# THE PRESENCE OF MIND

UMASS MIND CLINICAL AND RESEARCH PROGRAM
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## CLINICAL

### RECOVERY THROUGH PERFORMANCE: DRAMA THERAPY AS AN EMERGING FRONTIER IN SMI TREATMENT

**By Bailey Knowlton**

Current treatments for serious mental illness (SMI), such as schizophrenia, include medications and talk therapy. Some people with SMI do not benefit from either approach; they may not respond to certain medications (a condition called “treatment resistance”), experience significant side effects, or struggle to verbalize their experiences due to trauma or limited insight into their thoughts and behaviors. Novel therapies that do not rely solely on medications or verbal expression are needed.

An emerging treatment for SMI is drama therapy, a form of creative arts therapy (CAT). In multi-week drama therapy interventions, a licensed drama therapist leads acting activities that encourage participants to express internal thoughts and feelings through a real or fictional character. Dr. Laura Wood, a longtime collaborator with UMass Mind and a prominent drama therapy expert and former president of the North American Drama Therapy Association, developed the Co-active Therapeutic Theatre (CoATT) model. Dr. Wood approaches drama therapy through a personal recovery lens, focusing on participant empowerment and on supporting individuals with SMI in living a hopeful, satisfying lifestyle.

Building on our earlier published pilot programs, UMass Mind and Dr. Wood collaborated on another program that explored the impact of virtual drama therapy on clubhouse members with SMI, using the CoATT model. Across 3 iterations of the 12-week virtual program, in which participants created and performed a recovery-related play, group members reported a strong sense of connection and community, valued the collaboration and creativity throughout the process, and were able to apply these skills to their own communities and interpersonal relationships. The National Endowment for the Arts funded the program, and the findings were recently published in the journal *Psychiatry Research*.

Drama therapy is a novel treatment method distinct from common talk therapies, as it allows individuals with SMI to separate their feelings from conscious awareness of them. This separation from the self may help individuals with SMI express their thoughts and feelings without the barrier of stigmatization, and allow them to do so without direct insight into their internal thought networks, as is expected in some talk-based therapies. “Drama therapy can also enhance other types of treatment by creating opportunities to dramatize traditional talk therapy or gamify medication treatment, making them more engaging and fun,”
Dr. Wood explained.

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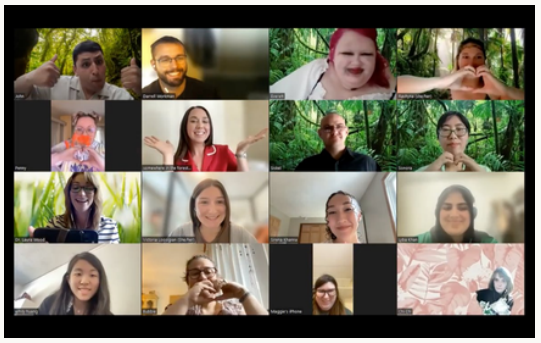

Our series of CAT studies, including drama therapy, aligns with the Association of American Medical Colleges (AAMC) initiative to integrate the arts and humanities into medical training. Currently, the arts remain underutilized in medical training and clinical practice.

Despite its promise, integrating arts-based therapies, such as drama therapy, into mainstream healthcare faces significant hurdles, driven primarily by a lack of insurance reimbursement, shortages of credentialed drama therapists, and traditional biases that prioritize biomedical interventions over creative modalities. While implementing humanities and arts education in medical training is vital, additional steps are needed to ensure that affordable arts therapies are available to people with SMI in both community and hospital settings.

**Relevant Publications from UMass Mind:**

1. Huang E, Loosigian V, Cabot C, Grant A, Wood L, Fan X. Recovery through performance: a virtual drama therapy program for clubhouse members with serious mental illness. *Psychiatry Research*, 2026.
2. Cheung A, Agwu V, Stojcevski M, Wood L, Fan X. A pilot remote drama therapy program using the co-active therapeutic theater model with people with serious mental illness. *Community Mental Health Journal*, 2022.
3. Cheung A, Reid-Varley W, Chiang M, Villemejane M, Wood L, Butler J, Fan X. Dual diagnosis theatre: a pilot drama therapy study for individuals with serious mental illness and co-occurring substance use disorder. *Schizophrenia Research*, 2021.
4. Chiang M, Reid-Varley WB, Fan X. Creative art therapy for mental illness. *Psychiatry Research*, 2019.

