



Schizophrenia

and other mental illnesses

Involving the Family, Improving Care

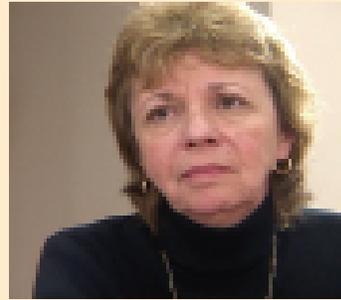
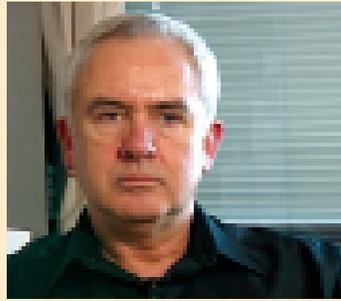
Paul E. Ruskin, MD, Project Director

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Mental Illness Research, Education and Clinical Center (MIRECC)

<http://www1.va.gov/VISN5mirecc/>



This project involves the production of three programs available on DVD or VHS which address the importance of integrating the family as part of the treatment team when working with individuals with schizophrenia and other mental illnesses. This booklet provides additional information relating to these programs.

Importance of Family Involvement for Good Clinical Outcomes

By Aaron Murray-Swank, PhD

Coping with mental illness is challenging for patients and their families. While patients struggle with disabling symptoms and their consequences, family members are often left feeling overwhelmed, frustrated, and worried about their ill relative. The resulting family stress can negatively impact both patients and family members. Therefore, it is important for mental health professionals to reach out to families, to give them accurate information about the illness that their relative is experiencing and to provide support and assistance. When this happens, families can become effective partners with professionals, working together to help patients manage their illness and achieve maximum recovery.

A large body of scientific research confirms the importance of family involvement for good clinical outcomes. When families participate in family psychoeducation programs, their ill relatives experience fewer relapses and improved symptoms, and they are able to more readily return to work and social activities. There is less stress in the family, and families are better able to work together in a constructive way. As a result, family involvement is a strongly recommended best practice treatment by the American Psychiatric Association and in the VA Guidelines for the Treatment of Psychosis. The 2003 report of the President's New Freedom Commission also strongly endorses family involvement, offering a vision of mental health care that is consumer and family driven. The research evidence and professional consensus is clear: family involvement works for improving treatment outcomes, and helping patients and their families achieve healthier and more satisfying lives.

Family Psychoeducation in the Treatment of Schizophrenia

Family psychoeducation is an evidence-based practice that reduces relapse rates and improves treatment outcomes. Family psychoeducation involves educating patients and their families about schizophrenia and mental illness, teaching families how to communicate and solve problems, and providing regular support to families for a period of nine months or more. During the past two decades, over 30 randomized clinical trials have been conducted to examine the effectiveness of family psychoeducation as a treatment for schizophrenia. Results have consistently shown that family psychoeducation reduces relapse rates for patients with schizophrenia. The graph below summarizes data from 11 carefully controlled studies, involving 895 patients. In these studies, all patients received standard treatments for schizophrenia. About half were randomly assigned to receive family psychoeducation, in addition to usual treatment. The results are striking: when family psychoeducation is provided, the average relapse rate is cut in half, from about 60% to about 30%. Family psychoeducation programs have also been shown to improve adherence to medication, increase participation in vocational rehabilitation, and help bolster the social functioning of patients with schizophrenia.

