

THE VISN 5 MIRECC MATTERS

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(VISN 5) Mental Illness Research, Education, and Clinical Center
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FROM THE EDITOR'S DESK

Shannon Thomas-Lohrman, M.S., Project Manager, VISN 5 MIRECC

ADVISORY COMMITTEE

As always, it is hard to believe that so much time has gone by when we reach MIRECC developmental milestones. The next one on the horizon is the VISN 5 MIRECC Advisory Committee meeting which will take place on September 13, 2001. This is the first meeting of this external review Committee, which is comprised of academic leaders from around the country and members of public organizations who represent veterans and people with schizophrenia. The Committee will take a broad-based view of our activities and how they are serving the VISN and veterans with schizophrenia and their families, as well as our impact on people with schizophrenia and their families in the broader community. We are looking forward to the Committee's arrival and will report the results of the meeting in the next issue of MIRECC MATTERS.

OOPS!

Our last issue included a very informative article entitled, Capitol Network MIRECC Partners with Mental Health Service Line of VISN 5 to Provide Novel Continuum of Care for Seriously and Chronically Mentally Ill Veterans. If you read it, you learned about innovative treatment programs that allow patients with severe and chronic mental illness to receive a high-level of care in the least restrictive environment for their needs. What you didn't learn, however, is who contributed the article! Our belated thanks (and an apology for the oversight) to Joeseeph Liberto, M.D., Associate Clinical Director for the MIRECC, who generously spent his time writing so that we can all be kept informed. (If you didn't read it, you can still catch it! Look it up in that issue.)

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PROJECTS AND PROGRAMS UPDATE

VETERANS FAMILY CONTACT PROJECT

Submitted by **Diana Seybolt**, Ph.D.

Involved family members and other caregivers play an important role in the lives of persons with serious mental illness. They often act as the primary caregiver for their ill relative and may participate in their relative's mental health treatment. The literature on American veterans recognizes the importance of social support in the lives of veterans with mental illness. However, the primary emphasis to date has been on veterans who are diagnosed with Post-Traumatic Stress Disorder (PTSD) or who have trauma-related symptoms. Little is known about the extent to which veterans with other mental illnesses are involved with and receive support from their families or how the illness might impact these relationships. The Veterans Family Contact Survey is designed to address three questions: how much and what kind of

contact do veterans with serious mental illness have with their family members or individuals they consider to be "like family", are veterans with serious mental illness satisfied with these relationships, and what types of support (instrumental, emotional) do they receive in these relationships?

Members of the family projects team (**Lisa Dixon, MD, MPH**, Principal Investigator, **Diana Seybolt, Ph.D.**, **Mary Lambert, M.A.**, **Alicia Lucksted, Ph.D.**, and **Bette Stewart, Family Outreach Coordinator**) worked with three VA outpatient mental health clinics to conduct the survey. The clinics included the Baltimore Continuous Care Team, the Baltimore Mental Health Clinic, and the Perry Point Mental Health Clinic. A brief, anonymous, self-administered survey was distributed over several days to clinic clients at each site. Data collection began in March, 2001 and was completed in July, 2001.

One hundred fifty-eight veterans completed the voluntary survey. Preliminary results indicate that veterans' "families" most often consist of siblings (67%), children (48%), and/or parents (47%). Approximately 73% of respondents also indicated that they considered a close friend and/or significant other to be "like family" to them. On average, veterans indicated that they had contact with a family member at least once a month, either by talking on the telephone or by getting together in person. Their satisfaction with these relationships ranged from "terrible" to "delighted" with the average level somewhat less than "mostly satisfied." Veterans are most likely to turn to siblings (29%), parents (26%), and close friends (25%) when they need instrumental social support, such as borrowing money or needing a place to stay. They were most likely to talk with a professional (34%), a friend (32%), or a sibling (30%) if they needed someone to talk with about their feelings or needed advice.

These findings indicate that veterans with psychiatric disabilities have contact with family members on a regular basis and are generally satisfied with these relationships. Siblings in particular seem to be involved with and provide support to their disabled family member. One reason for this might be the aging veteran population - as veterans' parents have become elderly or passed away, siblings may have taken over as the primary source of support. Another important finding was that the majority of veterans indicated that a close friend or significant other was "like family" to them. This challenges the traditional interpretation of family as "only" biological relatives or relationships through marriage.

The results confirm previous studies indicating that family members of persons with serious mental illness provide a wide range of support to their ill family member. Veterans in this study turn to family members and friends when they need help with practical tasks and utilize a range of supports, including professional staff, to deal with important emotional issues. Thus, family members and mental health staff overlap to some extent in the support provided. This implies that the veteran could benefit from their family members and staff communicating and coordinating their supportive efforts. The positive nature of the family relationships reported suggests that such an approach is feasible. Further, special attention should be paid to involving siblings, close friends, and significant others.

The current study was not designed to provide a representative sample of the veteran population with serious mental illness. However, these results provide an initial understanding of the important social support provided to VISN 5 veterans by family members and people who are "like family" to them. Additionally, these results will be used to inform the ongoing Family Needs Assessment Project sponsored by the MIRECC.

