

## VISN 5 MIRECC Research Abstract

### **A Pilot Study of the Family Member Provider Outreach Intervention Aaron Murray-Swank, PhD and Lisa Dixon, MD, MPH**

This research is designed to address two important problems related to the care of VA patients with serious mental illness: (1) Difficulty engaging family members to participate in veterans' mental health treatment. Family participation in treatment has beneficial outcomes for patients with schizophrenia and other serious mental illnesses, including reduced relapse and improved psychosocial functioning. However, families are rarely involved in usual care and efforts to implement family-based interventions in the VA have encountered considerable difficulty engaging families in such programs. (2) Limited knowledge about experiences of stigma among VA patients with SMI. Previous studies indicate that experiencing stigma has a negative impact on patients with serious mental illness (e.g., diminished self-esteem, decreased treatment adherence). However, we have limited knowledge of how stigma manifests in the lives of VA patients with SMI. Moreover, there is little data on which patients are most likely to experience stigma and the relationship between stigma and recovery outcomes. Such data is needed to better understand the impact of stigma, and design programs to diminish its negative effects on VA patients with SMI.

The primary purpose of this pilot study is to establish the feasibility of and further refine the Family Member Provider Outreach Intervention (FMPO), a consumer-centered intervention designed to increase the likelihood that families and caregivers of veterans with serious mental illness become constructive partners in the veterans' ongoing mental health care. A secondary purpose of this pilot is to collect preliminary data on experiences of self-stigma and discrimination in a sample of VA patients with serious mental illness. We plan to include measures of stigma in this study for two primary reasons. First, feelings of stigma may inhibit patients' willingness to involve their family. Second, including measures of stigma in our assessments represents an efficient way to collect data on this topic and further our developing program of research in this area

Consumers enrolled in outpatient and inpatient treatment programs in the VAMHCS who meet the following inclusion criteria will be recruited to participate in this study: (1) age 18-70 years; (2) Chart diagnosis of a serious mental illness (schizophrenia spectrum disorders, affective and other psychotic diagnoses); (3) at least monthly face-to-face contact with a family member or caregiver; (4) decisional capacity to provide informed consent. The first stage of the research will be a baseline assessment interview. Consenting consumers will be asked to complete a 60 minute interview focused on: (a) extent of and nature of their family contact and current family involvement in mental health care; (b) preferences about having their family involved in their care; (b) perceived barriers to family involvement; (c) variables that might influence their willingness to have family involved (e.g., sociodemographics, family environment, stigma) and/or change as a result of the fmpo intervention (e.g., psychiatric symptoms, empowerment, knowledge of mental illness). Participants will be paid \$20 for completing this assessment. At the time of this assessment, the consumer will also be asked for permission to contact up to 2 family members/caregivers with whom they have at least monthly face-to-face contact. If the consumer gives consent, the family member(s) will be contacted and recruited to participate in an assessment by phone. This family assessment will focus on learning about the family members' current and past participation in the consumer's VA healthcare, and perceived service needs and barriers to participating in the consumers' mental health care at the VA.

After their assessment interview, the consumer will be offered the opportunity to participate in the FMPO intervention. If the consumer consents to the intervention, it will be completed by a trained FMP therapist (Aaron Murray-Swank, PhD), following the format outlined in the manual. Weekly supervision and session-by-session checklists will be used to track fidelity and collect process data regarding the intervention. Sessions will be audiotaped when the consumer provides consent. When the intervention is completed, consumers will be asked to complete an interview

that assesses the same constructs as measured at baseline (except for stable characteristics), and elicits their feedback about the intervention. Family members will also be asked to complete a follow-up interview to assess their participation in the consumers' VA healthcare and their experience of the FMPO intervention (if applicable).