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

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Texas Suicide Prevention Symposium

STRONG STAR TRAINING INITIATIVE

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PTSD & Suicidal Thoughts and Behaviors in Veterans

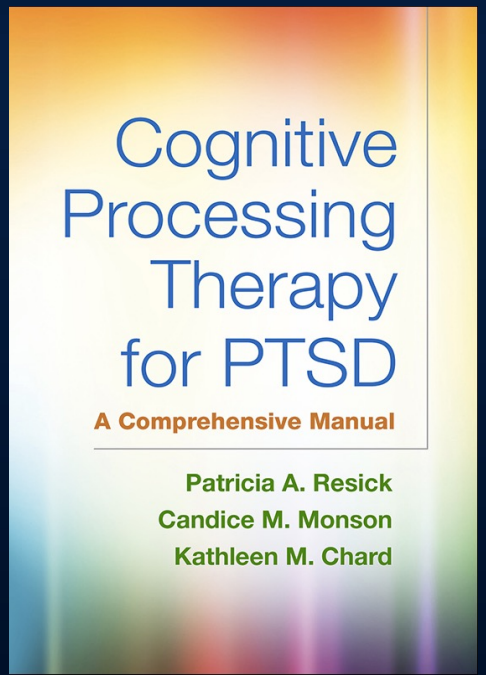
- Well established relationship among PTSD & suicide risk across populations (e.g., Bernal et al., 2007; Nock et al., 2009).
- In a national sample of veterans, PTSD increased the odds of SI (OR=9.7) and suicide attempts (OR=11.8) (Wisco et al., 2014).
- Combat-related guilt (often associated with PTSD) is linked to suicidality (Hendin & Haas, 1991) .

PTSD & Suicidal Thoughts and Behaviors in Veterans

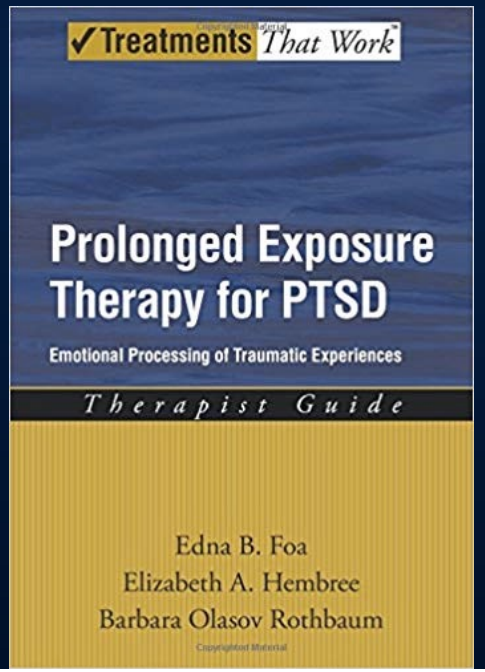
- PTSD + co-morbid diagnoses amplifies risk.
- PTSD + MDD increased risk for SI by 9x (Guerra et al., 2011).
- Iraq and Afghanistan Veterans with PTSD and 2 or more comorbid mental disorders are 5.7x more likely to have suicidal thoughts compared to veterans with PTSD (Jakupcaket et al., 2009).

FRONTLINE TREATMENTS FOR PTSD:

