Finding Hope, Giving Hope to Others

Karen Reynolds is living a new life.

After years of struggling with bipolar disorder, her turning point came a year ago following an intentional overdose. As the drugs started to take hold, she says, “Something in me said ‘Call for help.’” She did, and within days she was immersed in a new treatment program and feeling a sense of hope.

Part of her program involved frequent sessions with a “recovery support specialist” – a woman who also lives with serious mental illness, and has gone through training and been certified to provide peer support to others.

“I began to get better,” Reynolds says “I asked her one day, ‘How will I know when I’m well enough to do what you’re doing?’ She said, ‘I think you’re already there.’”

On March 27, almost a year to the day since the overdose, Reynolds graduated from the Recovery Support Specialist Institute (RSSI), a training program offered through the Department of Family and Community Medicine’s Workforce Development Program. A former teacher, Reynolds now is employed as a certified recovery support specialist with CODAC Behavioral Health Services in Tucson.

“The RSSI has just been wonderful,” she says. “This has truly been life-changing for me.”

Since 2004, the RSSI has trained just under 700 people who live with serious mental illness and/or substance use disorders to provide peer support to others in the public behavioral health system.

Peer support does not replace the care provided by other behavioral health professionals. It works on a different level. It’s one thing to hear your doctor say, “This is what I want you to do.” It’s another to hear your peer mentor say, “I know what you’re going through. I’ve gone through that myself.”

The RSSI’s success is measurable. More than 56 percent of its graduates hold jobs in the behavioral health system, says Beverly McGuffin, Workforce Development Program and RSSI program director. The Institute’s impact is particularly significant in Arizona, where the shortage of behavioral health professionals is statewide, McGuffin says.

“I love being able to give a sense of hope to someone who may never have felt that before.”
Christina Baca

Karen Reynolds
“Small solutions to big problems” is the guiding principle behind the Kaimas Foundation’s charitable giving.

In January, Ann Charles, executive director of the Kaimas Foundation, presented a very generous gift of $40,000 to the Department of Family and Community Medicine’s Global Health Program. This gift is the largest ever given to the program, and advances the Kaimas Foundation’s mission to “focus on providing solutions to economic, environmental, socio-cultural and educational problems, both locally and internationally.”

Since starting the Global Health Program in 1982, Ron Pust, MD, has taught and mentored 682 UA College of Medicine students who share his recognition of the need to provide medical services to vulnerable patients living in impoverished communities around the world. Pust prepares the students to work in countries around the globe as part of the College of Medicine’s Global Health Distinction Track.

Participating in these field experiences enhances the students’ clinical skills and helps students develop a deeper sense of empathy for patients. These students work with various international organizations to provide high-quality health care and education to communities without access to resources.

Ann Charles first learned of the Global Health Program when her daughter Rachael, then a first-year medical student at the UA, traveled to Sierra Leone with Pust and two other first-year students in June 2013.

“You cannot put a numerical value on the smiles from the villagers we met, or precisely quantify the number of children who may avoid the tragic consequences of a disease like malaria from our community education sessions,” Rachael Charles said. “The value was not only in the services and education we provided, but also in what we learned.”

Ann and Rachael had previously traveled to communities in Lusaka, Zambia, on behalf of the foundation, providing health care, education and innovative economic programs.

Following their experiences, the Kaimas Foundation donated the funds to send a World Health Organization Blue Trunk Library to the areas in Sierra Leone where the team volunteered. The trunk was filled with more than 100 books on medicine and public health, for use by health care workers in Sierra Leone’s resource-poor communities.

“Dr. Pust is committed to appropriate technology and strong local support in areas of great need,” Ann Charles said. “He not only prepares the students for what they will experience, he also works with community members before and after these short-term trips, to help them sustain the services they developed and continue learning. Learning what a community needs, then helping it to achieve those goals, is the kind of sustainable solution that the Kaimas Foundation supports through its charitable giving.”