Relapse Rates for Patients with Schizophrenia

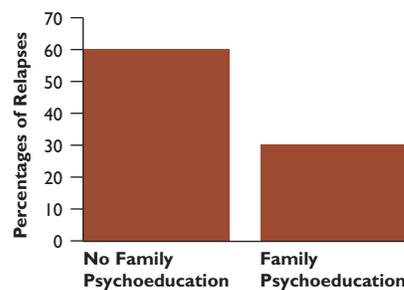


Table of contents

3 Importance of Family Involvement for Good Clinical Outcomes
Aaron Murray-Swank, PhD

4 Program Description

6 Bryan — Medical History
John Butchart, MD

6 The Veterans' Perspective on Family

Information From the Experts

7 The Family as Part of the Team
Anthony Lehman, MD, MSPH

7 Involving the Family
John Butchart, MD

8 Medications
William T. Carpenter, MD

9 Medications: The Role of the Family
Nina R. Schooler, PhD

9 Co-Occurring Disorders
Lisa Dixon, MD, MPH

10 Supporting the Family
Cynthia Clark RN, C, CD

10 Family-to-Family
Joyce Burlander, PhD

11 Working with Families
Bette Stewart, BS

11 Schizophrenia and the Law
Ron Honberg, JD

12 Planning an Educational Workshop For Patients And Their Families
Cynthia Clark RN, C, CD

13 Resource for Clinicians

13 Resources for Families

Involving family: improving care for and other mental illnesses

Three programs have been developed by the Veterans Affairs Capitol Health Care Network, VISN 5, Mental Illness Research, Education and Clinical Center (MIRECC) to help clinicians and families work more successfully as a team. These programs are available on DVD or videocassette.

Program I

Bryan's Story (17 minutes)

This program documents three important months in the clinical care and experiences of Bryan, a 32-year-old veteran diagnosed with a chronic mental illness. Bryan lives at home with his parents, who have for several years been frustrated by the lack of information about his disease and lack of communication with health care professionals.

This documentation begins one month after Bryan began a partial hospitalization program that has involved his family as part of the treatment team. The program presents multiple perspectives, including those of the veteran, the veteran's family, and clinicians. It demonstrates how various forms of family involvement enhance Bryan's care.

Four different forms of family involvement are portrayed:

1. Individual therapy, between Bryan and his treating psychiatrist. The therapist and Bryan work on strategies to help him relate better to his family.
2. Family therapy, between Bryan, his family, and his therapists. Bryan and his family meet with his therapists in an attempt to improve the family relationships. This is not formal Family Psychoeducation, but may prepare for such a program.
3. The National Alliance for the Mentally Ill (NAMI) Family-to-Family program: The NAMI Family-to-Family Education Program is a free 12-week course for family caregivers of individuals with severe brain disorders (mental illnesses). Trained family members teach the course.
4. An educational workshop for veterans and their families: Experts in the field educate patients and families about mental illness, medication, etc.



individuals with schizophrenia

Program 2

The Hows and Whys of Involving Families (20 minutes)

The importance of educating families is the central theme in this program. Excerpts from an educational workshop for veterans and their families are presented. This workshop featured two areas of interest to family caregivers: the importance of the family; the importance of employment. Other workshops that the VISN 5 MIRECC has presented include: diagnosis and treatment of mental illness, psychiatric medications and medication management, dual diagnosis (mental illness and substance abuse), and the recovery model in the treatment of mental illness. Educational workshops are an effective initial strategy for educating families and patients about mental illnesses and inviting them to be part of the treatment team. Family conferences can address a wide variety of areas that are of concern to families and patients. This conference serves as a useful model for other hospitals.

The National Alliance for the Mentally Ill (NAMI) Family-to-Family Education Program is highlighted as an example of a program that can help families with an ill family member. Family-to-Family is a free 12-week course for family caregivers of individuals with severe mental

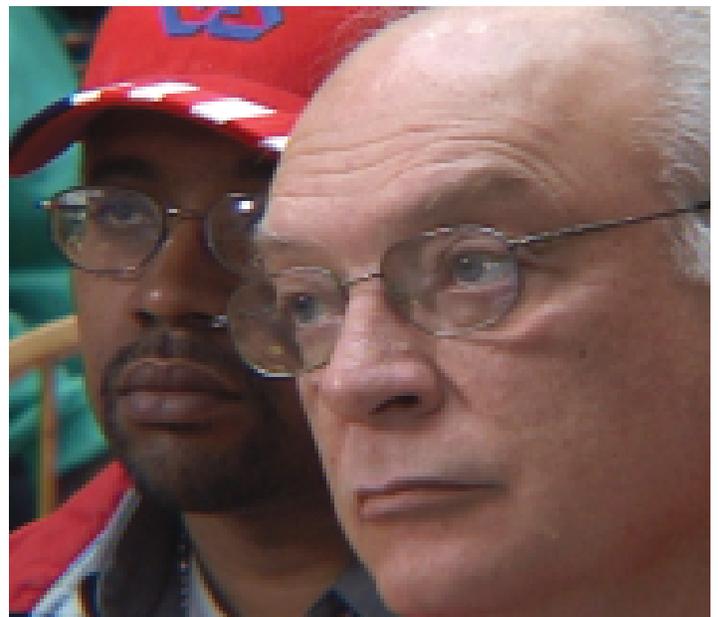
illnesses. The course is taught by 3,500 trained volunteers in 46 states, Canada and Mexico. To date, over 100,000 family members and family-member consumers have graduated from Family-to-Family. Participation in the course has been shown to reduce the burdens that families experience and to increase their sense of empowerment. Contact the NAMI help line at 1-800-950-NAMI (6264) for information about Family-to-Family in your area.