**To view the UMass Mind video collection, including performances from the drama therapy program, please click here.**

# RESEARCH

## CHALLENGING THE TRIPLE JEOPARDY: GLP-1 AGONISTS AS A NOVEL TREATMENT FOR PEOPLE WITH SCHIZOPHRENIA

**By Emma Toohey**

Individuals with schizophrenia often face a “triple jeopardy” of potentially debilitating conditions: a severe mental illness; comorbid metabolic problems, such as obesity and diabetes; and co-occurring substance use. Each condition contributes to impaired daily functioning and poor quality of life observed in this patient population; together, they pose a significant clinical challenge for health care providers.

Imagine: what if one medication could treat all of those health conditions at once?

Glucagon-like peptide-1 (GLP-1) receptor agonists, a class of medications that slow digestion and regulate blood sugar, have primarily been used for weight loss and treating type 2 diabetes. However, recent studies have found that GLP-1 agonists can reduce inflammation in the brain, which plays an important role in the development and clinical manifestation of schizophrenia. In addition, accumulating evidence suggests that GLP-1 agonists may be an effective treatment for substance use disorder (SUD). The anti-inflammatory effects, the capacity to support metabolic health, and the possibility of addressing addiction suggest that GLP-1 agonists may be a possible treatment for the triple jeopardy associated with schizophrenia.

Supported by the Stanley Family Foundation, UMass Mind conducted an investigator-initiated, double-blind, placebo-controlled clinical trial to better understand the potential benefits of a once-weekly exenatide injection, the first FDA-approved GLP-1 receptor agonist for treating type 2 diabetes, in patients with schizophrenia. Preliminary findings are promising. For example, those who received the exenatide injection, as opposed to the placebo, had greater reductions in negative symptoms of schizophrenia (e.g., emotional withdrawal, lack of motivation).

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Currently, UMass Mind is conducting another clinical trial to explore the effects of brenipatide, a new investigational GLP-1 agonist, on weight management, cognition, and psychiatric symptoms in people with schizophrenia. Similar to the exenatide study, this study uses a double-blind design and includes a weekly injection of either the study drug, brenipatide, or a placebo. Information on psychiatric symptoms, cognitive function, and weight is collected over a one-year period.

GLP-1 agonists may hold great promise as a "three birds, one stone" multifaceted treatment for the same individual with schizophrenia to address their mental symptoms, metabolic problems, and substance use. Further research on GLP-1 agonists, particularly in relation to co-occurring SUDs, is still needed in this patient population.

If you or someone you know is interested in participating in the ongoing brenipatide trial, please contact us at 508-856-MIND (6463) or Mind@umassmed.edu. Click here for the study brochure. We will provide compensation for study participation.

# COMMUNITY

## THE GROWTH OF CIP: CELEBRATING 10 YEARS OF COMMUNITY, COLLABORATION, AND EMPOWERMENT

**By Rylee Resendes**

This year, UMass Mind's Community Intervention Program (CIP) celebrates 10 years of promoting recovery for people with serious mental illness (SMI). What began in 2016 as an effort by Amy Cheung, then an MD-PhD student at UMass Chan, and Delia Bakeman, MD, then a neuropsychiatry resident at UMass Chan, to better serve patients with SMI outside the clinic has since grown into a long-term community-based program centered on public engagement, empowerment, and whole-person health.

**What is CIP?**

Advocating a holistic approach, CIP includes 3 major modules: Lifestyle as Medicine, Arts & Music, and Public Education & Awareness. Lifestyle as Medicine aims to improve physical health and mental well-being for people with SMI through programs that support lifestyle changes. Arts & Music includes programs that aim to improve mental symptoms, social functioning, and self-empowerment through creative expression. Public Education & Awareness events share knowledge about SMI with community members to facilitate care-seeking behavior and reduce stigma.

Following UMass Mind's Community Participatory Recovery (CPR) framework, CIP seeks input directly from and works alongside a range of community partners and stakeholders to co-develop programs that address the real-world needs of people with SMI. By breaking down "walls" between academic medical centers and communities, CIP brings care directly to where people with SMI live, stay, and play.