To learn how you can join the Kaimas Foundation in its support of the Global Health Program, please contact Thom Melendez, Family and Community Medicine Director of Development, at 520-626-4961 or by email at tmelende@email.arizona.edu
“So our graduates go from being dependent, and living on Social Security benefits, to earning an income and paying taxes and knowing they have a chance to move up in life.”

John Anglin and Christina Baca are RSSI graduates who are now trainers for the institute. They organize and conduct the seven-day training sessions and provide information and support to people who call asking for information about RSSI.

“It was tough, because to learn the skills to be a recovery support specialist you have to first learn about yourself.”

Engel Indo

“I love being able to give a sense of hope to someone who may never have felt that before,” says Baca, who lives with a serious mental illness. She was honored in October 2013 by Linkages, the employment program for people with disabilities, started by Tucson automotive dealer and philanthropist Jim Click.

The Linkages Building Bridges Individual of the Year Award honors outstanding contributions to the community in the past year.

Baca’s recovery process was greatly enhanced in 2011, when she enrolled in Camp Wellness, a Family and Community Medicine program that teaches adults with serious mental illness about nutrition, exercise, stress management and other approaches to improve their overall health.

An exercise enthusiast, Baca volunteered as a co-facilitator of the Camp Wellness fitness program, and was so good at working with others that the staff encouraged her to take the RSSI training. She did, and graduated in February 2012 as a certified recovery support specialist, now able to provide peer support to others in recovery.

On October 23, 2012, Baca’s recovery came full circle when she became employed by the RSSI. She continues to share her story about recovery and hope at Institute trainings and at new employee orientations. She has spoken on numerous panels and presented at the annual conference of the Psychiatric Rehabilitation Association in Atlanta. Since 2012, Baca has shared her inspiring story with hundreds of people.
Ask a woman who smokes why she hasn’t quit, and she’s likely to say, “I don’t want to put on weight.” Her concern is not unfounded. Women are more likely than men to gain weight when they stop smoking – five to 10 pounds, on average.

A new study led by Judith Gordon, PhD, Family and Community Medicine’s associate head for research, will test a mobile phone application – app for short – designed to help women stop smoking while learning to eat more healthfully and increasing their physical activity.

The app is being developed by a multi-disciplinary team, including Melanie Hingle, PhD, from the College of Agriculture and Life Sciences, Thienne Johnson, PhD, from the departments of Electrical and Computer Engineering and Computer Science, and Peter Giacobbi, PhD, from the College of Physical Activity and Sport Sciences at West Virginia University. James Cunningham, PhD, with Family and Community Medicine is the project’s methodologist and statistician.

The concept is so novel and promising that even in this time of scarce federal research funds, the National Cancer Institute has awarded $365,000 for this two-year project.

Trying to quit smoking while changing your eating habits and getting more exercise sounds like a lot to take on at once. “However, all these behaviors are inter-related,” Gordon explains. “So if you change all of the behaviors together, you get a synergy that allows all this change to happen.”

The two-phase study will start with creating an Android mobile-phone app. Focus groups of 10 to 20 Tucson-area women who want to quit smoking, but are worried about weight gain, will review the app and provide feedback.

The app includes guided-imagery messages designed to boost positive body image, and persuade a woman that she can and will be stronger, healthier, and happier by eating well, being physically active, and not smoking.

“And even if they do gain some weight, overall the benefits of quitting smoking far offset the few pounds they may put on,” Gordon says.

The app will provide audio recordings of guided imagery scripts that women will listen to every day. There will be three scripts: one focusing on quitting smoking, one about eating nutritious foods, and one on doing moderate physical activity every day. After using the pre-recorded scripts for several weeks, the women will be able to record their own scripts.

The women will be able to track their mood and cravings – whether for a cigarette or a burger and fries – every day. Each guided imagery script will teach the women to expect cravings and changes in mood, and assist them to overcome these challenges.