Future research should attempt to replicate these findings with veterans from other mental health programs in different geographic regions. Comparisons between veteran and non-veteran populations would also be informative. Finally, these findings can be used to develop comprehensive studies about family involvement and the social support received by veterans with mental illness and/or substance abuse issues. For more information about the Veterans Family Contact Survey, please contact **Diana Seybolt, Ph.D.** at (410) 706-2490 or (dseybolt@psych.umaryland.edu).

COGNITIVE REMEDIATION PROGRAM

Submitted by **Dwight Dickinson**, Ph.D.

The VISN5 MIRECC has begun the development of a computer-assisted cognitive remediation program for use with inpatients and outpatients with serious and persistent mental illness (SPMI). Various computer-assisted remediation strategies have shown promise with SPMI populations but the brain mechanisms and pathways through which computer exercises enhance cognitive functioning are poorly understood. Our cognitive remediation program will use commercially available learning and cognitive exercise software set in a small group, therapist-supported learning environment. We hope to work with patients at both the Baltimore and Perry Point facilities as we undertake a program of research aimed at improving our understanding of this approach. Watch for reports of further developments in this program in future editions of the VISN 5 MIRECC MATTERS.

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HUMAN SUBJECT EDUCATION UPDATE

The VA Maryland Health Care System had a site visit from the Office of Research Compliance and Assurance (ORCA) during the week of July 23rd. MIRECC research staff moved into high gear during the weeks beforehand to ensure that their laboratories were in top shape. Three MIRECC studies were chosen for an audit of their protocols, which meant the auditors inspected the regulatory documents, source documents and consent form files for all VA patients. We are very pleased to announce that all of our protocols passed the audit with flying colors. The work of the MIRECC Quality Management Committee continues, however, so that the safety and well being of the veterans who agree to participate in our studies is never in question.

The University of Maryland Institutional Review Board (IRB) and the VA Research Service Office held a mandatory Town Meeting at the Baltimore VAMC Auditorium on July 13th. Several informative talks were given about the role of the IRB and what actually happens when a protocol is submitted for their review. If you are involved in VISN 5 MIRECC research (as a principal investigator, research assistant, study nurse, data entry staff, etc.) under the jurisdiction of the University of Maryland IRB but were not able to attend the Town Meeting, you are required to view the videotape of the session. It can be checked out of the VA Research Office on the third floor of the VA Medical Center (Suite 3A-125).

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CONGRATS ARE IN ORDER!

For the first time in recent memory, the Chair of the VAMHCS Research and Development Committee comes from the Mental Health Service Line, and happens to be our own **Paul Ruskin, M.D., Associate Director for Education**. We are thrilled to have a colleague presiding over this vital Committee, and wish him the best of luck with his new duties.

The VISN 5 MIRECC was chosen to be one of the 12 national sites participating in the three-year VA Cooperative Study 494 entitled, "A Randomized Clinical Trial of Cognitive-Behavioral Treatment for PTSD in Women." This study will compare the efficacy of Prolonged Exposure and Present Centered Therapy in the treatment of Post Traumatic Stress Disorder [PTSD] in women veterans. **Jean S. Gearon, Ph.D.** is the Site Principal Investigator, **Alan S. Bellack, Ph.D.** is the Co-Investigator, and **Stacey Kaltman, Ph.D.** has been designated as Site Coordinator. Participating therapists and the assessment technician will be trained by nationally-recognized experts in the field of PTSD. This project will be officially launched this September in Minneapolis, MN, at a meeting with representatives from all 12 sites.

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EXPANSION NEWS

Although the MIRECC suite has only been fully renovated and decorated since last fall, we are already out of room for our growing staff. In our current space of nine private offices, a conference room, group treatment room and interview room, we house 14 full-time staff. We have at least 12 additional investigators and staff who share office space when conducting MIRECC business, and other research assistants from various laboratories who conduct interviews with patients throughout the day. Whew! Facilities & Engineering Service have come to our rescue and have begun to build out a portion of the hall in the back of the MIRECC suite. Over the next several months, working in the evening to minimize interruption, they will create seven more work spaces, which will provide us with some relief.

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WELCOME TO NEW MEMBERS OF THE VISN 5 MIRECC TEAM

If it's summer, it's time for new interns! This year we welcome **Mary Lambert, M.A.**, **Virginia Iannone, M.A.**, and **Angie Rollins, M.S.** We anticipate notable contributions from them during the coming year. But first, a little about them:

Mary Lambert is a Clinical Psychology doctoral student at the University of Maryland, College Park, where she is completing her dissertation in the area of stress and coping. She worked with the MIRECC during the past year on two projects related to families of veterans with mental illness. As the new intern at the Perry Point VAMC, Mary will be working to implement the token economy program on the new long-term inpatient unit, as well as assisting with other research projects.

Virginia Iannone is completing her doctoral program at Catholic University. She is better known to us, though, as a project manager and neuropsychology research coordinator at the Maryland Psychiatric Research Center, where she worked for six years with **Jim Gold, Ph.D.** She will be involved in the development of the cognitive remediation program (described in the Projects and Programs Update) as well as other research projects conducted by **Alan S. Bellack**.

