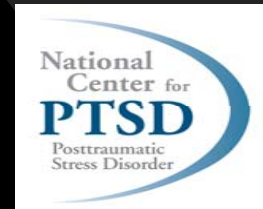




**VA**  
HEALTH  
CARE

Defining  
**EXCELLENCE**  
in the 21st Century



# **Prolonged Exposure Mental Health Training Initiative: Progress, Program Evaluation and Sustainability**

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# Acknowledgements

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  - Dr. Ira Katz**
- **National Center for PTSD & PE Project Staff**
  - Dr. Jill Crowley**
  - Ms. Gina Gregory**
  - Ms. Fabianna Perez**
- **Drs. Edna Foa and Elizabeth Hembree**
- **PE Initiative Clinicians, Consultants, and Trainers**

# Overview

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- **Description of PE**
- **Training Model**
- **Evaluation**
  - **4-day Training**
  - **Trainers**
  - **Consultation**
- **Sustainability and Future Directions**

# Prolonged Exposure for PTSD: Treatment Procedures

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- Imaginal exposure
- Processing of the revisiting experience
- Repeated *in vivo* exposure
- Psychoeducation: Education about common reactions to trauma; breathing training

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

# Goals of Initiative

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- Train critical mass of VA providers in the implementation of PE, balancing adherence and flexibility
  - Intensive training model supported by research and experience
- Establish on-going capacity within VHA for training and implementation of PE
  - FY2011 - targeted trainings in facilities with greatest need
- Ensure long-term sustainability of PE services

# Training Model – Train-the-trainer

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- Clinicians
  - 4-day interactive, experiential workshops
  - Weekly small group and individual consultation to provide on-going support
  - Tape review to ensure fidelity
- Consultants
  - 5-day interactive, experiential workshops
  - Ongoing support from Drs. Edna Foa and Elizabeth Hembree
  - Support and Community
- Trainers
  - 3-day interactive, experiential workshops
  - To establish training capacity internal to VA
  - Ongoing support from Drs. Edna Foa and Elizabeth Hembree

# Consultation

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- **Consultation necessary to**
  - **Increase mastery and confidence in the treatment**
  - **Increase adherence**
  - **Enhance integration with PE provider community**
- **Clinician trainees report that it is essential in their preparation for delivery of PE**
- **Can effect participation in consultation; to date...**
- **43% of those trained have completed consultation**
- **Additional 45% now participating in consultation**
- **Only 12% have dropped out of consultation**
- **Challenge: Developing and employing sufficient number of consultants to meet demand**

# Numbers Trained

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**Total # Clinicians Trained through VA rollout 1300**