Participants also will record how long they were able to quit smoking, what happened to their weight, and whether their body image has changed.

In the second phase of the study, the app will be available free on the Google Play Store, and 50 women from across the country will test the feasibility and acceptability of the app.

Gordon and the project’s co-investigators will receive and analyze that information, to determine how and when the app is most effective at helping women quit smoking.

Those results will be used to apply for funding for a larger National Cancer Institute study, in which women will be randomly assigned to either the UA-designed guided-imagery app or another app, made to help with smoking-cessation only.

There are hundreds of un-tested mobile phone apps designed to help people who want to quit smoking, Gordon says. “A couple of studies have looked at using apps for changing one behavior at a time. There have been a few studies testing in-person or web-based smoking cessation plus physical activity, or diet, but not all three. This will be the first study not only to address all three behaviors through the use of guided imagery, but to deliver it all via a mobile app.”

Research team clockwise: Judith Gordon, PhD, seated; Melanie Hingle, PhD, RD; Thienne Johnson, PhD. Not pictured: Peter Giacobbi, PhD, James Cunningham, PhD
A Penn State degree in kinesiology wasn’t opening the kind of doors Megan Rayman was hoping for. So in 2002, she did what many of us wish we had done when we had the opportunity: She joined the Peace Corps.

Rayman spent the next three and half years in the little-known country of Guyana, which sits between Venezuela and the Atlantic Ocean. It was her first step toward becoming a family medicine doctor, with a special interest in global health.

Rayman had trained to be an EMT as an undergraduate – the closest thing she had to clinical experience at that time. But she was assigned to two years in the Guyana community of Crabwood Creek, where she worked as an assistant at a maternal and child health clinic, and at a regional hospital four miles up the road from where she lived.

During her first year there, Guyana’s health minister asked Rayman to help start after-school health education programs for secondary school students. She started several health clubs in her region, and at the end of her two years in Crabwood Creek, the health minister asked her to join him in starting a national adolescent health department in Georgetown, the Guyana’s capital.

“It was pretty amazing for me, a 24-year-old, to be doing all that stuff,” says Rayman, who served as acting director of the adolescent health program. “We organized six overnight camps where we took kids to different parts of the country. We were teaching them about health, but we also were teaching them about their country, which was a privilege to do.”

Rayman brought in the local Red Cross to teach the campers first aid. They also talked a lot about HIV; Guyana has the second-highest HIV rate in the western hemisphere, Rayman says. “We talked a lot about diet and exercise, and we held ‘Olympics’ games and talent shows, related to what they had learned. The Guyanese are great performers, and we had a lot of fun.”

When her time with the Peace Corps ended, in 2005, Rayman headed back to the U.S., not sure what her next chapter would be.

“Medicine was always something I thought about doing but I was never sure I could do it,” she says. And there was what she calls “a turnaround moment.”

“I was talking with one of my former students from Guyana who had just moved to Philadelphia, and he was saying he wanted to go to nursing school even though he was reading on maybe a third-grade level. I’m sure he will do it.

“And I’ve had every opportunity in the world. So how could I encourage him if I’m not willing to put myself on the line?”

Rayman got her MD from Penn State in 2012, then began her residency in family medicine at The University of Arizona Medical Center – South Campus, which focuses on caring for rural and undeserved people. She will start her third and final year in July, as one of two chief residents.

She sees herself based in an outlying community like Safford, where she did a rotation with “a really amazing, full-spectrum family medicine practice.” The Indian Health Service also appeals to her.

“I can also see myself doing more work in Guyana,” she says, “because I have that experience and I know where things are. And I know how to get things done there.”
Dael Waxman, MD: Helping Transform the Practice of Medicine

Dael Waxman, MD, was browsing through a journal in the College of Medicine library, looking for information for a talk he was preparing to give.

It was 1988. Waxman had finished his UA family medicine residency, and was spending another year at the UA as a chief resident and faculty development fellow.

