



Meet the MIRECC Researchers: Kristen H. Sorocco, Ph.D.

Interview with

Kristen H. Sorocco, Ph.D.

Assistant Professor of Research

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What is your area of research?

In general, my research interests in caregiving focus on the following three areas: 1) Examining the influence of chronic stress on the physiological and psychological well-being of caregivers, 2) developing novel caregiver interventions, and 3) examining the effectiveness of new caregiver interventions or established evidenced based practice interventions previously used with other populations. The populations my research focuses on include dementia caregivers, caregivers of individuals with a chronic illness, caregivers of individuals with serious mental illness, and long distance caregivers.

What active studies do you have going?

Currently, I am the primary investigator on three studies. The first study, *Evaluation of an Internet-Based Caregiver Support System in a Rural Setting*, is funded by the Alzheimer's Association's New Investigator's Grant. Caregiving is even more challenging for rural caregivers who typically have less access to resources to assist with caregiving tasks. AttentiveCare, a product of Caregiver Technologies, is an Internet-based caregiver support system specifically designed for distance

caregivers. The AttentiveCare software allows the caregiver to do such things as:

a) videoconference with the care-recipient b) setup reminders to help the care-recipient function more independently, c) share slideshows to help keep the care-recipient connected to family, d) log relevant care observations and information in the online journal to share with other caregivers in the defined eldercare network, and e) check-in on the care-recipient to make sure they are okay at any time. AttentiveCare has the potential to link rural caregivers to needed services not available in their area. Rural caregivers in Oklahoma only have partial access to the services offered by the Alzheimer's Association's Central Oklahoma chapter due to distance. The purpose of this New Investigator Grant is to examine the feasibility and effectiveness of using AttentiveCare to provide rural caregivers' access to more services offered by the Alzheimer's Association.

Forty spousal caregivers of individuals with moderate dementia who live in western rural Oklahoma will be assigned to either the standard services or AttentiveCare group. Both groups will receive standard services for individuals who live in rural communities including a basic

telephone assessment and information and referral packet. In addition to standard services, the AttentiveCare group will be loaned a computer (provided by Caregiver Technologies) that has high speed Internet service and AttentiveCare software, which will allow the caregivers to receive the Family Care Consultation services via the Internet. Family Care Consultation services are typically only available to caregivers living in the metro city area. Family Care Consultation services include situation specific education and facilitate family meetings to clarify current needs, plan for the future, and choose appropriate services. Caregivers in both groups will participate in the study for approximately four months and will complete baseline, one-month, and three-month assessments. Caregivers in the standard services and AttentiveCare groups will be compared to determine if rural caregivers in the AttentiveCare group exhibit improved mental health and decreased levels of caregiver stress over time. Findings from this study will determine the feasibility and effectiveness of delivering needed services offered by community service agencies, such as the Alzheimer's Association, to individuals who live in rural areas via the Internet.

The second study, *Effectiveness of a Brief Motivational Intervention for Caregivers of Individuals with a Serious Mental Illness*, is a South Central VA MIRECC Clinical Education Grant that examines the effectiveness of a brief motivational interviewing (MI) intervention for caregivers. MI differs from psychoeducational interventions, which typically provide information about the risks of a behavior with the intent of persuasion, by allowing the client to digest information, evaluate their own risks, and take responsibility for their own change efforts instead of being convinced to change by their provider (Rollnick et al., 1999; Resnicow et al., 2002). MI is based on four fundamental principles: 1) Expressing empathy, 2) rolling with resistance, 3) developing discrepancy, and 4) supporting self-efficacy (Miller & Rollnick, 2002). The techniques of MI are designed to promote behavior change. The two primary research questions to be answered by the project are: 1) Is a structured MI intervention (in addition to giving individualized feedback about one's level of burden/distress) associated with the

caregiver (CG) participating in more treatment engagement behaviors? 2) Does an increase in treatment engagement behaviors correlate with the following variables: caregiver stress (as measured by cortisol levels), caregiver burden, psychological distress, and relationship satisfaction?

