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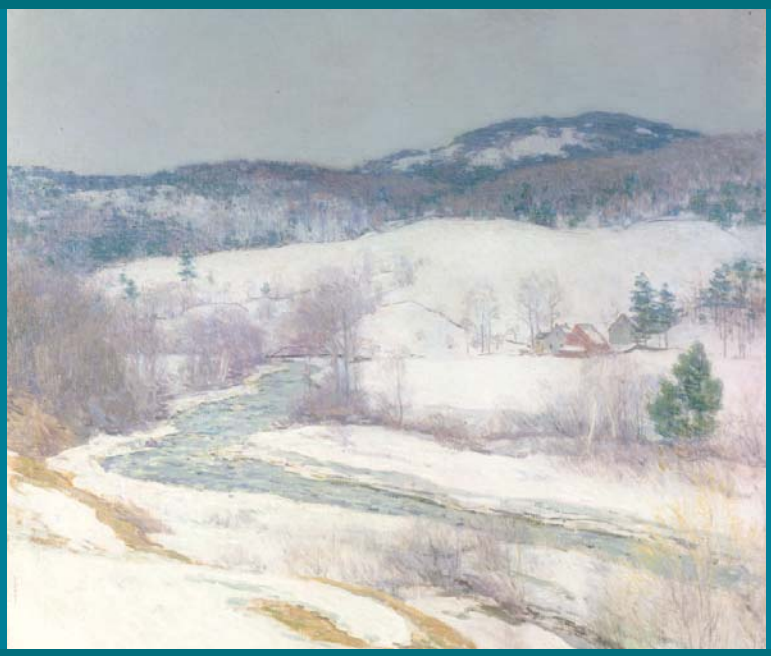

Using Feedback From Patient-Reported Outcome Measures: Best Practices

Fewer Medication Side Effects for Depressed Patients in Collaborative Care

Role of Race-Ethnicity and Gender in Treatment and Outcomes: Four Studies

The ACA: An Opportunity for Improving Care for Substance Use Disorders?

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Frontline Reports

The Frontline Reports column features short descriptions of novel approaches to mental health problems or creative applications of established concepts in different settings. Material submitted for the column should be 350 to 750 words long, with a maximum of three authors (one is preferred) and no references, tables, or figures. Send material to Francine Cournos, M.D., at the New York State Psychiatric Institute (fc15@columbia.edu) or to Stephen M. Goldfinger, M.D., at SUNY Downstate Medical Center (smgoldfinger@aol.com).

Coming Home: Self-Guided Dialogues to Facilitate Soldiers' Readjustment

Since 2001, more than 2.5 million U.S. service members have been deployed to Iraq and Afghanistan, with longer and more frequent deployments than in previous conflicts. The Army found that spending more time deployed in combat and less time at home disrupts the social fabric of service members and their families. This then impedes community readjustment and family reintegration, which can lead to greater risk for major depression and posttraumatic stress disorder, as well as self-harm. From 2012 to 2013 there was a 6% increase in suicide rates in the Army National Guard and an 18% increase in the Army Reserve.

In 2011, the second author worked with an Army National Guard chaplain and an Army veteran of the Iraq war to develop the Warrior Spirit/Mission Homefront (WS/MH) interactive dialogue program to facilitate talking about one's military experiences—first with fellow service members or fellow veterans, then with friends and family. The WS/MH activity lasts 90 minutes and includes a 15-minute introduction by the facilitator, 60 minutes of self-guided dialogue, and 15 minutes of discussion afterward. Participants work in groups of four. Taking turns, each person chooses one of the 66 cards in the WS/MH deck. Each card lists six questions. The question to be answered is determined by the throw of a die. After the person who drew the card answers the question, the others answer the same question. Participants may choose a different question on the card or choose not to answer.

Some questions are humorous: "What was the funniest thing that happened to you during deployment?" "Describe the worst-uniformed soldiers in your unit, and what they wore." Some questions prompt reflection about the individuals' military experiences: "What was your hardest day of deployment?" "Did being deployed challenge your faith, or strengthen it?" Some questions examine the complexity of readjustment to life at home: "How would someone who knows you well say you have changed?" "If you were a mentor, what is the most important advice you would give to a soldier returning home?"

During the subsequent discussion, participants' themes of enjoyment, strengths, and struggles shared in military life emerge. From these themes, participants are encouraged to consider which they could share with friends and family to enable conversations that reestablish and reinforce their home relationships. WS/MH can be used in U.S. Department of Veterans Affairs (VA) hospitals, VA centers, and other mental health settings to guide conversations among veterans.

In 2013, National Guard commanders asked the researchers both to facilitate a WS/MH program and to measure soldiers' satisfaction with the program. With VA grant VA558-C00870, we recruited 299 soldiers to participate. The City College of New York Institutional Review Board approved all procedures.

