STRONG STAR Training Initiative: Building Provider Competence in the Delivery of Evidence-based Treatments for PTSD

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PTSD & Suicidal Thoughts and Behaviors in Veterans

• Well established relationship among PTSD & suicide risk across populations (e.g., Bernal et al., 2007; Nock et al., 2009).

• In a national sample of veterans, PTSD increased the odds of SI (OR=9.7) and suicide attempts (OR=11.8) (Wisco et al., 2014).

• Combat-related guilt (often associated with PTSD) is linked to suicidality (Hendin & Haas, 1991).
PTSD & Suicidal Thoughts and Behaviors in Veterans

- PTSD + co-morbid diagnoses amplifies risk.
- PTSD + MDD increased risk for SI by 9x (Guerra et al., 2011).
- Iraq and Afghanistan Veterans with PTSD and 2 or more comorbid mental disorders are 5.7x more likely to have suicidal thoughts compared to veterans with PTSD (Jakupcak et al., 2009).
FRONTLINE TREATMENTS FOR PTSD:

COGNITIVE PROCESSING THERAPY (CPT)

Cognitive Processing Therapy for PTSD
A Comprehensive Manual
Patricia A. Resick
Candice M. Monson
Kathleen M. Chard

PROLONGED EXPOSURE THERAPY (PE)

Prolonged Exposure Therapy for PTSD
Therapist Guide
Edna B. Foa
Elizabeth A. Hembree
Barbara Olasov Rothbaum
COGNITIVE PROCESSING THERAPY

EDUCATION REGARDING PTSD, THOUGHTS, AND EMOTIONS

PROCESSING THE TRAUMA

LEARNING TO CHALLENGE

TRAUMA THEMES

FACING THE FUTURE

Treatment consists of an average of 8-12, 50-minute sessions
PROLONGED EXPOSURE THERAPY

Treatment consists of an average of 8-15, 90-minute sessions.

**PYschoeducation**
Rationale for treatment and procedures, common reactions to trauma, breathing retraining.

**IMAGNIAL EXPOSURE**
Repeated exposure to the trauma memory (recounting the memory).

**PROCESSING**
The trauma memory (discussing new learning or changed beliefs about the trauma).

**IN VIVO EXPOSURE**
Repeated and gradual exposure to safe situations that are avoided because of trauma-related fear.
LOSS OF PTSD DIAGNOSIS IN CIVILIANS AFTER TREATMENT WITH CPT AND PE

(Resick et al., 2012)
EBTs for PTSD Decreases Suicidal Thoughts

- CPT & PE with women experiencing Interpersonal violence, SI decreased with decreases in PTSD (Gradus et al., 2013).

- CPT & PCT with service members decreased SI post-tx (Bryan et al., 2016).

- PE & PCT with service members decreased SI post-tx (Brown et al., 2019).
How to get it out?

- Publications
- Professional Conference
- Training
Meanwhile...Issue of Access

Affordable Care Act & Veterans Choice Program have changed where mental health care is accessed

~40% of post 9/11 Veterans have never used the VA Health Care System

20% of psychologists & 10% of master’s level clinicians in community practice have received training in a gold-standard treatment for PTSD

13% of community providers were considered competent in understanding military culture and values

(Finley et al., 2016)

(Tanielian et al, 2014)
STRONG STAR Learning Communities

Competency-Based Training Program
Grant Funded with provider cost of $300

1. Recruitment + Application Process
2. Foundational Workshop Training
3. 6-12 Months of Weekly Case Consultation
4. Advanced Webinar Trainings
5. Organizational Consultation
6. Program Evaluation
7. Provider Network Status
SSTI Evidence-Based Treatments Learning Communities

**PTSD**
- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)

**Suicide Prevention**
- Crisis Response Planning for Suicide Prevention (CRP)

**Insomnia and Nightmares**
- Cognitive Behavioral Therapy for Insomnia and Nightmares (CBTin)
Provider Portal

Bi-Directional Implementation Tool

1. De-Identified Patient data collection
2. Provider Resource site to ease burden on implementation of new skill
   - Assessment materials
   - Therapist outlines, note templates
   - Videos
   - Advanced webinars
SSTI Program Evaluation Outcomes


- Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework (Glasgow et al., 2019)

- Evaluation data were collected during a 2-year period between January 2018–January 2020.
### Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) (Glasgow et al., 2019)