The third study, *Influence of Chronic Stress on the Parasympathetic and Sympathetic Nervous Systems*, is funded by an NIA Intramural Contract. It examines the influence of chronic stress on the parasympathetic and sympathetic nervous system in older adults with and without chronic stress (Total N=30; 15 per group). Additionally, the influence of the parasympathetic and sympathetic nervous systems on emotional processing abilities will be examined. Older adults with chronic stress will be defined as those individuals who are caregivers to a spouse suffering with dementia. The primary aim of this proposed study is to examine the influence of heart rate variability (HRV) and salivary cortisol levels on psychological distress and physiological



responses to laboratory stressors among spousal caregivers and noncaregivers. To do this, we will study laboratory stress responses in dementia caregivers and noncaregiver controls. This study will consist of two lab days, one involving an acute physical and an acute psychological stress (speech task) and the other rest. We want to see if caregivers will show lower HRV (parasympathetic NS) and altered salivary cortisol reactivity (sympathetic NS) across laboratory stressors in comparison to non-caregivers. We will also examine the influence of parasympathetic and sympathetic nervous systems on emotion modulated startle response (emotional processing abilities).

What are the implications or potential benefits of your research?

Outreach to underserved populations and increased quality of life for both older adults and their families.

How did you get started in this area of research?

Initially, I thought I wanted to work with children, and then my undergraduate honors thesis focused on examining the social and cognitive benefits of intergenerational programs for older adults with dementia. This project highlighted the needs of this population and lack of available family services. I also enjoyed hearing life stories of the older adults who participated and from that point on the course of my career changed.

What person or experience had the most influence on your research career?

My parents have had the greatest influence on my research career because they encouraged me to ask questions, think through problems, and help those in need.

What advice would you give to junior investigators and to people who are new to research?

Focus your research on a topic you are passionate about and form a strong mentoring team. After that, the two other keys to success are persistence and determination.

How can people get in touch with you if they have questions about your work?

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MIDAS – MIRECC Implementation, Design, and Analysis Support Celebrates Its First Birthday

The South Central MIRECC created MIDAS to assist affiliate investigators who are seeking intramural/extramural funding or conducting pilot studies. The MIDAS team offers design, methods, and analytic support for all phases of project development, implementation, analysis, and/or dissemination. Our nine team members have expertise in biostatistics, epidemiology, psychometrics, qualitative methods and project implementation and management. During MIDAS' first year, team members have assisted 15 SCMIRECC investigators on 20 different

projects. MIDAS team members have worked on a variety of activities including instrument design, database construction, data analysis, preparation of manuscripts, a Center proposal and IIR submissions, as well as problem-solving during implementation of ongoing research projects. MIDAS is excited about the opportunity to work with even more SCMIRECC investigators in its second year! To apply for MIDAS services or to learn more about MIDAS, please contact Melonie Shelton (sheltonmelonies@uams.edu) or Ellen Fischer, PhD (fischerellenp@uams.edu).



The South Central MIRECC CONSUMER ADVISORY BOARD (CAB) VETERAN PROFILE

By LaKiesha Mitchell, MA

There are more than just a few good men and “women” who serve and have served to uphold the rights and privileges of our American citizens. The Consumer Advisory Board would like to thank and pay tribute for the tireless efforts of these individuals. The following veteran profile is from a recent interview with E’yvonne “RunningWolfWoman” King, a Native American who served in the United States Air Force and who still continues to make an impact on our nation.

Do I understand correctly that you are a Native American? If so, where did you grow-up?

Yes, I grew up in two different areas, East Los Angeles and Wind River Reservation in Wyoming.

Where do you live currently?

I now live in Norman, OK

Can you tell us a little bit about your family?

My parents are now deceased. My father served in the Navy during WWII, was in Korea and Viet Nam. My mom was a nurse during those times and was a nurse until she retired. I have an older brother, who served in the Army in Viet Nam, an older Sister and a younger brother.

So you were reared from a military legacy. Are you retired or are you stilling working?

I am a disabled veteran, so at the present I do not work, due to my disabilities. I did not retire from the U.S. Air Force. I mainly worked as a Secretary, after leaving the military—until 2002.

In what branch of service were you and what was your rank?