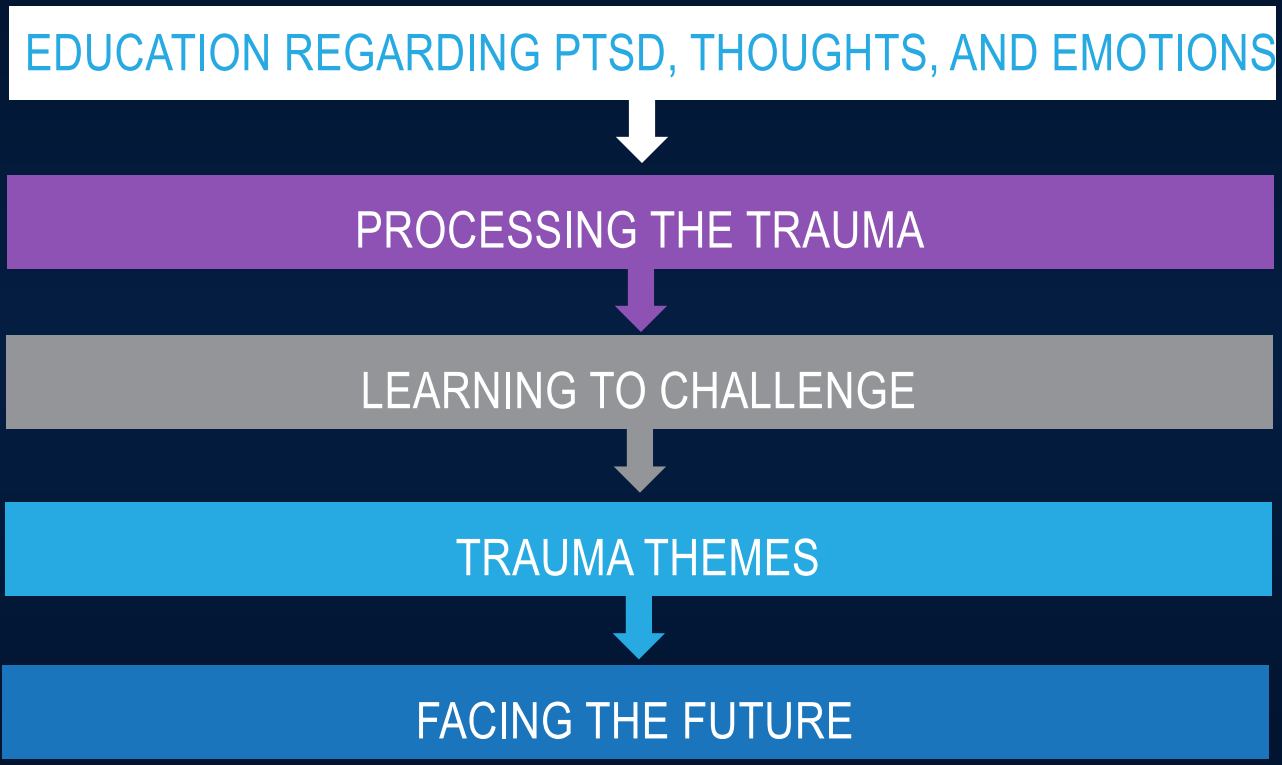
COGNITIVE PROCESSING THERAPY (CPT)



PROLONGED EXPOSURE THERAPY (PE)