Finally, comments by experts address the very important contributions that families can make to the treatment team.

Program 3

Information for Families (22 minutes)

Experts provide information on a variety of topics related to mental illness. Topics include: family education; the role of the family; barriers to family education; medication management; the importance of social skills training; co-occurring disorders; legal issues.





Bryan – Medical History

By John Butchart, MD

Bryan started treatment at the VA in April 2002 when he was 32 years old. His family had previously pursued private treatment for his schizoaffective disorder, but when that became too expensive, he turned to the VA. In 1999, after a traumatic divorce, his illness was exacerbated by brain damage resulting from a suicide attempt using carbon monoxide gas. This led to several inpatient hospital admissions and his eventual admission to the Partial Hospitalization Program.

I first saw him, and managed his medication, at the Mental Health Clinic starting in 2002. His presenting symptoms at that time were depressed mood, flat affect, loss of energy and motivation, auditory hallucinations, and persistent suicide ideation. At that point in his life, his supports were meager. He had made repeated suicidal gestures, and he had been admitted several times for suicidal ideation.

In February 2004, he started the Partial Hospital Program, where it is customary for families to become involved with treatment. With encouragement of staff, their availability, and their help with medication and transportation, treatment became more effective and he had no inpatient admissions that year. Eventually Bryan was referred to a center for cognitive rehabilitation where he is presently residing.

Throughout his life, there were times when Bryan and his father didn't see eye to eye. At times, Bryan felt that his parents did not understand him. When he developed mental illness, his feelings of being misunderstood and criticized in the family increased. As for most people, accepting mental illness was very difficult for Bryan and his family. Educating them about it helped the family members better understand and support Bryan. A positive approach by the staff also encouraged the family to expect more from Bryan than they had in the past. They were able to help him expand his role as father and to become more confident with his children.

The Veterans' Perspective on Family

Positives

Cornell: I visit my mother every day and we get along now. My mother has come down to the VA to some meetings to learn about mental illness. She's a little more understanding about the illness and she deals with me in a different way, instead of saying, you know, that's he's crazy and stuff like that. I think it's important that families be included because it helps them to understand and better deal with the patient and their illness.

Michael: I'm a veteran of Vietnam. My family seems to understand that I have this illness and it's a lifetime thing and they're helping me in each and every way to cope with the situation I'm in. Originally they thought I was like, losing my mind. And I had taken drugs before and they thought that was the cause of it too. But I've gotten around that.

Robert: Well, right now I advise my wife if it wasn't for her support, I don't know what I'd be doing right now. Because I need somebody to help me, to - you know - emotionally somebody to talk to. Because you know, it's important. So my wife has been very helpful to me. And I don't think I'd be as well as I am if it wasn't for her.

Problems

Zia: I don't want my mom to push me away. I'm trying to get her acceptance. I'm trying to get her love. I'm trying to get my family's love. I'm trying to get them to understand me. That's what this whole illness is about, trying to get them to understand what I'm going through. I want them to know this.

When my mom says I can't drive a car, that has to be an issue with my independence. That's the only time I feel like I'm being treated like a child. She says "Oh no, you can't drive." And that becomes an issue. I want to be able to do and go as I want. I want to be just like the other people out there with cars going where they want to go, when they want to go, and I can't do that.

Bryan: I mean, they feed me and give me a roof over my head. I don't expect much more than that. They try to understand the illness. They go to NAMI meetings. But I still think that they don't quite have a good grasp on it. They expect things faster than what they're happening.

I mean, it would be nice to be able to talk to them without being afraid of making waves... it's difficult to tell them that I'm trying and not getting anywhere.