I am an Air Force Veteran. My rank was Sergeant.

How did you first become involved in veterans’ community affairs?

I started in 1995, when I worked with a company that worked with Native American Disabled Children from all the tribes in the US. I worked with a Pima Indian working on a data base of Native American Veterans for the DOD. Since then, I have become a Service Officer. I am a

member and Adjutant for American Legion Post 88 in Norman; member of 40/8; member and treasurer of the Oklahoma Women Veterans Organization; member of the OK Veterans Council; chairperson for the Ethics Committee with the OK Veterans Council; and I am also a member of the



E'yvonne RunningWolfWoman King
American Legion Post 88 Adjutant

Women in Air Force and the Mental Health Consumer Council at the VA Medical Center in OKC. In 2007, I was named by the Oklahoma Department of Veteran Affairs as the Oklahoma Female Veteran of the Year.

Are you actively involved in any community service and if so, how long have you been involved?

I’m mainly active in the American Legion, as a service officer and Chairperson for Ethics on the OK Veterans Council. I am also the treasurer for the OK Women Veterans Organization.

In a few words, how would you describe yourself?

Concerned Veteran for Veterans Rights and Benefits

Tell me about your involvement with the American Legion?

I am the Adjutant for my American Legion Post. I help in other areas, when needed.

Didn't you recently (last year) receive an award for your work in this regard? Tell me about that honor.

Every year a female is nominated for Female Veteran of the Year. She can be a veteran, active duty in the Guard or Reserve. Applications are sent in by other organizations as to their selection. Each woman selected is graded on their community service, service in the military, organizations she is involved in, and her character. Then during the Women Veterans Recognition Day, which is in November, the winner is announced. For the year 2007, I was selected. It has been very exciting, being able to represent all the women in Military past, present and future.

That's great! What VA site are you directly affiliated with?

I am not directly affiliated with just one site, I get involved with several.

With all that you are involved in, do you have room for any hobbies?

I do embroidery, quilting, digitizing, knitting, and sewing. I usually do a lot for our women's organization for donations.

Tell me—what has your experience with advocacy for veterans; and what advice would you give to another veteran who was considering serving the veteran community?

My experience has been very rewarding. Knowing you helped a fellow vet and their family. Get involved with Federal and State legislation, because this is where we as veterans can get the benefits deserved and help future veterans and their families.

What projects are you working on, now?

Right now, I am taking it easy until after the elections, then it's off to the Capital in OKC to start fighting to get bills passed.

From your experience, have you noticed any changes in the Veteran's Administration system in the way that it caters to the needs of its veterans?

There have been some good changes that I have seen. It just takes time and patience. I wish, like some—that it will go faster, but we must make sure that what is best for the veterans and their families are done right. The VA Medical Center in OKC has improved over the past 20 years. Women will soon have their clinic. There is so much happening with health care for our veterans that I would need more time to explain. Yet with all the changes, there will always be a percentage of vets who feel they are not getting good health care.

Is there anything else you'd like to share about yourself?

I am married. He is also a retired Air Force Veteran. We have a daughter, who is married with two sons. I have five cats and a parrot. I like to sit in my back yard where we have a pond and waterfall and relax at the end of the day and just listen to the water.

Do you have any wise words you could leave with me?

I don't know if I have "wise words," but let your readers know that there are veterans out there doing wonderful things for all our veterans and their families, in support, in legislation and in the community. Use the services offered, and if they don't know where to start, all they have to do is pick up the phone and call any veteran organization and they will help point the way.

I would say those words are wise enough. Thank you!



2008 CONFERENCE ON INNOVATIONS IN TRAUMA RESEARCH METHODS

November 16-17, 2008

Hotel Orrington

Chicago's North Shore

The Fifth Annual Conference on Innovations in Trauma Research Methods (CITRM; www.citrm.org) will be held November 16-17, at the Hotel Orrington (<http://www.hotelorrington.com>) on Chicago's North Shore, immediately following the annual meeting of the International Society for Traumatic Stress Studies (ISTSS) in downtown Chicago. CITRM is dedicated to advancing research methods in the field of psychological trauma and is aimed at trauma researchers at all levels and across all subspecialties and other mental health researchers interested in the application of state-of-the-art methods for design, sampling, statistics, and measurement.