COGNITIVE PROCESSING THERAPY



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

PROLONGED EXPOSURE THERAPY

PYSCHOEDUCATION

RATIONALE FOR TREATMENT AND PROCEDURES, COMMON REACTIONS TO TRAUMA, BREATHING RETRAINING

REPEATED AND GRADUAL

IN VIVO EXPOSURE

TO SAFE SITUATIONS THAT ARE AVOIDED BECAUSE OF TRAUMA-RELATED FEAR

PE

REPEATED

IMAGNIAL EXPOSURE

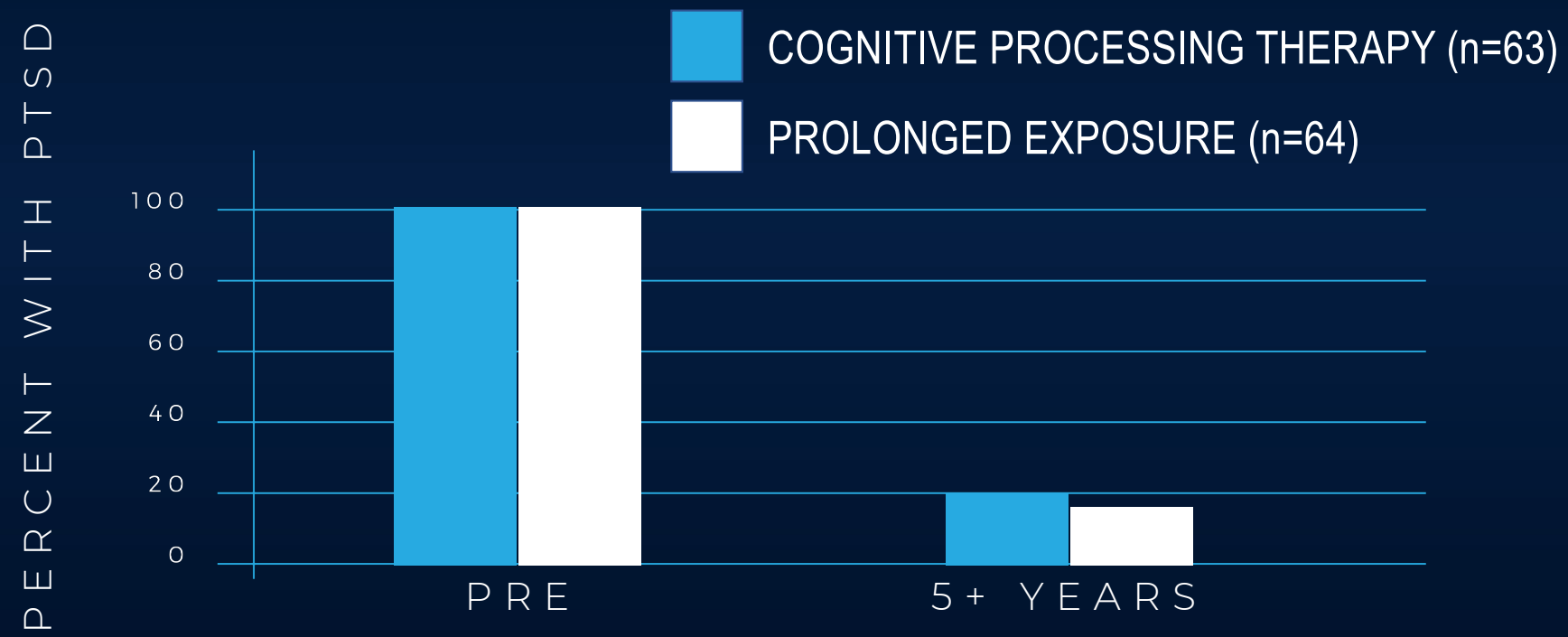
TO THE TRAUMA MEMORY (RECOUNTING THE MEMORY)

PROCESSING

THE TRAUMA MEMORY (DISCUSSING NEW LEARNING OR CHANGED BELIEFS ABOUT THE TRAUMA)

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

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

(Finley et al., 2016)

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

(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)

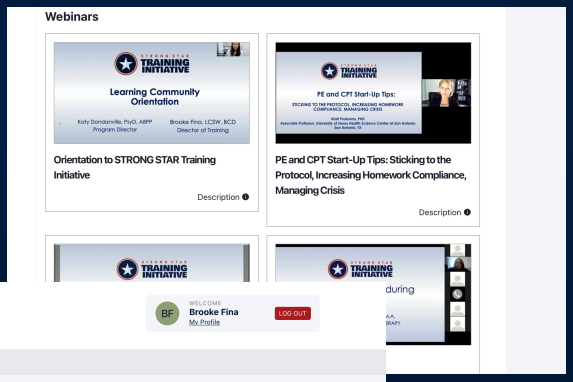
Insomnia and Nightmares

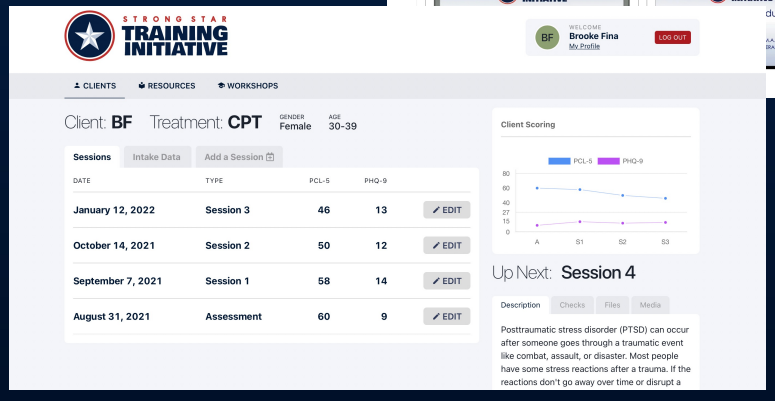
- Cognitive Behavioral Therapy for Insomnia and Nightmares (CBTin)

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

Dondanville, K. A., Fina, B. A., Straud, C. L., Tyler, H., Jacoby, V., Blount, T. H., Moring, J. C., Blankenship, A. E., & Finley, E. P. (2021). Evaluating a community-based training program for evidence-based treatments for PTSD using the RE-AIM framework. *Psychological services*, 10.1037/ser0000567. Advance online publication. https://doi.org/10.1037/ser0000567