Information from the experts

The family as part of the team

Anthony F. Leberman, MD, MSPH



Benefits

Involving the family in the ongoing process of care actually makes the care better. I think it actually makes it easier for the clinician in the long run because the family is often the primary support system for the patient. I can tell you as a doctor who has worked with people with schizophrenia over many, many years, that having the family involved makes things much better.

Obtaining patient permission

Clinicians may feel that it's violating the confidentiality of the patient to talk to the family. Now my experience has been that most patients would like to have their family involved in some way in the treatment process. Clearly, patients need to be asked whether it's okay to involve their families. But, I think clinicians really need to encourage patients to allow their families to be involved.

The time issue

Indeed, talking to families does take time. But, in the long run, involving families actually reduces the amount of time clinicians have to spend in managing crises. So, I think that most clinicians will find that involving the family in an ongoing way reduces time and improves efficiency of treatment.

Family barriers

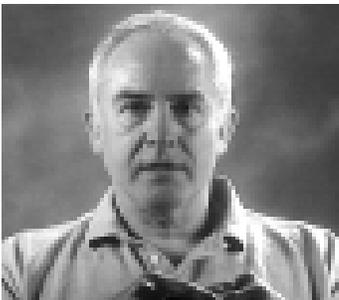
Unfortunately, many families have had unpleasant experiences with treatment systems in the past. Or, they're frustrated with the patient and the problems they've been facing and are frustrated trying to find help. So, when they come into a hospital, they may be frustrated and angry and the clinician initially has to deal with that.

Educating families about medications

The best way for you to judge whether the treatment is what is needed is how well your loved one is doing. What symptoms is he or she still having? Is he or she having uncomfortable side effects? That is the best way to judge whether or not the medicine is appropriate.

Establishing a link

Families need a good relationship with the treatment team so that if a problem arises, they have access on a quick basis to be able to pick up the phone and call the doctor or case manager and say, This is what's happening. Can you give us some advice about what to do or can we come in to see you? There's nothing worse than feeling like there is a crisis going on and you can't get access to the appropriate support.



Involving the family

John Butchart, MD

Overcoming barriers

Families often perceive a number of obstacles and challenges to becoming more involved - limited time, a lack of understanding, etc. In most cases, professionals are able to work with families to address these barriers and to help the family establish a line of communication with the treatment team.

Persistence

There are times when the families really don't want to be involved, no matter what we say. We don't take that as a sign that we should give up. Sometimes our persistence pays off. In fact, I think in my experience it almost always does, that however unwilling at first, the family will begin to participate in small ways.

Setting up the partnership

When we start working with a family one of the first things we try to help them understand is that the illness is not the family's fault.

Understanding the illness

One of the things we have to do - and it is very important - is explain to families what mental illness is and how a patient is not responsible for his symptoms.

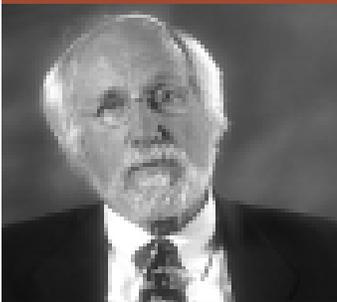
Family contributions

If the patient is living with family, the family can help the patient manage hygiene, finances, and appointments. If there are any problems with medication compliance, the family can stand in for the clinician and encourage the patient to continue taking the medication. Most importantly, the family can serve as an early warning system and source of information if something starts to go wrong.

Information from the experts

Medications

William Carpenter, MD



Choice of medication

It's a complicated issue about how to choose the right drug for each individual person. In general, they have similar therapeutic actions and we don't have any good way to tell that one drug will work better for an individual than another. They do differ, however, in the side effects they have. Patients will differ in their experiences with these side effects. So what the doctor needs to do is to figure out, with the patient, which drug is most likely to have few side effects, not be bothersome to the patient and not impose any risk in and of itself, while they try to get a better therapeutic effect because the patient will be more likely to take the medication if the side effects are minimized.

Side effects – a deterrent to compliance

It's very important to try to avoid asking patients to live with the side effects, because if you're living with the side effects, and not experiencing any direct benefit on a day-to-day basis, it's very unlikely that you'll keep taking the medication in the most effective way. Some patients hate certain side effects. If the doctor knows this, he or she has a chance to try to choose a drug or a dose level

that's most compatible with the patient taking the drug. So I think taking the side effects very seriously and juggling those and moving to a drug that has the least side effects for that individual is critical.