In a moment of serendipity, Waxman came across a letter to the editor that referenced a University of Rochester fellowship in biopsychosocial medicine, a model of patient care developed by George Engel, a Rochester professor of medicine and psychiatry. It was a radical switch from the biomedical model that had prevailed for 100 years or more, and many physicians found it intangible and unwieldy.

But as Waxman read the article, his career path came into focus. Excitement built as he learned from Paul Gordon, MD, then a community preceptor in the UA family medicine residency, that there was a family systems medicine fellowship – also in Rochester, that focused on how family interactions and illness commingle. It turned out that both fellowships were integrating, so Waxman didn’t have to choose. He applied and was chosen for the two-year fellowship.

“We all knew in family medicine that health is all about relationships,” Waxman says. “People from dysfunctional homes were more likely to have chronic illness. Their kids were more likely to have ear infections. We observed and experienced this in our patients but we didn’t have a model to describe what was happening.”

“Rochester opened me up to the intrapersonal and family psychology part. After that I got deeper into mind-body health – how whatever we define as mind connects to our physical health and vice versa. That included training in clinical hypnosis, which deepened my understanding of how suggestion and language choice on the part of the care provider influence clinical outcomes.”

Waxman also trained with Harvard’s Herbert Benson, who developed the relaxation response – an antidote to the “fight or flight” response to stress – and with “mindfulness meditation” teacher and author Jon Kabat-Zinn.

Waxman has been teaching behavioral medicine since his Rochester fellowship ended in 1991. He has served on the faculty of family medicine programs at the University of Texas Medical Branch in Galveston; then the University of Connecticut; and since 1996, with Carolinas Medical Center in Charlotte, where he recently was named interim chair of the Department of Family Medicine.

Waxman agrees with estimates that at least 25 percent – and maybe as much as 90 percent – of patients’ visits with their primary care physicians are about illness of a psychosocial origin.

“When we see a patient with abdominal pain, it’s up to us to sort out what’s contributing to that. It could be that the patient has ulcers, and it could also be that they have a difficult relationship with their spouse. I use the biopsychosocial frame to understand why a person is suffering.”

For Waxman, helping a patient heal is accomplished “through relationships and not just prescriptions. The UA family medicine program is really strong in this, and it’s part of who I am. I bring me to the table with all my patients.”

In 2007, Waxman spent a month in the United Kingdom, studying patient-physician communication in that country’s socialized medical system. Research has shown that a truly “patient-centered” physician needs a minimum of nine minutes to interview a patient about just one symptom.

“Their general practitioners see five or six patients an hour and the predominant model of the medical interview taught in that country is patient-centered,” Waxman says. “So, my question was, how can they see that number of patients, which is higher than the average American family physician sees, while maintaining patient-centeredness.”

Waxman found that the British general practitioners were more patient-centered in their interactions than American family practitioners. However, the face-to-face time between physician and patient was no different between the two countries. “The main reason the British doctors could see more patients in the same amount of time is that they don’t have to spend anywhere close to the time our doctors do on paperwork, and their practices were all electronic,” Waxman says. “Literally, I saw a physician pick up a pen only one time, and that was to tick off a test on a lab form.”

So, are more physicians adopting the biopsychosocial model of patient care? “Yes, way yes,” Waxman says. “Medical schools are definitely including this more and more, especially in family medicine, which requires a mental health professional on the faculty.”

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Waxman describes his career as “rich and rewarding,” words that would seem to fit his personal life as well. While working to transform the practice of medicine in this country, he has found time in recent years to return to acting in community theater, take up distance running, and travel in this and other countries.

He and his wife, Brenda, who has enjoyed a career in deaf interpreting and vocational rehab and now works as an administrative assistant at a Jewish synagogue in Charlotte, have raised an already accomplished teen-aged daughter. Meara, a high school junior, loves reading and writing and is interested in becoming an English teacher. She writes a column for the Jewish newspaper in Charlotte. She’s part of an interfaith youth council focused on reducing racial disparities, and was a speaker this year at the Charlotte Martin Luther King, Jr. Day celebration.

