



DSR Quarterly Newsletter

February 2006

Center North: MOVE and Disease Self-Management

By: Dr. Richard Goldberg



Dr. Richard Goldberg is developing an active research program in the area of health promotion. His recent VA RR&D Merit proposal to evaluate the effectiveness of a

weight management and physical activity intervention for overweight and obese veterans with serious mental illnesses (SMI) received a

"The intervention consists of a combination of individual and group sessions that provide education, skills training, and assistance in developing and maintaining diet and exercise plans."

fundable score. Anticipating a Spring 2006 start date, his study will evaluate the effectiveness of adapting a VA program

entitled **MOVE!** (Managing Overweight/ Obesity for Veterans Everywhere) for use with SMI veterans. The study will involve a controlled trial to evaluate the effectiveness of using an SMI-optimized version of **MOVE!** to improve medical outcomes (including weigh loss and reduced laboratory indicators of cardiovascular risk) and enhance participant quality of life and self-esteem. The intervention package consists of a combination of individual and group sessions that provide education, skills training, and assistance in developing and maintaining individualized diet and exercise plans.

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Center South: Cultural Competency Project

By: Dr. Natasha Durant

One of the driving forces in reforming the mental health system is to better accommodate the mental health needs of a multicultural society by improving the delivery of culturally competent mental health services. While both the private and public sectors are challenged with this, the public mental health system faces a greater threat if the issue of cultural competency is not adequately addressed because they serve a greater proportion of racial and ethnic minority groups. In response to this, the Maryland Mental Hygiene Administration (MHA) convened a committee charged with steering Maryland's Public Mental Health System (PMHS) towards cultural respon-

siveness in the treatment of racial and ethnic minorities. The committee represented a partnership between MHA and the Maryland Health Partners (MHP) who were the Administrative Service Organization (ASO) at that time. The committee was eventually named the Cultural Competency Advisory Group (CCAG) and is composed of consumers, mental health administrators, providers, and clinicians.

Among its other contributions, the CCAG developed the *Consumer Assessment Tool for Cultural Competence* (Cultural Competency Satisfaction with Mental Health Services).



"...the public mental health system faces a greater threat [than the private sector] if the issue of cultural competency is not adequately addressed because they serve a greater proportion of racial and ethnic minority groups."

vices). This tool is unique in that it assesses the consumer's opinion of cultural competency at the program or individual practitioner level; previous tools assessed self-rated practitioner and organizational cultural competency.

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Compliance and Collaboration: The Key To Success

By: Lisa Dixon

I had several ideas for this column. My first idea was to write a tirade about the culture of “compliance” in which we work. Is there evidence that all of the activities that are intended to insure compliance actually produce reductions in renegade behavior? But then I realized that it in my role as leader, public tirades are probably not all that helpful most of the time, especially when I am trying to convince people to complete the web-based training de jour. My second idea was to try reprint Howard’s holiday poem. But that was too difficult.

That leaves me with my enthusiasm for showcasing the collaborations that enhance our Division’s work. Innovative research in 2006 requires multidisciplinary collaboration and teams. Such collaboration is especially important for services research. In this column, I will not focus on the essential collaboration with consumers and families—that will be a future topic— but will highlight some of the partnerships that our faculty and staff have developed with other Divisions within the Department of Psychiatry, other Departments within the School of Medicine (SOM), and other Schools on campus.

Let’s start with the Department of Psychiatry. We have long had collaborations with the Department’s research divisions including the Maryland Psychiatric Research Center (MPRC), the Center for Be-

havioral Treatment of Schizophrenia (CBTS) and the MIRECC. Recent successes here include our linkage with MPRC on the Stulman Foundation award to promote improved quality of care. Our faculty are co-investigators with CBTS investigator Melanie Bennett’s proposal to develop a smoking cessation treatment at psychiatric rehabilitation programs; Richard Goldberg’s new study to develop a treatment for obesity includes MIRECC and CBTS faculty. Howard Goldman and Sandy Sundeen recently conducted an independent external evaluation of the MIRECC. But our collaborations with clinical divisions are also growing. Child and Adolescent Psychiatry has become a very strong partner through the work of Laurel Kiser, Bruno Anthony, Ken Rogers, and Mark Weist. The new Seclusion and Restraint Prevention Project, initiated by the EBP Center, is also in partnership with Child and Adolescent Psychiatry. Seth Himelhoch’s studies link with the C/L Division and Community Psychiatry. The substance use division provides expertise on substance disorders in our Hepatitis C STIRR project. DSR’s activities very extend through much of the Department of Psychiatry.

