



FYXX Clinical Educator Grant Program Application - SAMPLE 2

Instructions. Use our helpful instructions and samples to fill out this application. Email your complete application to VISN16SCMIRECCEducation@va.gov by 4:00 pm CT on [Date]. Copy your Mental Health or Service Line Chief for concurrence on the email. If you work at a CBOC, also include your Clinic Director. If your Service Chief or Director is not included on the email, we cannot accept your application. Enter references or additional budget information on the last page. Attach supporting documents to your email, including text that you cannot fit into this application.

Questions? Dr. Ali Abbas Asghar-Ali at Ali.Asghar-Ali@va.gov / asgharal@bcm.edu and Dr. Jennifer Bryan at Jennifer.Bryan1@va.gov or (713) 440-4673.

1. Submission date: 05/23/2019
2. Principal applicant:
Chmar T. Reechirer, PhD and Clint E. Calprovydyr, PhD
3. Co-applicant(s):
So Cialwerker, LCSW;
4. Principal applicant's Care/Service Line Chief (and Clinic Director if appropriate):
Kair Lincheif, MD
5. Address:
 - a. VA Facility Name: Big City VAMC
 - b. Address: 567 Hospital Avenue
 - c. Mail Code / Suite#: 116/VA
 - d. City: Big City
 - e. State: Smallstate
 - f. Zip: 45678
 - g. Phone: (987) 654-3210

6. Title of the product:
An All-Encompassing Approach to Treating Multiple Affective Disorders via Identification and Elimination of Safety Aids

7. Brief description of the product:
The purpose of this proposal is to adapt and expand an existing therapist-administered group-based transdiagnostic treatment manual for use across a wider array of diagnoses and among Veterans (continued on page 6).

8. Target Audience (check all that apply):

- a. Veterans
- b. Family/Caregivers
- c. VA Mental Health Providers
- d. VA Primary Care Providers
- e. Public
- f. Other:

9. Estimated Project Duration:

- a. Start Date: 10/01/2019
- b. End Date: 09/30/2020

10. List 3 objectives your project aims to achieve.

- a. Objective 1:
Adapt an existing therapist-administered group-based transdiagnostic treatment manual (specifically focused on the identification and elimination of safety aids) for use across a wider array of diagnoses and among Veterans.
- b. Objective 2:
Expand an existing therapist-administered group-based transdiagnostic treatment manual (specifically focused on the identification and elimination of safety aids) for use across a wider array of diagnoses and among Veterans.
- c. Objective 3:

11. Is this a product that can be easily disseminated for use at other VAMCs?

- a. Yes
- b. No

12. What clinical issue does your product address?

Affective disorders (e.g., anxiety disorders, trauma-and stressor-related disorders, obsessive-compulsive and related disorders, and depressive disorders) are a highly prevalent (28% past year; 49% lifetime), comorbid, debilitating, and costly (between \$42 and \$83 billion, yearly) category of mental illnesses [1-5]. They also are the most common mental health problems faced by individuals returning from deployment [6, 7]. As such, the treatment of these disorders is a top priority within the Department of Veterans Affairs (VA) [8]. Although there are a number of empirically supported treatments (ESTs) available to effectively manage these disorders [9], a significant proportion of mental health providers, particularly those providing care through Community Based Outpatient Clinics (CBOCs), report not using these validated approaches [9]. Factors inhibiting the widespread adoption of ESTs include: (a) the diagnosis-specific nature of these treatments; (b) the extensive training needed to master these treatments; and (c) the time needed to deliver these treatments. One approach to addressing these barriers is to utilize group-based transdiagnostic or unified treatment protocols.

13. What resources exist to address this issue and explain how your product is different (such as there are no resources, they are outdated, not user-friendly, or don't apply to Veterans). At a minimum, search online for examples, including the National MIRECC website at <https://www.mirecc.va.gov/apps/activities/products/products.asp>.

Schmidt and colleagues developed a 10-session group-based treatment specifically focused on the identification and elimination of safety aids. Despite evidence for the utility of this transdiagnostic treatment [10, 11], this manual is not readily available and not currently applicable to Veterans or those with PTSD, OCD, and depression. This is particularly noteworthy as there is a growing body of research to suggest that such samples (i.e., Veterans and those diagnosed with PTSD, OCD, and depression) engage in maladaptive safety aid use [12-14].

14. How will your product improve this issue?

Drawing upon input from several VA clinicians and content experts in the field, the Schmidt et al., 2012 safety aid manual will be adapted for use across a broader array of diagnoses and among Veterans. In particular, the content will be tailored to include educational information about other affective disorders, namely PTSD, OCD, and depression, as well as safety aids common among those with PTSD (e.g., monitoring for exits and escape routes), OCD (e.g., repeatedly ordering or arranging things) and depression (e.g., reassurance seeking). Further, the content will be augmented to include Veteran friendly language and examples.

15. How does your product improve mental health care for rural and other underserved Veterans?

Approximately 5.2 million Veterans reside in rural communities across the United States, making it difficult for them to access quality medical and mental health care [12]. The VA established CBOCs to improve access to healthcare for rural Veterans; however, these clinics often lack mental health specialists including psychiatrists and psychologists, limiting the breadth of specialty services available [12]. As such, mental health care is often delivered by primary care providers or mental health clinicians who: (a) lack familiarity with evidence-based interventions and (b) lack the time needed to implement such intensive therapies. Group-based cognitive behavioral protocols that target a number of different diagnoses are likely to be more attractive in these settings and therefore more readily disseminated. In particular, such protocols would overcome both time and training barriers as they allow a heterogeneous group of Veterans to receive treatment within the same clinical hour and eliminate the need for expertise in a wide range of treatment protocols.

16. How will you evaluate the final product? (Check all that apply):

- a. Pretest
- b. Posttest
- c. Follow-up Survey
- d. Individual Interviews
- e. Focus Group Interviews
- f. Other: **Feedback from content experts and VA mental health providers**

17. Please describe the evaluation process.

The manual evaluation is a two-step process. First, a draft of the manual will be distributed to three content experts in the field of PTSD, OCD, and depression (see attached letters of support). These individuals will be monetarily compensated (see budget below) for their review and expert opinions on the manual content. Based on this feedback, changes will be made to the treatment protocol. Second, the revised manual will be distributed to two VA clinicians (one psychologist and one social worker) for feedback regarding Veteran centered language and examples, as well as their perceived ability to deliver the treatment protocol within the VA. Once again, changes will be made based on this feedback prior to the manual going into production.

18. Budget Table (list additional items on page 6 if needed):

Item with justification	Quantity	Cost per item	Total Cost
Graphic Design- The Suber Company	20	\$ 75.00	\$ 1,500.00
Non-VA Content Experts	3	\$ 750.00	\$ 2,250.00
Grand Total:			\$ 3,750.00

19. Enter additional text and references below (if text is too long for this space, put it in a Word document and attach to your email submission).

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The basic theme of this treatment protocol will be the identification and elimination of maladaptive cognitive and behavioral strategies, otherwise known as safety aids, which are used to evade or alleviate anxiety and distress. Although beneficial in the short-term, repeated use of such strategies in the long-term contributes to the development and maintenance of affective disorders.

20. Enter additional budget information below (if text is too long for this space, put it in a Word document and attach to your email submission).