- 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)

RE-AIM Dimension	Level	Data Source	Measure
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

	Intent to Treat (N = 568)	Completers (*n* = 238)	Dropout (*n* = 320)
Symptom outcomes	*M* (*SD/d*)	*M* (*SD/d*)	*M* (*SD/d*)
BL PCL-5	50.90 (14.97)	53.30 (14.16)	49.17 (15.32)
Post PCL-5	31.25 (20.32)	20.79 (18.13)	38.79 (18.40)
PCL-5 change score	19.66 (0.92*)	32.51 (1.68*)	10.38 (0.60*)
BL PHQ-9	15.41 (6.27)	15.79 (5.70)	15.13 (6.66)
Post PHQ-9	10.19 (6.71)	7.06 (5.67)	12.47 (6.51)
PHQ-9 change score	5.22 (0.73*)	8.73 (1.31*)	2.66 (0.43*)

(Dondanville et al., 2021.

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

Response Rate	EBT Usage
6-Month Survey	
CPT: N=93 (48%)	95% using CPT
PE N=60 (66%)	72% using PE
1-Year Survey	
CPT: N=72 (37%)	87% using CPT
PE N=44 (49%)	77% using PE

(Dondanville et al., 2021.

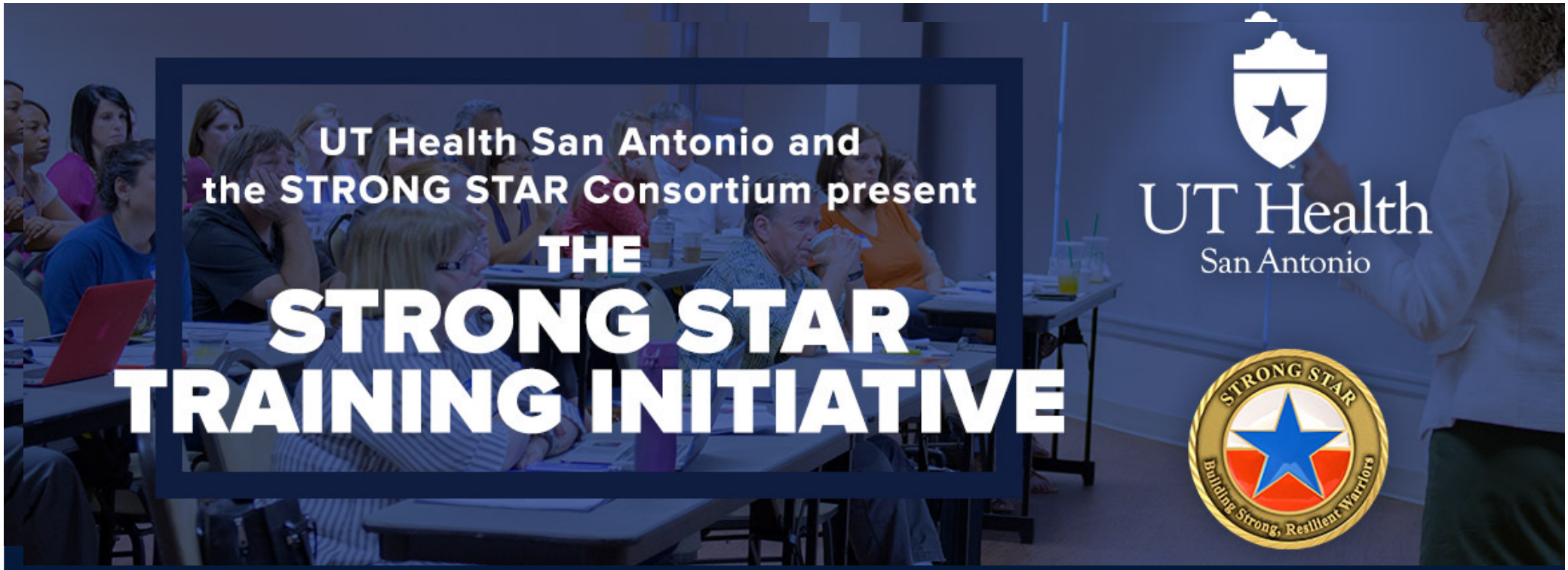
Implications

- 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