The list of collaborators in other SOM Departments and Campus-side programs is also growing. We have long shared faculty with Epidemiology and Preventive Medicine where Clay Brown has a primary appointment. Laurel Kiser works with Pediatrics in her development of an intervention for children who have experienced complex trauma. She also partners

with Ob Gyn in a study of acupuncture study in vitro fertilization. Our P60 and diabetes projects link us with Internal Medicine. We are working with Dr. Charlotte Jones-Burton to test a smoking cessation program for patients with Chronic Kidney Disease (CKD). Smoking is one of the few modifiable risk factors for the prevention of End Stage Renal Disease in the CKD population. We have extensive partnerships with faculty in HIV programs, infectious disease, and gastroenterology. Evidence of the importance of these linkages now appears in the author lists of our publications, our lists of mentees, and the flow of money!

Our campus provides the benefits of close proximity to UMB professional schools. Michael Lindsey is an Assistant Professor in School of Social Work who has submitted a K Award to develop a school-based intervention for aggressive behaviors in African American youth with the input of several DSR faculty. He is also working with the SEC and the Anne Arundel County CSA to evaluate an in-home intervention with adolescents. Our connections with the school of Pharmacy have permitted us to conduct analyses of prescription of medications for co-occurring somatic disorders among persons with mental illness. We will soon be hosting a doctoral student in the School of Nursing who will be fulfilling some of her research training working on our family projects.

This discussion is not exhaustive, and does not even touch on the collaborations with community programs and the State that are the basis backbone of much of Center South’s work, but I hope provides a taste of how enriched our research community has become.

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Dr. Goldberg also recently submitted an NIH grant to develop and evaluate a chronic-illness self-management intervention for adults with schizophrenia who are also living with co-occurring chronic medical conditions. The proposed intervention involves modifying and enhancing a version of the Chronic Disease Self-Management Program (CDSMP) created by Kate Lorig and her colleagues at the Stanford Patient Education Research Center. The CDSMP is based on the premise that individuals can learn how to take more active responsibility for the day-to-day self-management of their medical illnesses. The curriculum emphasizes three core self-management tasks: 1) Medical management; 2) Role management (including creation and maintenance of new meaningful health behaviors and life roles); and 3) Emotional management. Because adults with schizophrenia often present with poor social and communications skills (which may compromise their ability to access and engage in medical treatment), we plan

to enhance the CDSMP by adding several sessions focusing more intensively on communicating with medical providers. These supplemental sessions will use traditional social skills training methods including didactic instruction, modeling, role playing, and social rein-

“Individuals can learn how to take more active responsibility for the day-to-day self-management of their medical illnesses.”

forcement to help participants become more skilled at making doctors appointments, seeking referrals for care, describing symptoms and health behaviors, as well as asking questions and raising concerns about medications and treatment recommendations. In addition to further development of materials and manuals, the proposed study will also involve a pilot trial to evaluate the intervention's effects

on health-related self-efficacy, chronic illness self-management skills, social/communication skills focusing on interactions with health care providers, health status, medical service use patterns. Efforts to collect preliminary pilot data are currently underway, including didactic instruction, modeling, role playing, and social reinforcement to help participants become more skilled at making doctors appointments, seeking referrals for care, describing symptoms and health behaviors, as well as asking questions and raising concerns about medications and treatment recommendations. In addition to further development of materials and manuals, the proposed study will also involve a pilot trial to evaluate the intervention's effects on health-related self-efficacy, chronic illness self-management skills, social/communication skills focusing on interactions with health care providers, health status, medical service use patterns. Efforts to collect preliminary pilot data are currently underway.

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The 52-item survey was pilot tested in 2001 with a convenience sample of 248 adult public mental health consumers. The primary objective was to determine the validity and reliability of a series of questions that focus on the ability of mental health providers to respond to the needs of consumers from racial and ethnic minority groups. The results of the pilot phase demonstrated that the survey had good preliminary psychometric properties (Cronbach's alpha 0.92). Since the initial phase of testing in 2001, the instrument underwent revisions to incorporate the feedback from experts in the field, establish a 6th grade reading level, and use the results of the Exploratory Factor Analysis to inform structural changes to the instrument. The revised version of the Consumer

Assessment Tool for Cultural Com-

petence now contains 61 items.