The Plenary Address for CITRM 2008 will be given by Dr. Terry Keane from the VA Boston Healthcare System and Boston University. His topic: *Perspective on the past, present, and future of research methods in the study of psychological trauma*. Other sessions will feature outstanding methodologists and cover important issues, topics, and strategies that challenge contemporary trauma researchers:

- *Insuring that scores on assessment instruments have the same meaning to members of different cultures* (Fritz Drasgow, University of Illinois at Urbana-Champaign)
- *Effectively blending qualitative and quantitative methods* (John Creswell, University of Nebraska – Lincoln)
- *Considerations and concerns in undertaking or evaluating a meta-analysis* (Larry Hedges, Northwestern University)
- *New guidelines for conducting clinical trials in PTSD research: Response to the Institute of Medicine criticisms* (Andrew Leon, Weill Cornell Medical College)
- *Ethical issues in trauma-related research* (Elana Newman, University of Tulsa)
- *Evaluating mediation effects* (Patrick Shrout, New York University)
- *Successfully recruiting and retaining important minority groups in trauma research* (Toni Yancey, University of California – Los Angeles)
- *Neurobiological methods in the study of PTSD* (Israel Liberzon, University of Michigan – Ann Arbor)
- *Implementing and managing a quick-response research project: Advice from researchers responding to the tragedies at Virginia Tech and Northern Illinois University* (Holly Orcutt, Northern Illinois University; Heather Littleton, East Carolina University)
- *Some unique applications of multilevel regression to the longitudinal study of the consequences of trauma* (Michael Suvak, VA Boston & Boston University)

For conference registration, go to http://www.citrm.org/registration_2008.shtml. For those attending both the ISTSS and CITRM conferences, complimentary bus coach service will be provided on November 15 to transport attendees from the Palmer House (ISTSS venue) to the Hotel Orrington (CITRM venue; <http://www.hotelorrington.com>).

Primary funding for CITRM comes from the National Institute of Mental Health. Other support is supplied by the Massachusetts Veterans Epidemiology Research and Information Center (MAVERIC) and the University of North Carolina – Chapel Hill. Please visit www.citrm.org for further details.



Recovery Corner

Family Education: A Recovery Perspective

D. Jeff Johnson, PhD

Psychologist/Local Recovery Coordinator
Jack C. Montgomery VA Medical Center

As discussed previously in the Recovery Corner in August's *Communiqué*, the President's New Freedom Commission on Mental Health identified a need for recovery-oriented approaches when working with the mental health population and provoked the Deputy Under Secretary for Health of the VHA to pull together a comprehensive strategic plan for mental health services throughout the VA system in 2004. In June 2008, the Uniform Mental Health Services Handbook in VA Medical Centers and Clinics was issued to implement that strategic plan. It was revised on September 11, 2008 and outlines how all veterans will receive mental health services in VA medical centers and CBOC's. Such services are designed to focus on the patient's perspective and meet the individual care needs for each veteran. Provisions of this handbook will be integrated into the broader Patient Care Services Handbook to be released next year.

Among the provisions of the Uniform Mental Health Services Handbook in VA Medical Centers and Clinics, are guidelines emphasizing the importance of family intervention in veteran mental health care. These provisions are noted as early as Paragraph 4 of the Handbook, which states the importance of coordination between the veteran, the principal mental health provider, and the veteran's family or surrogate decision-maker in developing a comprehensive recovery/treatment plan. Paragraph 17c specifically delineates the required provision of family consultation, family education, or family psycho-education within all services delivered to veterans with severe mental illness (SMI). Other provisions are integrated through most other paragraphs of the Handbook and emphasize the value of the family in veterans' recovery.

The need for family involvement is well documented. It has been noted that 40-65% of adults with serious mental illness live with their families and 75% of patients with schizophrenia have contact with their families (Lehman et al 1998). The PORT Study (Lehman et al 1998) found that only 10 % of families of outpatients with schizophrenia receive education and support.