The family – a key to compliance

Family members are very important in making observations that may not be available to the doctor otherwise. If there's a change in a patient's condition, then the doctor needs to be informed about that because that will involve determining whether or not there's the beginning process of a relapse.

First generation – new generation drugs

The so-called first generation drugs came out in the 1950s. Side effects patients would experience included abnormal motor movements, involuntary ticks, and sudden jerks. These could be long lasting and even permanent. They also caused an adverse effect on mood and would make people feel bad, feel sluggish. The new generation drugs are better in terms of these side effects, but have different side effects.

These include increased risk for diabetes, increase in lipid profiles, risk factors for cardiovascular disease and weight gain.

Medication plus psycho-social treatment

There's tremendous emphasis on the use of anti-psychotic drugs in managing schizophrenia, but there's well documented evidence that special forms of psycho-social treatment also have efficacy. And they have efficacy in the relapse prevention and the reduction of psychosis. Sadly, most patients with schizophrenia are not receiving the psycho-social treatments that have been documented to have efficacy for the disease. The emphasis on anti-psychotic drugs is well justified, but not to the neglect of psycho-social treatments.

Information from the experts

Medications: the role of the family

Nina Schooler, PhD



Understanding medication and side effects

Knowing something about what medication your family member is taking can be a really important asset in helping you to work with your family member. Find out what the medicine is for, why it is being given, and what are some of the side effects.

Understanding long term need

These medicines not only treat symptoms, but they also prevent re-emergence of symptoms. Now that's a particularly hard concept for many to understand—the need to take a medicine even when someone is not experiencing symptoms.

Reporting changes

It's been recognized that family members are often able to be aware of changes in a patient's condition that may signal the return of an episode. One of the most important things that a family member can do to provide help for patients is to be sensitive to the sorts of changes that happen over time.

Early warning signs

Some of these signs include irritability, changes in sleep patterns, being depressed, starting to be secretive, and staying more to oneself.

Ensuring compliance

Responsibility for medication taking is often a very, very thorny issue between patients and families, especially if the person lives with his family members.

Communicating concerns

It's important to try to identify the person who represents your best connection to the treatment team... even if it's not the physician directly, it's important to try to communicate to whoever you can, about what your concerns are.



Co-occurring disorders

Lisa Dixon, MD, MPH

At risk

People with schizophrenia and other severe mental illnesses commonly suffer from co-occurring medical problems. People with schizophrenia have two to three times the rate of medical problems as people who do not have schizophrenia. So, it is really a double whammy. The reasons have to do with, we think, health behaviors, and one health behavior is smoking. We know that 70-80% of patients with schizophrenia smoke cigarettes. That's more than double the general population. Smoking cigarettes leads to problems with breathing, cancer, heart disease and emphysema. Another health behavior is lack of exercise. People with schizophrenia exercise less than people in the general population.

Medication induced

We are getting more and more information that the medications that we prescribe may be associated with diseases like diabetes so that the medications may cause the body to have more difficulty regulating sugar.

Weight gain

A clinician may not even know about weight gain because they may not see the patient often. For example, if a particular drug appears to have caused a patient to gain 50 pounds in two months, the family needs to keep an eye out and inform the clinician.

Substance use

Substance use is a co-occurring disorder that people with mental disorders unfortunately have at a rate that far exceeds that of the general population. These substances include both alcohol and illegal drugs such as marijuana, cocaine, other kinds of illegal substances such as speed and inhaling glue and to a lesser extent heroin. These problems are very, very troubling. There's no question that while patients often feel that the substances make them feel better in the short run, they are associated with bad outcomes pretty much across the board: homelessness, victimization, being a perpetrator of crime, increased symptoms, increased paranoia, increased anxiety, and increased depression. The problem is that these drugs make people feel better in the short run.

Information from the experts

Supporting the family: the clinician's role

Cynthia Clark RN, C, CD



Communicating

Communicating is important even if it just involves a couple of phone calls to touch base with a family member or loved one or support person in the community. It's a great way to find out what's going on out there and to let them know what's going on in treatment. It can make a huge difference.