<table>
<thead>
<tr>
<th>RE-AIM Dimension</th>
<th>Level</th>
<th>Data Source</th>
<th>Measure</th>
</tr>
</thead>
</table>
| Reach            | Provider/Patient | Application/Provider Survey Months 1-5 | - Number of states and cities with trained providers  
- Proportion of patients with PTSD educated about EBTs for PTSD  
- Proportion of patients with PTSD who initiated EBTs for PTSD |
| Effectiveness    | Provider/Patient | Training Evaluation & Provider 6-month Survey/Provider Portal | - Post-Workshop Learning Objectives Evaluation  
- Consultation Usage and Helpfulness  
- Online Resources “Provider Portal” Usage and Helpfulness  
- Change in PTSD symptoms measured by the PCL-5  
- Change in Depression symptoms measured by the PHQ-9 |
| Adoption         | Provider/Patient | Application/Provider Portal | - Number and characteristics of providers who participated in training  
- Number and characteristics of patients who initiated EBT for PTSD |
| Implementation   | Provider/Patient | Provider Portal | - Number of EBT for PTSD Sessions completed  
- Percentage of patients who completed treatment |
| Maintenance      | Provider | Provider 6- and 12-month survey | - Number of providers continuing to implement EBTs for PTSD at 6- and 12-months post-training |

(Dondanville et al., 2021.)
Provider & Patient Reach

- 280 Mental Health Providers in 25 states
- Data from 5 monthly surveys (response rate: 25% and 57%)
  - Providers reported educating 2,152 adult patients on EBTs for PTSD, reaching 67%
  - Providers reported initiating 930 patients, reaching 29% of patients with PTSD among their total reported caseloads.

(Dondanville et al., 2021)

Current Reach: 38 states. Across all projects we’ve trained 1,500 providers!
# Patient Effectiveness

(Dondanville et al., 2021.

<table>
<thead>
<tr>
<th>Symptom outcomes</th>
<th>Intent to Treat</th>
<th>Completers</th>
<th>Dropout</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$M (SD/d)$</td>
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<tr>
<td>BL PCL-5</td>
<td>50.90 (14.97)</td>
<td>53.30 (14.16)</td>
<td>49.17 (15.32)</td>
</tr>
<tr>
<td>Post PCL-5</td>
<td>31.25 (20.32)</td>
<td>20.79 (18.13)</td>
<td>38.79 (18.40)</td>
</tr>
<tr>
<td><strong>PCL-5 change score</strong></td>
<td>19.66 (0.92*)</td>
<td>32.51 (1.68*)</td>
<td>10.38 (0.60*)</td>
</tr>
<tr>
<td>BL PHQ-9</td>
<td>15.41 (6.27)</td>
<td>15.79 (5.70)</td>
<td>15.13 (6.66)</td>
</tr>
<tr>
<td>Post PHQ-9</td>
<td>10.19 (6.71)</td>
<td>7.06 (5.67)</td>
<td>12.47 (6.51)</td>
</tr>
<tr>
<td><strong>PHQ-9 change score</strong></td>
<td>5.22 (0.73*)</td>
<td>8.73 (1.31*)</td>
<td>2.66 (0.43*)</td>
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Patient Adoption

providers initiated either CPT or PE with a total of 568 patient:s

- 215 military-affiliated
  - 72% Male
  - 42% married
  - 70% non-Hispanic/Latino
  - 70% White
  - 58% Ages 30-49 years
  - Mostly U.S. Army (16%) veterans (26%)

- 353 Civilians
  - 75% female
  - 35% married
  - 64% non-Hispanic/Latino
  - 77% White
  - 41% Ages 14-29 years

Consistent with more providers being trained in CPT, most patients initiated CPT (84%) compared with PE.

(Dondanville et al., 2021.)
Primary Implementation Barriers

Reported by providers in 6-month survey:

• 50% \((n = 24)\) of the CPT respondents and 44% \((n = 19)\) of the PE respondents reported challenges

• Receiving referrals for clients needing PTSD treatment
• Patient disinterest in treatment type
• Low provider confidence in using respective EBT for PTSD
• Not having enough time away from regular work to attend consultation
• Lack of patients on caseload needing PTSD treatment

(Dondanville et al., 2021.)
# Maintenance

<table>
<thead>
<tr>
<th>Response Rate</th>
<th>EBT Usage</th>
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<tr>
<td><strong>6-Month Survey</strong></td>
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<tr>
<td>CPT: N=93 (48%)</td>
<td>95% using CPT</td>
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<tr>
<td>PE N=60 (66%)</td>
<td>72% using PE</td>
</tr>
<tr>
<td><strong>1-Year Survey</strong></td>
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<tr>
<td>CPT: N=72 (37%)</td>
<td>87% using CPT</td>
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<tr>
<td>PE N=44 (49%)</td>
<td>77% using PE</td>
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(Dondanville et al., 2021.)
Implications

- SSTI is able to reach community providers who serve veterans and civilians.
- These providers activity participate across unique settings.
- Substantial improvement in PTSD and depression outcomes among enrolled patients.
- Sustain use of CPT or PE over time.
QUESTIONS?
To see and apply to out 2022 learning communities:
www.strongstartraining.org/workshops
Thank you!
The STRONG STAR Training Initiative conducts Learning Communities—competency-based training—in evidence-based treatments for PTSD, including Cognitive Processing Therapy and Prolonged Exposure, Suicide Prevention, and Insomnia and Nightmares with mental health providers.

Learn More: https://www.strongstartraining.org