The University of Maryland, Systems Evaluation Center (SEC) became actively involved with the cultural competency project during the spring of 2003 at the request of MHA. The SEC was made responsible for the second round of psychometric testing for the *Consumer Assessment Tool for Cultural Competence*. The purpose of the second pilot testing of the instrument is to further establish the psychometric properties of the instrument. A secondary goal of this project includes pilot testing six cultural competency questions developed by the National Research Institute (NRI) of the National Association of State Mental Health Program Directors (NASMHPD). NRI hopes to use these questions in state mental health agencies nationally, through the Mental Health Statistics Improvement Program (MHSIP) Quality

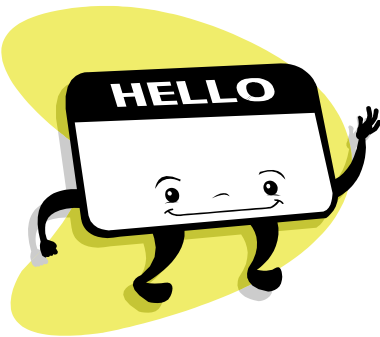
Report, and has asked states to volunteer to pilot test these questions.

Our objectives for the second round of pilot testing are as follows: 1) Explore the psychometric structure and properties of the Consumer Assessment Tool for Cultural Competence; 2) Conduct tests for reliability and validity and; 3) Conduct comparative analyses using factors such as age, education, sex and program as independent variables and responses to the questionnaire as dependent measures. The SEC staff members received approval from the Department of Health and Mental Hygiene and the University of Maryland IRBs for administration of 400 surveys to mental health consumers. To date, 89% of the targeted sample has been collected and the SEC staff members anticipate the completion of the active data collect phase will conclude by the end of January 2006.

Comings and Goings

New Faces

- Stephanie Tapscott, Research Assistant: Stephanie Tapscott was recently hired as a Research Assistant for DSR and has begun working on the STIRR project. Upon graduating from the University of Virginia with a B.A. in Psychology, Stephanie worked for several years as a substance abuse counselor in Richmond, Virginia. She then relocated to Pennsylvania to attend graduate school at Villanova University, where she completed her thesis project “Acoustic Packaging & the Role of Infant-Directed Speech in Action Analysis” in pursuit of her M.S. in Psychology.
- Rose Jomidad, Research Nurse: Rose has been in nursing for over 20 years as an LPN and RN, mainly in addictions research and psych. She began working here in September on the STIRR project and works with the DSR on a part-time basis.



- Rebecca Hawes, Project Coordinator: Rebecca was recently hired at the DSR to coordinate the Randomized Trial of Family to Family Education. Though a Maryland native, she hails most recently from Los Angeles, CA where she is in the final revision stages for filing her dissertation in Social Welfare at the UCLA School of Public Affairs. She has been a child welfare clinical social worker, a rape-crisis advocate, a poverty policy and child welfare policy researcher, a community drum-circle facilitator, a service-learning course instructor, and, most recently, a project coordinator for an evaluation of a program serving homeless veterans with co-occurring mental illness and substance abuse diagnoses at the West Los Angeles VA.
- Eileen Painter is the new Business Manager for Center South. She came to us from the “other institution” across town (Hopkins) where she was in finance for over 8 years. Prior to that Eileen was with Westinghouse in the Controller’s Office and got caught in one of their infamous RIFs.

Going to Other Places

- Terrence Clemmons left Center North in December to move on to a position with the Human Research Protections Office here at the University of Maryland. He spent three years with the DSR as Senior Research Assistant.
- Chelu Mfalila is moving on to a new job in Seattle.



Presentations & Grants

- Lisa Dixon conducted Grand Rounds at the Department of Psychiatry at Virginia Commonwealth University on Jan. 20. Her topic was “Family Psychoeducation in Schizophrenia, A Quality of Care Story.”
- Seth Himelhoch will be presenting Grand Rounds on February 9 entitled: “HIV and Psychiatric Disorders: Implications for Mental Health Treatment”
- Seth Himelhoch will be giving an oral presentation at the upcoming VA HSR and D meeting entitled: “Understanding Associations between Serious Mental Illness and HIV among Veterans: A National Multivariate Analysis.”
- Alicia Lucksted recently presented her work on mental health services to gay, lesbian, bi and transgender consumers in two large venues. One was a full day workshop for mental health providers and policy makers in New York state, hosted by the MH Assn of Dutchess County and Planned Parenthood of the Mid-Hudson Valley. The other was a national teleconference organized by the US Psychosocial Rehab. Assn (USPRA, formerly IAPRS) at which she co-presented with Paula Lafferty, the program director of a local consumer group.
- Alicia Lucksted and Bette were asked to contribute an article on their qualitative study of the Family to Family program to a special issue of the American Journal of Community Psychology on self help interventions.