Family conferences

Families appreciate attending family conferences because it gives them an opportunity to learn more about their loved one's diagnosis, about the medications, side effects, and compliance issues. These conferences give them a chance to meet the clinicians that are treating their loved one and, especially, to meet other families who are dealing with the same issues that they are dealing with, as families often feel very alone in dealing with those issues.

Topics for family conferences

Important topics to include in a family conference are basic diagnostic information and some information about the latest medications that are available. Family conferences can help families understand what we do in treatment. Often they know their family member comes to the VA for treatment but they don't know really what goes on here. These conferences can also answer questions families have about how they can be helpful.

Open invitation for family conference

"Family" is very loosely defined. It's not just blood relatives. It could be a community housing manager, a sponsor, or a member of the clergy. Sometimes family can even be a friend, somebody the veteran goes to when they get in trouble or they go to for support. It doesn't necessarily have to be a biological family member.



Family-to-family: family contribution to treatment

Joyce Burland, PhD

Family need for education

All of us go into the illness experience, I think, with the sense that we have absolutely no idea what to do.

Education to be a team player

The first thing I think family members need to know is that they will get a lot farther with clinicians if they themselves are educated about the illness.

Family contribution to treatment

Clinicians can gain valuable information from the family. The family is the repository of the person's history, their entire life, and what they've been like. Families also know what the person with schizophrenia can bring toward their own recovery.

Family, an early warning system

Families are the best early warning system a clinician can have. They're the ones who see the very early symptoms of illness.

Family roles

Families have an enormous impact. Their role includes: helping family members understand their illness; ensuring medication compliance; getting family members to treatment.

In search of family

From the clinician's perspective, they may not feel that there is family involvement. They may not believe that the veteran has contact with family members. My experience has been that this is not necessarily the case; many times there are families that are quite actively involved with their veterans who have a mental illness.

Educating family

Until families have information and education about what they can do to positively influence the well-being of their family member, it can seem like family members are not working with the clinicians. A good example is when families decide that their family member who is ill is taking way too many medications because it's making their family member sleep all the time and so they discontinue the medication.

Information from the experts

Working with families

Bette Stewart, BS



Understanding and preventing family frustration

When unable to make contact with the clinician, the family may become very frustrated. Then things frequently get out of hand with the family becoming very angry and hostile toward the clinician.

We have heard a lot about family members venting about the negative reception that they've had from health professionals, their frustrations trying to get providers to see their families, and their frustrations trying to get providers to return their phone calls.

Undoing the past

Because of previous negative interactions with the health care system, often families have learned not to reach out to the clinicians. It's therefore essential that clinicians reach out to families. An amazing situation can occur when families are on board, when families understand what you're doing to help their relative. They can also understand ways in which they can work with you.

Connecting families

If you can connect families to the NAMI Family-to-Family Education Program, it will give them the information that they really need.

Crisis

Our systems aren't really set up to respond to people in crisis. Certainly the way that people have historically responded is through an emergency treatment order, which is an order that enables a facility to hold somebody - to bring somebody in for an evaluation for 48 to 72 hours, and during that time determine what the treatment needs are and whether there is some justification for treating the person for a longer period of time. If, in fact, the person meets the criteria set forth in state law for civil commitment, then there is authority to get a civil commitment order. The person can be held in an inpatient treatment facility for a period of time until their condition is stabilized. Usually to get a civil commitment order requires a finding that the person is dangerous to self or others.

Power of attorney: medical and personal property

There are some people who might be perfectly capable of making informed medical decisions but can not manage their own property or their own money and vice versa. Some people may be able to manage their own affairs but can't make informed medical decisions. So there are different types of guardianships that might be available under state laws. Typically, to obtain a guardianship requires going to court and it requires a judicial determination that the person lacks capacity to make those kinds of decisions.

Criminal charges

There are some people with serious mental illnesses who often, because of their lack of treatment, engage in serious criminal behavior. It is not something that happens with great frequency. Families are bewildered when it occurs and want to know if there are any

alternatives available. And there are two critical legal junctures that occur in the legal process. The first is the competency determination. The criminal law for all states requires that in order to bring a person to trial, that person has to be competent to stand trial. Essentially the person has to be sufficiently competent to understand the nature of the charges against them and participate meaningfully in their own defense.