While many clinicians and programs throughout the VA system have worked with families over the years, recent initiatives strive to expand and enhance those efforts. The most recent development is the creation of the LRC Network Family Education Consultant role to support the implementation of the Handbook. This new position provides a point of contact for at least one LRC in each VISN to serve as a conduit for each medical center and CBOC to tap into family education expertise. Three LRCs from VISN 16 recently completed the Rollout of Mental Health Services Package: Family Education for Local Recovery Coordinators training program on September 22-24, 2008 in Long Beach, CA. Leigh Ann Johnson, MSW, from Biloxi is the VISN LRC designee on family education and D. Jeff Johnson, PhD, from Muskogee is the alternate.

Training was provided in three types of family-based intervention: family consultation, family psycho-education, and family education. Family consultation is typically offered individually by a veteran's therapist or case manager to the family or significant other. It is typically brief, time limited, and designed to develop partnerships to best enhance recovery. This collaboration offers brief education and referrals to appropriate VA and community resources.

Family psycho-education is distinguished by virtue of being intense, evidence-based and

lasting at least nine months to have optimal effect on relapse. VA is promoting both behavioral family therapy and multiple family group therapy as family psycho-education modalities. Training and consultation can be requested through the office of Susan J. McCutcheon, RN, EdD, Director, Family Services, Women's Mental Health and Military Sexual Trauma, Office of Mental Health Services. VACO is using the services of The Family Institute for Education at the University of Rochester as consultants for this effort.

Family education is a set of techniques to provide families with the information necessary to partner with the provider or treatment team and support the veterans' recovery. Two specific initiatives include Support and Family Education (SAFE), a clinician-led program developed by Michelle Sherman, PhD at the Oklahoma City VAMC and Family to Family, a family-led program sponsored by the National Alliance for the Mentally Ill (NAMI). SAFE is the most widely adopted family education program in the VA and is poised to be offered to an expanding number of facilities in upcoming months. It

consists of 18 structured sessions (bi-weekly or monthly) provided by a trained clinician to the families of veterans with serious mental illness. Family to Family comes to the VA through a recent memorandum of understanding with NAMI. At least one VA site in each state will offer this program in the next year. Family to Family is a 12 week course for families of individuals with severe brain disorders and is taught by trained family members. The course discusses the clinical treatment of mental illness and teaches the knowledge and skills that family members need to cope more effectively. Information on NAMI is available at <http://www.nami.org> and with each site's LRC.

The recent priority placed on expanding services to greater numbers of veteran families is expected to significantly enhance the treatment options and recovery efforts of our veterans. Whether in individual contacts, family meetings, or multi-family groups, leveraging the efforts of all involved in caring for veterans will maximize the resources we can help to bring to bear on the challenges involved with those who seek our services.

References

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Presidents' New Freedom Commission on Mental Health. (2003). Achieving the promise: Transforming mental health care in America: Executive summary. Rockville, MD: dept of Health and Human Services.

Sherman, M.D., (2008). SAFE program: Mental health acts for families.

Uniform Mental Health Services Handbook in VA Medical Centers and Clinics, VHA Handbook 1160.01, http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1762



October Conference Calls
1-800-767-1750

- 14—MIRECC Leadership Council, 3:30 PM CT, access code 19356#
- 15—MIRECC Program Assistants, 2:00 PM Central, access code 43593#
- 21—VISN 16 Mental Disaster Team, 11:00 AM CT, access code 76670#
- 23—National MIRECC & COE Education Recovery Interest Group, Noon CT, access code 22233#
- 27—MIRECC Education Core, 3:00 PM CT, access code 16821#
- 28—MIRECC Leadership Council, 3:30 PM CT, access code 19356#
- 30—National MIRECC & COE Education Implementation Science Group, 11:00 AM CT, access code 28791#

The next issue of the *South Central MIRECC Communiqué* will be published November 3, 2008. Deadline for submission of items to the November newsletter is October 28th. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Mary Sue Farmer, at

Mary.Farmer2@va.gov

South Central MIRECC Internet site: www.va.gov/scmirecc

National MIRECC Internet site: www.mirecc.va.gov