**Total # Clinicians Completed Consultation 822**

**Total # Currently in Consultation 282**

**Total # Dropped/Removed 196**

**Consultants 70**

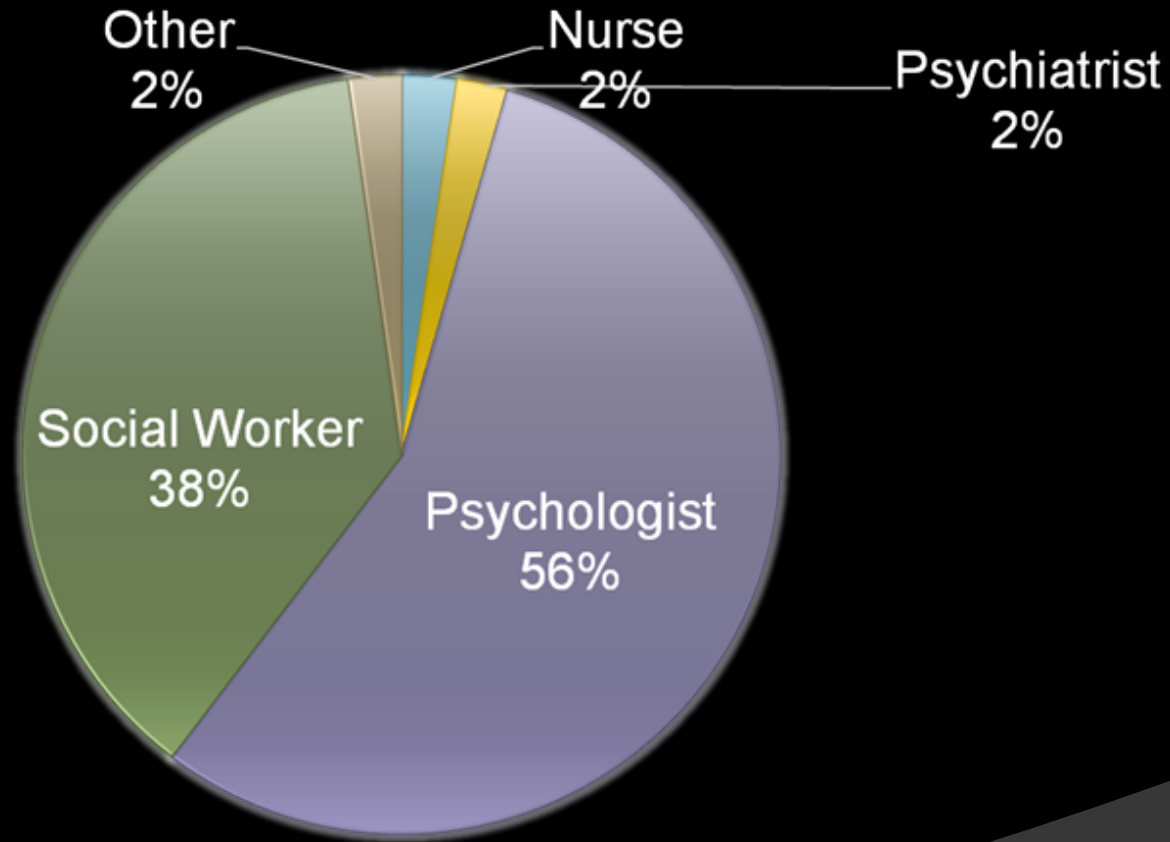
**Trainers 16**

**Total # Clinicians Trained outside of but  
in coordination with the VA rollout 241**



# Clinician Field Across All phases (n = 1307)

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# Survey Timing

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- **Pre-Training**

4-day Didactic Training

- **Post Training**

Minimum of 2 Cases under Consultation

- **Post-Consultation**

- **Implementation at 6 months**

# Measurement Domains

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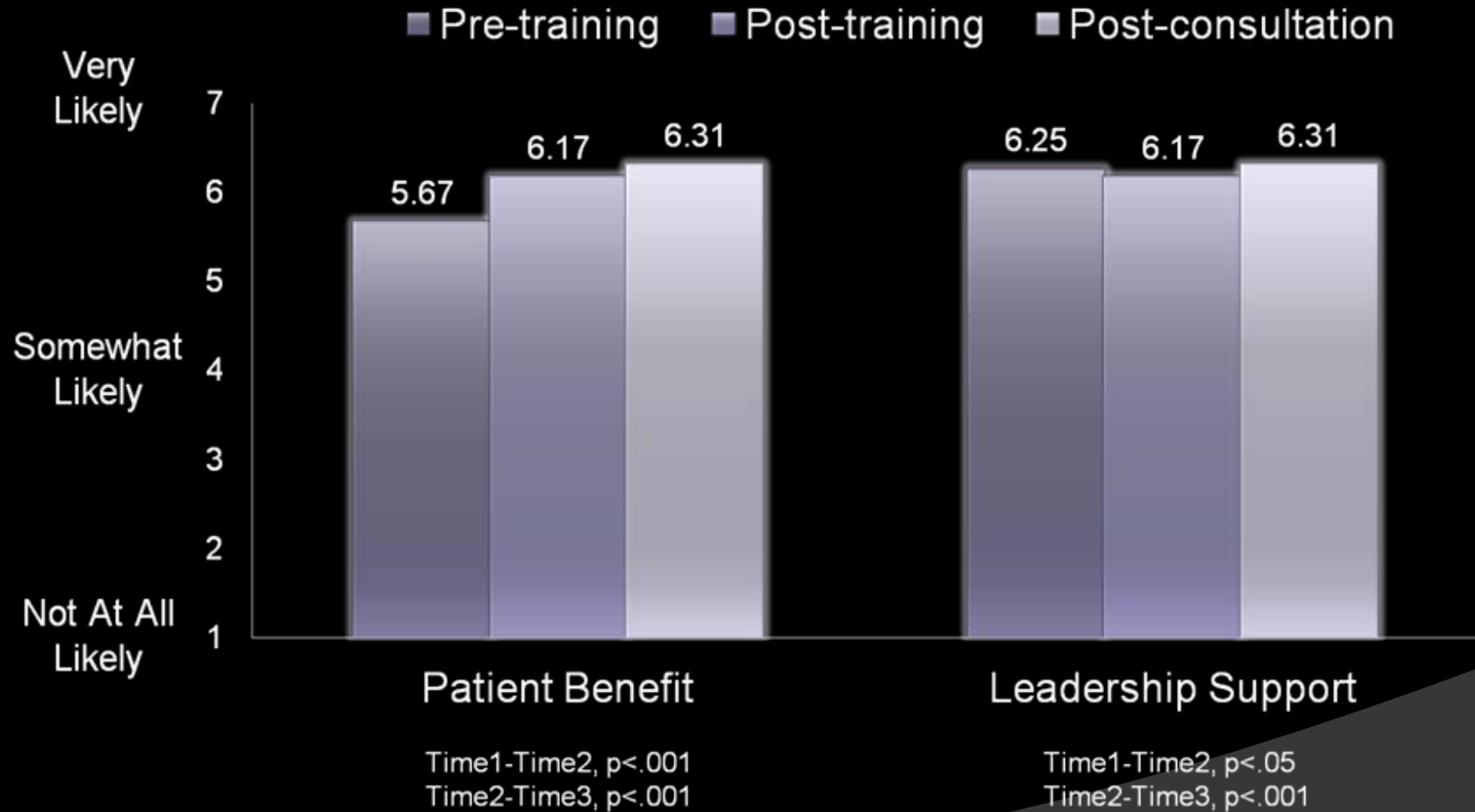
- **Clinician beliefs/attitudes**
  - Clinician Self-Efficacy
  - Anticipated Benefits (Positive Outcomes)
  - Anticipated Drawbacks (Negative Outcomes)
  - Perceived Patient Outcomes Post-Consultation
- **Implementation in practice**
- **Patient outcomes**
  - Change in Patient PCL Scores during training cases