Angie Rollins hails from Indiana University/Purdue University Indianapolis. Her past experience includes projects with seriously mentally ill clients in vocational rehabilitation, coping with symptoms of schizophrenia, and program evaluation in mental health services. Angie will serve as co-therapist in the Evaluation of Behavioral Treatment for Substance Abuse in Schizophrenia study.

MORE COMINGS AND GOINGS

John Junginger, Ph.D. will be arriving from Hawaii in mid-August to assume the position of Director of Assessment Core in the MIRECC. He has served as an Associate Professor at the University of Hawaii and the Principal Investigator for the Hawaii Jail Diversion Project for the Hawaiian Department of Health. With research interests in the psychotic motivation of violent and criminal behavior, the outcome of seriously mentally ill persons following diversion from jail, and the influence of race on psychotic experience, Dr. Junginger promises to be a significant contribution to the MIRECC.

Dawn Velligan, Ph.D. of the University of Texas Health Sciences Center at San Antonio, was a visiting researcher during July 2001. Among other areas of treatment and research, Dr. Velligan has developed Cognitive Adaptation Training (CAT), an assessment-driven system of environmental adaptations designed to help individuals with serious and persistent mental illnesses (SPMI) successfully negotiate the requirements of daily living despite their cognitive limitations. During her visit, Dr. Velligan worked closely with MIRECC and Perry Point staff to adapt various CAT strategies and programming for use in the SPMI wing of the Perry Point Domiciliary Unit and on the Perry Point 364A inpatient schizophrenia unit. We hope that this visit will mark the beginning of more extensive collaborations with Dr. Velligan.

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UPCOMING EVENTS

September 17, 2001

8:30 am - 4:30 pm

Speaking the Unspoken: Racial Disparities in Mental Health Services for African Americans with Schizophrenia

Presented by the VA Capitol Health Care Network VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC), the Department of Veterans Affairs, and the Chesapeake Health Education Program, Inc. (CHEP)

Location: The Maritime Institute of Technology
Linthicum, Maryland (near the BWI Airport; off Route 295)

This conference will focus on the diverse aspects of racial disparities in mental health care for African Americans with schizophrenia. There will be nationally known speakers, workshop sessions, and a research poster display.

Contact Gwen Kergides at 800-949-1003 x 5472 or gwen.kergides@lrn.va.gov for more information

October 2, 2001

8:30 am to 1:00 pm

Mental Illness: A Family Dilemma

Presented by the VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC), and the Mental Health Clinic/Mental Health Intensive Case Management Team, Baltimore VA

Location: Baltimore VA Medical Center Auditorium

A half-day seminar to provide education and support to family members of veterans with mental illness

This event will include an educational program about mental illness and treatment of mental illness, an overview of community and VA resources for families, and information about what we have learned from the VA family needs assessment

For more information, contact Fikre Workneh at 410-605-7257

November 13, 2001

1:00 pm-5:00 pm

9th Annual Maryland Schizophrenia Conference

Presented by The Maryland Psychiatric Research Center, NAMI Maryland, Maryland Council of Community Mental Health Programs, VA Capitol Health Care Network VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC)

Location: Martin's West

CME credits available for: Physicians, Psychologists, Nurses, Social Workers, Therapists/counselors

For more information:

Contact Toni Tinnirella at 410-402-6051 or ttinnire@mprc.umaryland.edu

Or visit www.mdschizconf.org

April 15, 2002

8:00 am 4:30 pm

Women with Schizophrenia

Presented by the VA Capitol Health Care Network VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC), the Department of Veterans Affairs, and the Chesapeake Health Education Program, Inc. (CHEP)

Location: Baltimore-Washington metropolitan area (to be announced at a later date)

This one-day conference will focus on important issues related to women with schizophrenia including: gender differences in illness course and presentation, the use of anti-psychotic medications and other psychotropic medications, sexual and physical victimization, substance abuse, and reproductive issues including genetic counseling.

For more information, contact **Stacey Kaltman** at 410-605-7000 x 4734 or skaltman@psych.umaryland.edu.

Fall, 2002

Dual Diagnosis Conference

Presented by the VA Capitol Health Care Network VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC), the Department of Veterans Affairs, and the Chesapeake Health Education Program, Inc. (CHEP)

Location: near the Martinsburg, W. Virginia VAMC.

Watch upcoming issues for further details.

Fall, 2002

Schizophrenia in Prisons Conference

Presented by the VA Capitol Health Care Network VISN 5 Mental Illness Research, Education and Clinical Center (MIRECC), the Department of Veterans Affairs, and the Chesapeake Health Education Program, Inc. (CHEP)

Location: To be announced

This conference will address issues related to the treatment of prisoners with schizophrenia.

Watch upcoming issues for further details.

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VISIT OUR WEBSITE at www.va.gov/visn5mirecc

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REMINDER: The deadline for submission of items to the October MIRECC MATTERS is September 24, 2001. Please email items to Shannon.Thomas-Lohrman@med.va.gov, or call Ms. Thomas-Lohrman at 410-605-7000, x 4733.