- Fred Osher presented “Evidence-Based Practices for Persons with Co-occurring Disorders in the Criminal Justice System” at the 10th Annual Washington Co-occurring Disorders Conference.
- Fred Osher presented “Assertive Community Treatment Applied to Justice Involved Persons” at the 57th Institute of Psychiatric Services.
- Fred Osher presented “Real World Applications of EBPs for Persons in the Justice System” at American Public Health Association Annual Meeting.
- Fred Osher presented “The Evidence for Integrated Services in Treating Co-occurring Disorders” at American Public Health Association Annual Meeting.
- Richard will be presenting a ½ workshop at the upcoming US Psychiatric Rehabilitation Association Annual Conference. The theme for this year's conference is Recovery: Reaching New Heights in Psychiatric Rehabilitation. I will be developing the workshop with Charles Drebing, Ph.D. from the Bedford MA VA and Sandra Resnick, Ph.D. from the West Haven VA. The title of our workshop is: “Implementing a Recovery Model for Veterans with Serious Mental Illness: Challenges and Struggles. “
- Lisa Dixon received a two-year, \$200,000 award for the Informed Care Training Program (ICTP). The ICTP seeks to improve the quality of care and to reduce unmet needs for care among persons with schizophrenia who are receiving community based services. This project will be unique in its inclusion of patients, families and clinical staff in a partnership with researchers to identify their most pressing clinical problems and implement evidenced-based solutions. This process will set an example for bringing the new knowledge of the University setting into the community.

Recent Publications from the DSR

- **Himmelhoch, S.** and Ehrenreich, M. "Psychotherapy by Primary Care Providers: Results of a National Sample. Accepted for publication in Psychosomatics.
- Chander, G., **Himmelhoch, S.** and Moore, R. Substance Abuse and Psychiatric Disorders in HIV-Positive Patients: Epidemiology and Impact on Antiretroviral Therapy. Accepted for publication in Drugs.
- **Goldman, H. H.** et al. "Behavioral Health Insurance Parity for Federal Employees." Accepted for publication: New England Journal Of Medicine.
- **Goldman, H.** "Making Progress in MH Policy in Conservative Times: One Step at a Time." Accepted for publication: Schizophrenia Bulletin.
- Primm AB, **Osher FC**, and Gomez MB: "Race and Ethnicity, Mental Health Services and Cultural Competence in the Criminal Justice System: Are We Ready to Change?" Community Mental Health Journal, Vol. 41 (5), 557-569, 2005.
- **Osher, FC:** Other Psychiatric Considerations. In Loosening the Grip: A Handbook of Alcohol Information, Kinney J (ed.), McGraw-Hill Companies, Inc, 465-494, 2006.
- **Osher FC** "Integrated Mental Health/Substance Abuse Responses to Justice Involved Persons with Co-occurring Disorders." Delmar, NY: The National GAINS Center, in press.
- Roskes, E., **Osher, FC.** Homelessness and Jails and Prisons. In Homelessness and Mental Illness, McQuiston H, Gillig P (eds), in press.
- Peters, RH, Sherman PB, **Osher FC.** Treatment in Jails and Prisons. In Clinical Handbook of Schizophrenia, Mueser K, Jeste DV, (eds.), Guilford Publications, Inc. in press.
- Burke-Miller, J.K., Cook, J.A., Grey, D.G., Razzano, L.A., Blyler, C.R., Leff, H.S., Gold, P.B., **Goldberg, R.W.**, Mueser, K.T., Cook, W.L., Toprac, M.G., Stewart, M., Blankertz, L., Dudek, K., Taylor, A.L., & Carey, M.A. (2006). Demographic characteristics and employment among people with severe mental illness. Community Mental Health Journal. **11**:1-17.

Looking Ahead

The spring issue of the DSR Newsletter will be coming out April 1, 2006. We will ask for your input starting sometime after March 1. In the meantime, get ready for warmer weather!

Have any questions, comments, or an idea for an article in the next newsletter? Please contact:



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