# Changes in Self-Efficacy (SE) After Training Cases\* (n = 657)



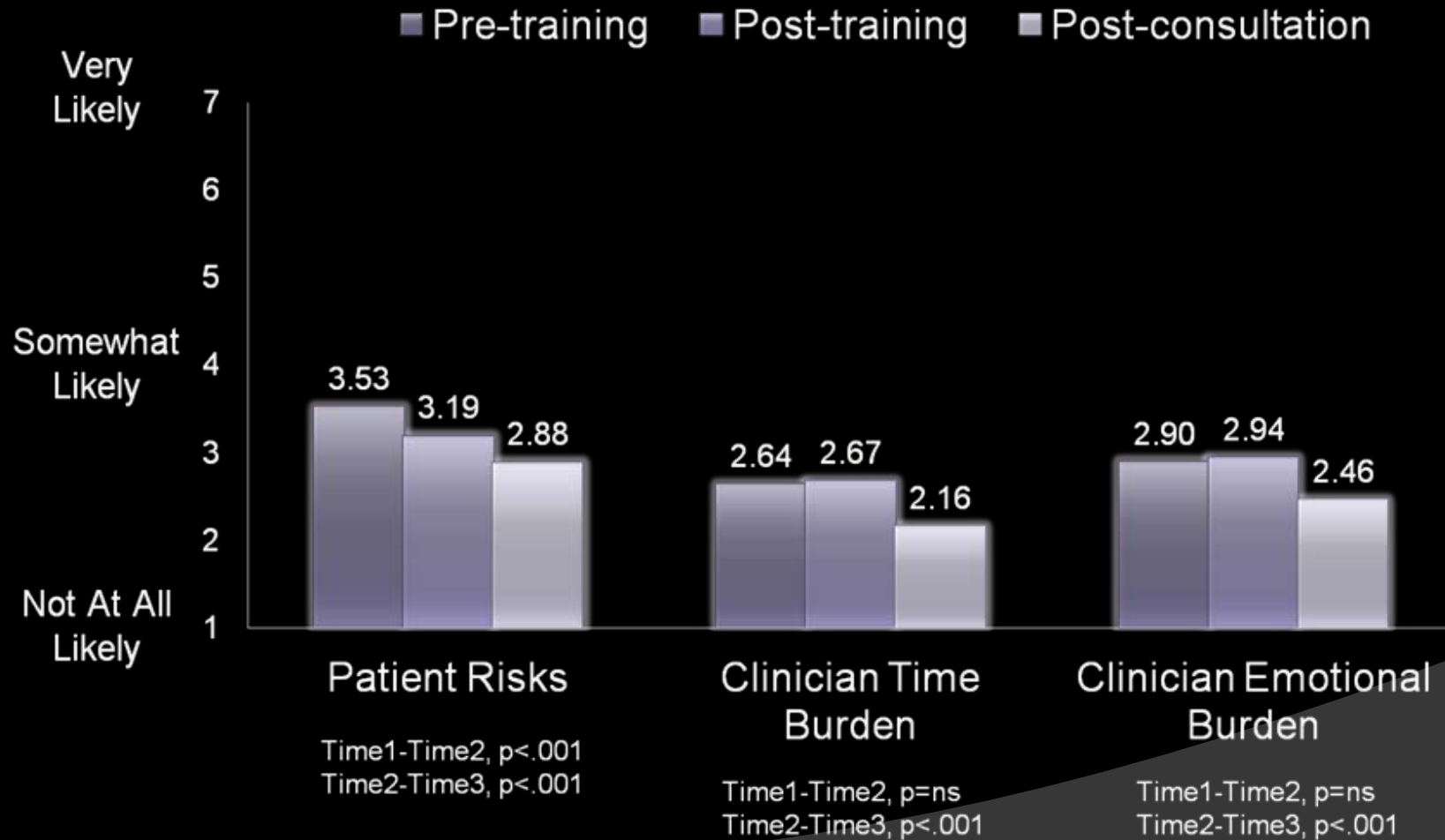
\*Repeated measures ANOVA with time as the within-subjects variable.

