



Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

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www.mirecc.va.gov/visn16

Communiqué

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RESEARCH TO PRACTICE

Dropout from Treatment for PTSD

Summary by Patricia Dubbert, Ph.D.

The dropout rate for PTSD treatment has always been a concern. Treatment studies have reported dropout rates as high as 40%. There are many reasons why patients fail to complete psychotherapy. For PTSD there is a special concern, which is that patients will not be able to tolerate the focus on their trauma. Just how important is the trauma focus in PTSD treatment dropout?



To advance understanding of the importance of trauma focus and several other factors associated with dropout from PTSD treatment, Zac Imel and

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Preparing Applications for Clinical Demonstration, Educational, and Community Participatory Funding: A Grant Writing Master Class

By Patricia Dubbert, Ph.D., Justin Hunt, M.D., Ann Cheney, Ph.D.,
Steve Sullivan, M.Div., Th.M., and Geri Adler, Ph.D.

Writing applications for clinical demonstration, educational, and community participatory funding requires different skills from writing applications for research funding from agencies like VA Health Services Research and Development (HSR&D) and the National Institutes of Health. These grant applications are typically shorter and require a change in language, scope, and organizational support.

Getting Your Priorities in Order

Research your selected agency's mission and priorities before submitting an application. Read strategic plans, visit websites, or talk to a program officer to tailor your project to their priorities. You can also ask a colleague who has received funding if you might review his or her application to see

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co-authors from VA Puget Sound and its local MIRECC recently conducted a meta-analysis, using data from 42 previously published treatment studies. This study was published in the *Journal of Consulting and Clinical Psychology*.

The studies they analyzed included many different treatments, including prolonged exposure, cognitive processing therapy, eye movement desensitization and reprocessing, biofeedback, writing about trauma, psychodynamic approaches, interpersonal therapy, and others. Combining the data from this large number of studies with different approaches to treatment allowed the authors to answer questions such as whether trauma-focused treatments were associated with higher dropout than treatments that did not require focus on trauma; whether group treatment had higher dropout than individual treatment; and whether a greater number of required sessions was associated with more dropout than treatment requiring fewer sessions. The authors concluded that additional research is needed to determine if this is a reliable difference that could be used in considering treatment choices for patients who are reluctant to talk about their trauma.

Study highlights for clinicians:

- The meta-analysis showed significant differences in dropout across studies, with an average dropout rate of 18%.
- The differences in dropout were not associated with the various kinds of active treatment.
- Group treatments had a 12% higher dropout than individual treatment.

- Each additional required session was associated on average with a 1% increase in dropout. The authors reported that length of treatments were similar so they did not examine length of treatment as a predictor of dropout.
- The amount of focus on the traumatic event did not seem to be a major contributor to dropout.
- Trauma-specific treatments, such as prolonged exposure, did not have greater dropout than treatments, such as psychodynamic therapy, that did not require (although they did permit) discussion of the meaning or memory of the trauma. The only exception was some evidence of lower dropout from a few studies of present-centered therapy, which avoids any focus on trauma.

This meta-analytic study is important in showing that there is currently little evidence that some of the evidence-based treatments for PTSD result in higher dropout rates than others. Instead, differences in dropout may often be due to other factors, such as the demands associated with attending a larger number of sessions or diminished individual attention in group treatment.

This article can be accessed at <http://www.ncbi.nlm.nih.gov/pubmed/23339535>.

Citation

Imel, Z. E., Laska, K., Jakupcak, M., & Simpson, T. L. (2013). Meta-analysis of dropout in treatments for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 81(3), 394-404. ♦

ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure that the SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit the SC MIRECC if they receive either direct or indirect support from the SC MIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.

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how it connected the proposed project's goals with those of the agency.

Program-oriented proposals will lead to the development of programs instead of producing knowledge through research and dissemination of findings. Even if your proposal is not research-oriented, you will need to consult your local Research Service about whether you'll need to submit your project to the Institutional Review Board for a determination of whether it is considered research, and therefore subject to IRB approval.

I'll Take Two Scopes, Please

When determining the scope of your project, you must be able to narrow its focus while maximizing its impact. If you don't feel that you have the expertise to make this determination, ask an experienced mentor. Also, avoid promising too much in the early months of the grant. Most agencies follow performance metrics very closely, so it is critical to be realistic about your objectives. While it is possible to adjust these metrics if you promise too much in the original proposal, it is an added hassle. If you are applying for one-year funds, try using a small pilot project approach and plan to apply for a second year of funding to accomplish additional objectives.

Let Your Knowledge Be Your Guide

If your proposal is based on your current work, writing an application may be relatively simple. For example, if you established a clinical service in one location and propose to establish a similar clinical service in another to better serve rural Veterans, you will have insight into the necessary resources to set up this service and feasible measures for project evaluation. This is also true for established relationships you have in the community if your project will focus on community outreach and improving access to care. However, if your idea is innovative or you don't have a lot of experience with it, reading journal articles about other programs similar to what you envision, talking to experienced staff and leaders at other locations, or consulting with local partners about the feasibility of implementing your project will be helpful to you. Also, write your project summary in a way that reviewers can understand and appreciate your goals.

Team Players

Successful projects are the work of a competent team. Speaking freely about your interests and letting colleagues know the population or issue that you are seeking to address can lead you to interested team members. Read

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CBOC Mental Health Rounds

Sponsored by the South Central MIRECC

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "Everything You Wanted to Know About Veterans' Sexual Health but Were too Afraid to Ask" on Thursday, February 13 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Gregory Beaulieu, Ph.D. At the conclusion of this educational program, learners will be able to:

1. Recognize the prominence of sexual health concerns in OEF/OIF/OND Veterans;
2. Identify two ways to integrate discussion of sexual health concerns in clinical encounters; and,
3. Utilize three scoring methods for a brief screening of sexual health concerns.