The first noticeable effect of the WS/MH activity was the participants' transition from reticent to vibrant. During the introductory presentation, soldiers listened attentively, without apparent emotion. During the self-guided dialogue, however, the groups' voluble emotions spanned the human spectrum. There was boisterous laughter, as well as quiet expressions of worry and regret.

This utility of WS/MH was confirmed by quantitative measures. Overall, participants reported significantly positive satisfaction ratings (skewness =–.994, SE=.146). Specifically, 86% liked the interactive experience of talking directly to fellow soldiers, 88% agreed that talking to peers about deployment is preferable to talking with a professional, and 82% agreed that the fun questions helped them discuss the more serious questions. Most important, 82% said they were more open to listening and understanding others than they usually would be, and 79% of participants felt more willing to reach out to others.

WS/MH dialogues and discussions model how a person can begin to describe deployment by first telling simple, even humorous stories, while building gradually toward sharing more difficult experiences—according to one's own comfort threshold—in order to reconnect with family and community. By facilitating renewed support from fellow service members, veterans, family, and community, WS/MH provides a new tool in the ongoing efforts to improve service members' and veterans' emotional well-being as they come home.

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Exploring the Use of Digital Picture Frames on Schizophrenia Inpatient Wards

Psychiatric inpatient settings are routinely described as challenging care environments, with poor physical facilities and problematic interactions with staff routinely cited. Individuals with mental illness, particularly those with schizophrenia, often struggle to sustain a non–illness-oriented sense of self in such settings. Similarly, inpatient staff can lose a holistic sense of the individuals whom they are treating because their interactions with patients take place almost exclusively in periods of crisis. In this context, we considered whether digital picture frames might be a useful therapeutic tool. We expected that the process of developing, viewing, and discussing a set of meaningful photographs between patients and staff would stimulate aspects of patients' self-concepts that are unrelated to mental illness, prompt more holistic and individualized conversations, and improve patients' physical environment.

To test the feasibility of using these devices and their potential impacts, we installed digital frames in the rooms of five individuals with schizophrenia (four males; mean±SD age=42±9; length of stay=14±15 months) on a unit in a large psychiatric care facility in Toronto, Ontario. We documented patients' experiences of having the devices installed in their rooms as well as the experiences of allied health and nursing staff.

The installation of the digital picture frames involved several steps. First, a set of personally meaningful photographs was obtained either from patients' family members or from online sources, including Google Images. Student researchers and the unit social worker assisted in the search for photographs and uploaded them onto the devices. They were then encased in a protective wooden frame and installed. The photographs played continuously during daytime hours, and patients could turn the device on or off as they desired. In weekly check-ins, patients had the opportunity to exchange or add new photographs.

The prompting of patients in the picture search-and-selection process opened up discussions about previous occupations, interests, hobbies, and childhood memories. The patients soon were immersed in the process—sharing stories and wanting to add more pictures. They came to describe the picture frames as a therapeutic and meaningful part of the recovery process. They described how having the digital picture frame in their rooms gave them "something to look forward to" and cultivated a sense of wellness. Viewing the pictures was described as "soothing [my] mind" and working as "some kind of deterrent" when in distress.

The picture frames also provided the participants with opportunities to revisit and represent key aspects of their sense of self outside of having a mental illness. Participants variously described the photographs as connecting them with their cultural identities ("I was happy to see my own culture"), prompting good memories, and noting that the photographs were "a good reminder of family and friends." Most patients did not have any photographs on their walls prior to involvement in this project. They described how having the picture frames in their rooms created a more positive and personalized environment, "brighten[ing] up the room."

The picture frames appeared to promote communication between unit staff and participants about topics outside of mental illness. Patients reported having short conversations about the photographs, leaving some with the impression that staff found viewing the photographs interesting and that they helped staff to "get to know me a little bit better." In turn, staff ranged from some not being aware that the devices had been installed to others who highlighted the device's utility. One staff member shared an experience in which she was able to redirect the patient to the photographs on the digital picture frame when he became frustrated, which was very helpful in deescalation. Another staff member felt that the device gave patients the opportunity to "express who they are outside of the illness." She found having conversations with the patients about their photographs "changed the dynamic between the treatment team, as clients showed [the team] another side of their life."

Both developing content for the digital picture frames and using them appear to hold considerable potential for the device as a therapeutic tool. Further study regarding impacts would seem warranted, as would a more fulsome articulation of this approach as an intervention. This work is important given the challenging nature of inpatient treatment contexts and the need for recovery-oriented tools to move practices forward in inpatient care.

In summary, digital picture frames are feasible to use on psychiatric inpatient wards and hold the potential for cultivating a more therapeutic physical environment, assisting in maintaining a nonillness identity, and facilitating wellness-oriented interactions with staff.

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