**CIP & Medical Education**

Over the years, medical trainees (medical students and psychiatry residents) involved in UMass Mind have contributed significantly to CIP. The CIP experience has transformed their medical education by emphasizing hands-on community work beyond the classroom and traditional hospital settings, aligning with the current trend toward community-based clinical education. This approach gives medical trainees firsthand insight into the real-world impact of programs and helps refine and develop them based on community feedback.

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**By the Numbers**

In the past 10 years, CIP has:

- Hosted over **20** community events, engaged **11** people with lived experience to share their recovery journeys with the community, and completed **13** IRB-approved projects.
- Published **21** papers in academic psychiatry and mental health journals with UMass Chan medical trainees as lead authors or co-authors.
- Delivered over **30** presentations at national and international conferences.

CIP's fostering of the mental health workforce pipeline:

- More than **40** UMass medical students have been involved in CIP, with more than **90%** of them pursuing psychiatry.
- **Fourteen** UMass psychiatry residents have been involved in CIP.
- At any given time, UMass Mind hosts **4-6** undergraduate and high school interns. Almost all interns have decided or plan to pursue graduate school or jobs in the mental health field, or medical school.

**Looking Forward**

UMass Mind is extremely grateful to all the community collaborators who have made CIP possible. We plan to bring our programs to more community settings across Central MA. Looking ahead, we intend to work with state and community partners to manualize and disseminate our programs and to establish statewide initiatives that advance whole-person health and health equity for individuals with SMI.

## AN UPCOMING CIP PROGRAM: LOOKING FOR COMMUNITY PARTNERS

Building upon the work of past CIP lifestyle initiatives, UMass Mind is launching a community-based Comprehensive Lifestyle Program for people with serious mental illness (SMI). Designed and led by medical trainees, this is 6-week program is designed to help people with SMI develop healthy habits. The program focuses on nutrition, exercise, gardening, and self-care through hands-on sessions (such as cooking, mindful movement, and planting). Participants will build sustainable habits and learn practical tools to improve their mood, energy, sleep, and stress. The multifaceted nature of the comprehensive lifestyle program embodies the whole-person, holistic approach to SMI treatment that is at the core of CIP.

Healthy snacks and supplies will be provided, and participants will be compensated for completing surveys.

**We are looking for community partners to connect with on the Comprehensive Lifestyle Program! If you are interested in collaborating with us, bringing the program to your clients, or simply learning more about what we do, please reach out to us at mind@umassmed.edu or 508-856-MIND (6463).**

## WHEN EAST MEETS WEST: HOW DOES CULTURE AFFECT MENTAL HEALTH CARE IN CHINA?

**By Angel Tang and Derek Cao**

Schizophrenia and other mental disorders, as understood in Western society, are defined by diagnostic criteria outlined in the DSM-5 and treated with medications and talk therapy in a hospital or clinic setting. But how has the conceptualization and treatment of mental disorders been approached in other countries?

Recently, members of UMass Mind, Angel Tang and Kendra Jiang, interviewed one of UMass Mind's past visiting scholars, Yanli Luo, MD, PhD, currently professor and chair of the Department of Psychiatry at Renji Hospital/Shanghai Jiaotong University, China. Dr. Luo specializes in understanding and treating physical symptoms, such as pain, associated with mental illness. Ten years ago, Dr. Luo traveled from China to Worcester and joined UMass Mind. During her one-year stay at UMass, she experienced firsthand how psychiatry is practiced in the US. In this interview, Dr. Luo shared her perspectives on mental health care in her homeland.

Mental illness is certainly stigmatized in the US. But in China, people are even less likely to seek mental health treatment because of stigma. Instead, mental distress is commonly expressed through physical symptoms, such as headaches and stomach cramps. These somatic symptoms are much more acceptable than mental symptoms, such as depression and anxiety, in Chinese society. To help us understand this phenomenon, Dr. Luo shared the cultural and historical context of mental illness in China.