More than just gratitude for the excellent education he received at the UA, Waxman says he is particularly indebted to the faculty and his fellow residents for their mentorship, guidance and support through his career. “I’m still getting advice from teachers Paul Gordon and Mike Magill and fellow residents Bill Ventres, Myra Muramoto and Tammie Bassford. The connection is living proof of the essence of the biopsychosocial model: Relationship is the breeding ground for growth, development, and health.”

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Baca’s philosophy: “The possibility of recovery is 100 percent.”

It’s been seven years since Anglin last used crack or any of the illegal drugs he used to suppress his psychological pain, stemming in part from the deaths of his mother and former girlfriend. “I lived on the streets and I planned to die on the streets,” he says. Instead, he got into treatment, earned an associate’s degree in social services from Pima Community College, and is using a four-year scholarship to get a degree in public administration from Northern Arizona University.

“Being part of the RSSI gives me a sense of purpose,” Anglin says. “I come to work every day knowing I’m going to help so many people.”

In September 2013, the RSSI conducted a training session created for veterans, funded by the U.S. Department of Veterans Affairs. One of the veterans who completed the training is Engel (pronounced Angel) Indo, a 17-year Army vet whose active duty included a year in war-ravaged Bosnia-Herzegovina in 1996 and 1997.

“I loved it,” Indo says of the training. “It was tough the first few days, because to learn the skills to be a recovery support specialist you have to first learn about yourself.”

Indo works with Rally Point Tucson, a non-profit that connects veterans, other service members and their families to housing and employment opportunities, health care and other needed services.

Most of his work is at the Kino Veterans’ Workforce Center, 2801 E. Ajo Way. “It allows me to have a connection with the people I love – veterans and their families,” Indo says. “It’s really wonderful to know I can be there for somebody, whether it’s just saying hello or even saving someone’s life.

Lyle Ford is director of Rally Point Tucson, a program of Community Partners Inc., formerly Community Partnership of Southern Arizona. Rally Point works closely with the Southern Arizona VA Health Care System and other organizations that provide support for veterans.

Ford is an Army veteran and RSSI graduate who lives with post-traumatic stress, stemming from a 2003 truck bomb explosion in Riyadh, Saudi Arabia, where he was a defense contractor. Ten days after, he returned to the states to get help dealing with the trauma of seeing so many people killed and injured within feet of where he stood.

His work with Rally Point is wonderfully fulfilling, he says. “We get to see those moments when people are so grateful that someone is even willing to listen to their story,” Ford says. “We realize that just by doing what we do, something’s happening in their life that hasn’t happened before.”
Support Specialist Program is Vital to People in Recovery

This issue of Family and Community Medicine highlights one of our most important programs – the Recovery Support Specialist Institute, a major component of our behavioral health Workforce Development Program.

I am so proud that the RSSI has been part of Family and Community Medicine, since 2004. People who have lived with serious mental illness and substance abuse bring so much to the care and recovery of others living with these illnesses, in a way that cannot be replicated by medical or behavioral professionals.

Our program has a very successful history in southern Arizona. I believe it is the premier certified recovery support specialist training program in the state.

Last year, the opportunity to expand the RSSI to offer training to returning veterans was a special honor for us.

I see the RSSI as a model that will be adopted in many settings outside of the behavioral setting. In fact, it builds on the wonderful history this department has of utilizing community health workers, also known as promotoras, to bring peer support to members of their communities.

On a different note, I want to say thanks to all the Family Medicine Residency program alumni who came to our 40th reunion in February. It was wonderful to have the opportunity to reconnect with colleagues, hear what they're up to – and what their kids are up to – and share so many good memories.

As always, I invite your comments and questions about our many programs here in Family and Community Medicine.

You may contact me at bassford@email.arizona.edu or (520) 626-7864.

Tammie Bassford, MD
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