Call 1-800-767-1750 and use access code 26461# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.

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the request for proposals (RFP) instructions carefully to determine what expertise you need on your team. For instance, program-oriented projects may need VA and community mental-health providers, chaplains, or first responders. Research-oriented projects and program-oriented projects with an evaluation component may require methodological and analytic support. The SC MIRECC Implementation, Design and Analysis Support (MIDAS) program offers centralized design, methodological and analytic support to VISN 16 investigators. It has expertise in biostatistics, epidemiology, psychometrics, qualitative methods, application of technology to research and education, and project implementation. For more information about MIDAS, visit <http://www.mirecc.va.gov/VISN16/research.asp>.

A Helping Hand

Applicants new to grant writing will improve their chances of success by choosing mentors who can guide and support them through the proposal development process. The best mentors have relevant content or methodological expertise, a track record of successful funding, and are willing to share their knowledge in a supportive way. If you don't have a mentor, rely on your own observations and advice of supervisors and trusted others about who may be the best mentor(s) to work with on your proposal. It is helpful to send out drafts of the project plan or narrative section to mentors, colleagues, and others who can provide feedback.

A Good Foundation

Many grant applications require approval from your department or facility before it will be accepted. Getting signatures may take several days and should be included in your timeline. Also, leading a successful project often requires committing a significant amount of your time and resources, which may require other duties be reassigned. It is wise to get the written commitment of your supervisors to give you the time to conduct the project, such as a letter of support, before you submit an application.

For community projects, you will need support from leadership of any agencies or groups that are involved with the implementation of your project. Request a letter of support stating their willingness to work with you and briefly describing their role in the project. Letters of support may not be necessary if your project involves initiating new contacts with community groups or agencies to explore future collaborations.

Grant Writing Quick Tips

- ✓ Applications take more time to develop than you anticipate.
- ✓ Ask colleagues who have received funding to share copies of their proposals. Learning from a successful model is invaluable.
- ✓ Become familiar with the RFP so you can gather materials in a thoughtful manner before you start writing.
- ✓ Start early to allow time for consultants and mentors to read your proposal and give you feedback.
- ✓ Make sure departmental and facility leadership are aware and supportive of your proposal early in the process.
- ✓ Read the RFP carefully for budget limitations.

Budgets, etc...

You will need individuals with budget management and purchasing experience (e.g., administrative officer or a budget analyst) to help create your budget. Read the RFP carefully for budget limitations. Also, talk with your administrative officer about the pros and cons of hiring new staff. You may not be able to complete project objectives if it takes three months to hire a new employee. Instead, ask clinical managers or service chiefs for advice about what kinds of clinical or administrative staff members would be needed to conduct the project and if any existing staff need funding coverage and are available to participate (e.g., temporary or term employees). This will help your entire department and your specific research or programmatic interests. In these days of leaner funding, this is a critical piece.

SC MIRECC Grant Programs

The SC MIRECC offers funding for research and education grants. Detailed application instructions for both programs are available at <http://www.mirecc.va.gov/visn16>. Also, sample education grant applications can be downloaded from <http://www.mirecc.va.gov/visn16/education>. SC MIRECC grants are submitted by email and

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your local MIRECC Site Leader and Service Line Chief or Director must be copied on the recipient line. You may be asked to revise and resubmit your proposal before it will be funded. ♦

Working with Couples Web-based Training: A Resource for Frontline Clinicians www.VACouplesTherapy.org

Developed by Michael Kauth, Ph.D. and Michelle Sherman, Ph.D.

Working with Couples is a free, web-based training that provides an overview of essential content and skills for treating the Veteran and his or her partner or spouse who struggle with communication problems, anger and conflict, mental illness, trauma, and reintegration into the family after deployment. This training targets VA clinicians but may be helpful to non-VA providers who work with Veterans. It is based on live training content created by Drs. Michelle Sherman, Ursula Bowling, and Dutch Doerman. Funding for the Working with Couples program was provided by the SC MIRECC.

The training addresses a range of issues that confront clinicians when starting to work with couples in the VA healthcare system, such as:

- What assessment tools should I use?
- Who is in the room and when?
- How do I handle confidentiality?
- What are specific interventions that can be helpful?
- What are good homework assignments?
- How do I document couple sessions?
- When do I create collateral charts?
- When should I refer?
- What CPT codes do I use?

The training includes didactic information; role-plays with professional actors and Drs. Doerman and Sherman as therapists to demonstrate interventions; self-assessments (quizzes); patient handouts / homework; and resource lists / downloadable attachments. The training is designed to be interactive and engaging. Although the entire training lasts approximately 4 ½ hours, users can start and stop at their convenience without the need to complete the entire training in one sitting. Additional training and supervision are required to become competent to provide couples therapy.



Pictured: Screenshot of the Working with Couples Website

Learners can download a non-accredited certificate by accessing the Working with Couples training modules and taking the post-training evaluation. You will receive a link to the certificate when the training is complete. Learners can enter their name and date, and print the certificate. To access the modules, visit <http://www.vacouplestherapy.org/>. ♦

SC MIRECC Website Gets New Look

The SC MIRECC website has received a makeover! The new look allows for a seamless user experience across all VA websites while still offering the latest information on SC MIRECC research, education, and clinical programs and activities. Check out the new look at <http://www.mirecc.va.gov/visn16>. ♦



Pictured: Screenshot of the SC MIRECC website.

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