As the second most populous country in the world, China contains a vast array of cultures, traditions, and religions. Beliefs from Taoism, Buddhism, Confucianism, and traditional religions have major influences on cultural perceptions and treatments of mental illness. Traditional Chinese Medicine (TCM), a treatment model with roots in ancient Chinese history, focuses on holistic health, such as maintaining harmony within and between oneself and thenatural world. Thus, mental illness may be attributed to imbalances of yin and yang or adisruption in qi (vital energy). In fact, TCM recognizes a disorder called "zǒu huǒ rù mó" (走火入魔), which is caused by imbalances in qi elements and includes schizophrenia-like symptoms as defined in DSM-5. TCM and other traditional beliefs tend to portray the mind and body as intertwined. For example, in TCM, there are five specific emotions mapped onto five internal organs, and there is a general belief that certain emotions may lead to physical illness. Thus, there appears to be a close link between physical and mental health within Chinese culture, which could be a major reason behind the somatization of mental illness in China.

Outside of TCM, other perceived causes of mental illness include evil spirits, loss of one's soul through malevolent sorcery, or even moral failures on the part of the individual, or their ancestors; these cultural beliefs contribute to the enormous stigma associated with mental illness in China. For treatment, people may consult witch doctors who conduct rituals, or diviners who provide advice from a fortunetelling standpoint.

Practices from TCM and other ancient traditions have gradually fallen away since European medicine was introduced to China in the late 19th century. In modern-day China, the Western model of medicine has become the dominant method of psychiatric care, although licensed TCM practitioners are still available, and other traditional treatments such as magic rituals are still utilized in rural areas.

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"The US is a nation of immigrants. It is important for psychiatrists to maintain a global cultural perspective when interacting with patients," said Xiaoduo Fan, MD, MPH, professor of psychiatry at UMass and director of UMass Mind. According to Dr. Fan, the American Psychiatric Association (APA) has developed several initiatives on this topic. For example, the APA provides a global mental health curriculum guide for psychiatry residency training. Dr. Fan has served on the APA Council on International Psychiatry and Global Health and on the APA Scientific Program Committee.

**A Collaborative Publication from Dr. Luo and UMass Mind:**

Luo Y, Yan C, Huang T, Fan M, Liu L, Zhao Z, Ni K, Jiang H, Huang X, Lu Z, Wu W, Zhang M, Fan X. Altered Neural Correlates of Emotion Associated Pain Processing in Persistent Somatoform Pain Disorder: An fMRI Study. *Pain Practice*, 2016.

## CURRENT STUDIES: ACTIVELY RECRUITING!

### Study #1: A Study Looking At Using A Device For New Mothers Experiencing Feelings of Sadness

If you're within 12 months postpartum and are struggling with feeling sad, down, or blue, you may be eligible to participate in an investigational research study using SAINT® TMS that is medication-free, non-invasive, and completed in 5 days. Eligible participants may receive compensation for their time and reimbursement for travel, meals, and childcare. The use of SAINT for Postpartum Depression has not been cleared by the FDA and its safety and effectiveness have not year been established.

**If you are interested in participating or learning more about Study #1, please visit https://www.conqueringdiseases.org/Search/Trial/9769.**

### Study #2: A Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of Adjunctive Treatment with Brenipatide in Adult Patients with Schizophrenia

The purpose of this study is to evaluate the efficacy of brenipatide, an investigational drug, as an adjunctive treatment for managing weight, improving cognition, and maintaining psychiatric stability in adult patients with schizophrenia. In addition to their current standard of care medications, patients will inject brenipatide or placebo once a week, for about one year. We will not make any changes to their current medications. They will meet with the study team, both in person and remotely, on a regular basis. Click here for the brochure.

### Study #3: Metabolic Benefits of Adjunctive Lumateperone in Clozapine-treated Patients with Schizophrenia

Clozapine is associated with significant metabolic side effects such as weight gain, obesity, diabetes, and elevated levels of bad cholesterol. The goal of this study is to determine if taking lumateperone (brand name Caplyta) might improve physical health in individuals treated with clozapine. Patients will receive lumateperone or a placebo for 12 weeks, in addition to their current standard-of-care medications, and will meet with the study team approximately 8 times. We will not make any changes to their current medications. A variety of metabolic outcomes will be measured, including body fat distribution using a body composition analyzer and lipid particle size using NMR spectroscopy. This study is looking for clozapine-treated schizophrenia patients. Click here for the brochure.

**Participants will be compensated for their time. If you are interested in participating or learning more about Study #2 or Study #3, please contact 508-856-Mind (6463) or mind@umassmed.edu.**