Disruptive behaviors

Is it ever appropriate to arrest a person engaging in behaviors that are disruptive or nuisance types behaviors but that are not necessarily criminal? In the legal sense, the answer is absolutely not. It's never appropriate to arrest a person for behaviors that are not criminal in nature. That's the legal response, but realistically, people with mental illness are frequently arrested and incarcerated for behaviors that don't meet the threshold of criminal behavior.

Schizophrenia and the law

Ron Honberg, JD



Information from the experts

Planning conferences and educational workshops for patients and their families.

Cynthia Clark RN, C, CD



Planning an educational workshop or conference for families and veterans can easily be carried out on the local level. Please contact Cynthia Clark RN, C, CD at the VISN 5 MIRECC for technical assistance. 410-605-7298.

The following steps are helpful in the planning process:

1. Engage interested clinical staff from various areas of mental health and substance abuse to form a planning committee.
2. Choose a topic. Examples of workshop topics we have sponsored include: Dual Diagnosis, Psychiatric Medications, Diagnosis and the Course of Illness, Supported Employment, and the Recovery Model. When selecting a topic, keep in mind the availability of local speakers who can address the issues and are comfortable speaking with families. Encourage speakers to provide as much practical information as possible.
3. Identify speakers. In our workshops, we typically have two expert speakers, a NAMI representative, and a consumer panel who discusses their path to recovery. Also we often have an interactive experience in which mental health staff role play with audience volunteers. (Upcoming workshops are listed on the VISN 5 MIRECC web site: <http://www1.va.gov/VISN5mirecc/>.)
4. It is important to provide educational materials, information about VA and community resources, and suggestions about how to navigate the VA (i.e. how to reach the pharmacy; who to contact for weekend emergency).
5. Conferences should be about half a day in length, with lunch provided.
6. Identify a space to hold the conference. We have used our auditorium and cafeteria.
7. Choose a date: weekend vs. weekday. The advantage of the weekend is that conference space and parking are more available. Also, many family members work or have commitments during the week and therefore may be more available to attend on the weekend.
8. Encourage clinical staff to promote the value of the workshop to their patients and families. We have found that it is helpful to start by educating patients about the value of family involvement. Once they realize that the workshop is educational in nature and not specifically about the course of their illness, they will often feel more comfortable inviting family members to attend.
9. Visit various clinical groups to invite patients to identify family members who they would like to attend and learn more about mental illness.
10. Develop a list of names and addresses of family members. This will create a data base for future events.
11. Send letters of invitation.
12. Create colorful posters and flyers. See the VISN 5 MIRECC website at <http://www1.va.gov/VISN5mirecc/>.
13. About a week prior to the workshop date, make phone calls to encourage families and veterans to attend. This personal touch often works well in building attendance.



Resources for Clinicians

Best Practices in Family Intervention for Serious Mental Illness
<http://w3.ouhsc.edu/bpfamily>

VA Treatment Guidelines for Psychosis, Substance Abuse, and other Mental Illnesses
<http://vawww.mentalhealth.med.va.gov>

Spaniol, L., Zipple, A.M., Marsh, D.T., & Finley, L.Y. (2000). *The Role of the Family in Psychiatric Rehabilitation: A Workbook*. Sargent College of Health and Rehabilitation Sciences, Boston University. Boston: Center for Psychiatric Rehabilitation.

Dixon, L. B. et al. (2001). *Evidence-based practices for services to families of people with psychiatric disabilities*. *Psychiatric Services*, 52(7), 903-910.

Resources for Families

National Alliance for the Mentally Ill (NAMI)
<http://www.nami.org>

National Institute for Mental Health
<http://www.nimh.nih.gov>

Schizophrenia.Com
<http://www.schizophrenia.com>

Depression and Bipolar Support Alliance
<http://www.dbsalliance.org>

National Mental Health Association
<http://www.nmha.org>

Surviving Schizophrenia: A Family Guide (1995). E. Fuller Torrey
Coping with Schizophrenia. (1994). Kim Mueser & Susan Gingerich.

