

The Family Support and Education Program is a monthly program for family members of veterans with serious mental illnesses, including schizophrenia, bipolar disorder, and major depression. The program is designed to help families support veterans' treatment and recovery, as well as assist family members and other caregivers as they cope with the effects of mental illness on the family. Group meetings are held one Saturday a month at the Baltimore VA Medical Center, and involve presentation of information and discussion, which is adapted to the needs of family members and veterans who attend.

To register for the workshop, or if you have any questions about the program, please contact Dr. Aaron Murray-Swank by phone: (410) 605-7000, ext. 4756, or email: aaron.murray-swank@va.gov.

Recovery-Oriented Small Grants Program Application Deadline

December 1, 2005

The VISN 5 MIRECC offers a small grant mechanism to fund recovery-oriented clinical and educational innovations in response to the VA's Action Agenda to transform VA mental health services to a recovery model. This program especially encourages (but is not limited to) proposals such as: creating, adopting, or launching new recovery-oriented clinical, self-help, or related projects (or expanding existing ones to reach more veterans), new programs to educate staff, veterans, and/or family members of veterans about mental health recovery models, or specific recovery-oriented services/programs. The first round of applications were received September 1, 2005, and reflected a diversity of VA programs and innovative ideas.

For more information, or to receive an application, please contact **Alicia Lucksted, PhD**, MIRECC Recovery Coordinator, at Alicia.Lucksted@va.gov, 410-605-7451 or 410-706-3244.

VISIT OUR WEBSITE AT
<http://www1.va.gov/visn5mirecc>