Project Director

Paul E. Ruskin, MD

Associate Director for Education
VA Capitol Health Care Network, VISN 5
Mental Illness Research, Education and Clinical Center (MIRECC)

Clinical Manager
Sustained Treatment and Rehabilitation
VA Maryland Health Care System (VAMHCS)

Associate Professor for Psychiatry
University of Maryland School of Medicine

Project Advisors

Lisa Dixon, MD, MPH

Associate Director for Research
VA Capitol Health Care Network, VISN 5
Mental Illness Research, Education and Clinical Center (MIRECC)

Professor
Department of Psychiatry
University of Maryland School of Medicine
National expert on families and medical co-morbidity in schizophrenia
Family Member

Bette Stewart, BS

Maryland State-wide Coordinator
NAMI's Family-to-Family Education Program

National Trainer
NAMI support group leaders

Teacher and teacher trainer
Family-to-Family Education Program

Consultant and Trainer
Evidence-Based Practice, Family Psychoeducation
University of Maryland School of Medicine

Family Member

Cynthia Clark RN, C, CD

Nurse Educator
VA Capitol Health Care Network, VISN 5
Mental Illness Research, Education and Clinical Center (MIRECC)

Case manager
VA Maryland Health Care System (VAMHCS)

Aaron B. Murray-Swank, PhD

Research Fellow
VA Special Fellowships Program in Advanced Psychiatry and Psychology
VA Capitol Health Care Network, VISN 5
Mental Illness Research, Education and Clinical Center (MIRECC)

Assistant Professor
Department of Psychiatry
University of Maryland School of Medicine

Experts

Anthony Lehman, MD, MSPH

Professor and Chair
Department of Psychiatry
University of Maryland School of Medicine
National expert on evidence based treatment in schizophrenia

Nina R. Schooler, PhD

Senior Research Psychologist
VA Capitol Health Care Network, VISN 5
Mental Illness Research, Education and Clinical Center (MIRECC)
Professor of Psychiatry
State University of New York Downstate Medical Center
Adjunct Professor of Psychiatry
Georgetown University School of Medicine
National expert on psychopharmacology, family psychoeducation

William T. Carpenter, MD

Professor of Psychiatry and Pharmacology
University of Maryland School of Medicine
Director
Maryland Psychiatric Research Center
Investigator
VA Capitol Health Care Network, VISN 5
Mental Illness Research, Education and Clinical Center (MIRECC)
National expert on phenomenology, etiology, bioethics, and therapeutics of schizophrenia

Alan S. Bellack, PhD, ABPP

Director
VA Capitol Health Care Network, VISN 5
Mental Illness Research, Education and Clinical Center (MIRECC)
Professor
Department of Psychiatry
University of Maryland School of Maryland
National expert on psychosocial treatment, rehabilitation, and assessment of functional outcomes in schizophrenia

Lisa Dixon, MD, MPH

Associate Director for Research
VA Capitol Health Care Network, VISN 5
Mental Illness Research, Education and Clinical Center (MIRECC)
Professor
Department of Psychiatry
University of Maryland School of Medicine
National expert on families and medical co-morbidity in schizophrenia
Family Member

Curtis Adams, MD

Assistant Professor of Psychiatry
University of Maryland School of Medicine
Expert on working with families

Stephen Baker, BS, BA

Program Manager
D.C. Department of Mental Health
Expert on supported employment and vocational rehabilitation

Ron Honberg, JD

National Director for Policy and Legal Affairs
National Alliance for the Mentally Ill (NAMI)

Joyce Burland, PhD

Author
NAMI Family-to-Family Education curriculum
Director
NAMI Education, Training and Peer Support Center
Author
NAMI Provider Education Program curriculum
Clinical psychologist
Family member

Bette Stewart, BS

Maryland State-wide coordinator
NAMI's Family-to-Family Education Program
National Trainer
NAMI support group leaders
Teacher and teacher trainer
Family-to-Family Education Program
Consultant and Trainer
Evidence-based practice, family psychoeducation
University of Maryland School of Medicine
Family Member

John Butchart, MD

Medical Director
Inpatient Psychiatry, Partial Hospital, and Intensive Case Management Team
VA Maryland Health Care System at Baltimore
Clinical Associate Professor of Psychiatry
University of Maryland School of Medicine

Cynthia Clark RN,C, CD

Nurse Educator
VA Capitol Health Care Network, VISN 5
Mental Illness Research, Education and Clinical Center (MIRECC)
Case manager
VA Maryland Health Care System



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