# Changes in Expected Benefits of PE After Training Cases\* (n = 657)



\*Repeated measures ANOVA with time as the within-subjects variable.

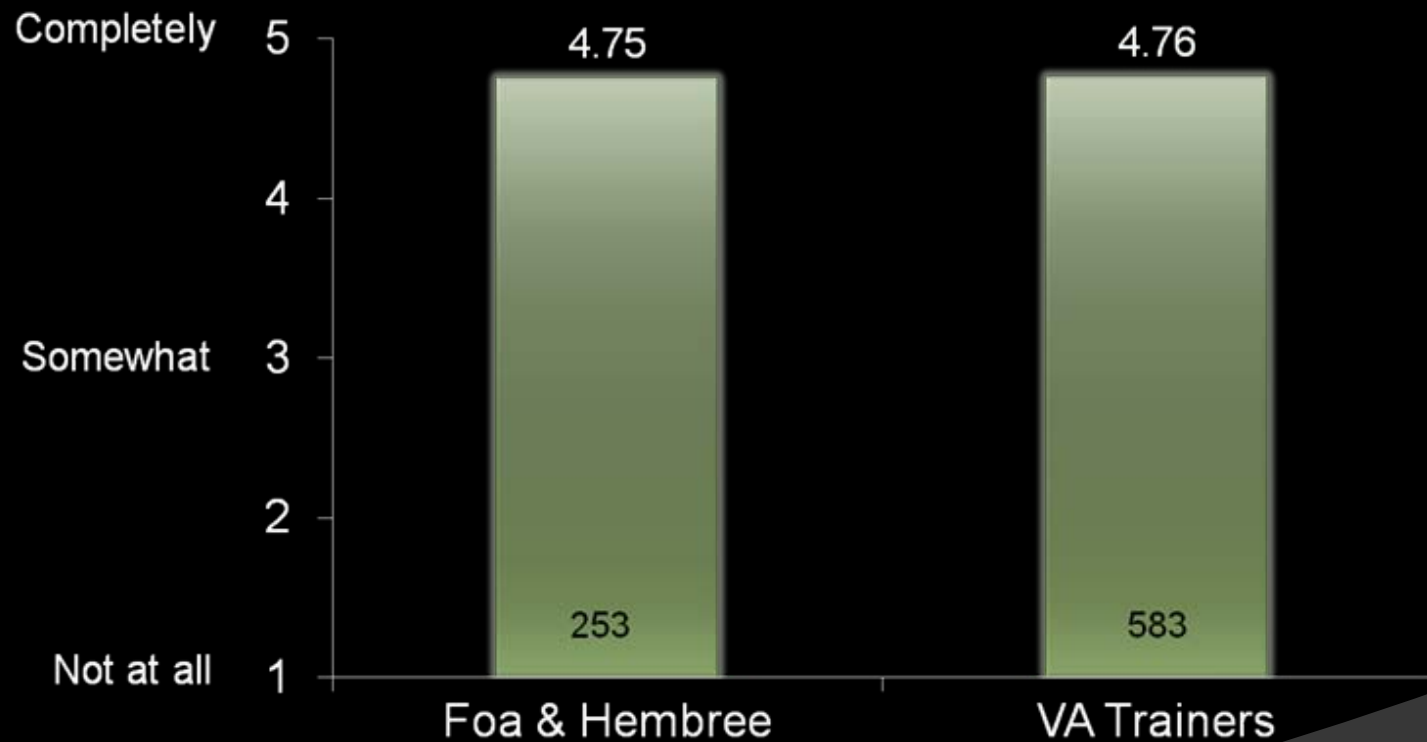
# Changes in Expected Drawbacks of PE After Training Cases\* (n = 651)



\*Repeated measures ANOVA with time as the within-subjects variable.

# VA Trainers Vs. Foa & Hembree

## Objective 2: Learned How to Implement PE Components for PTSD

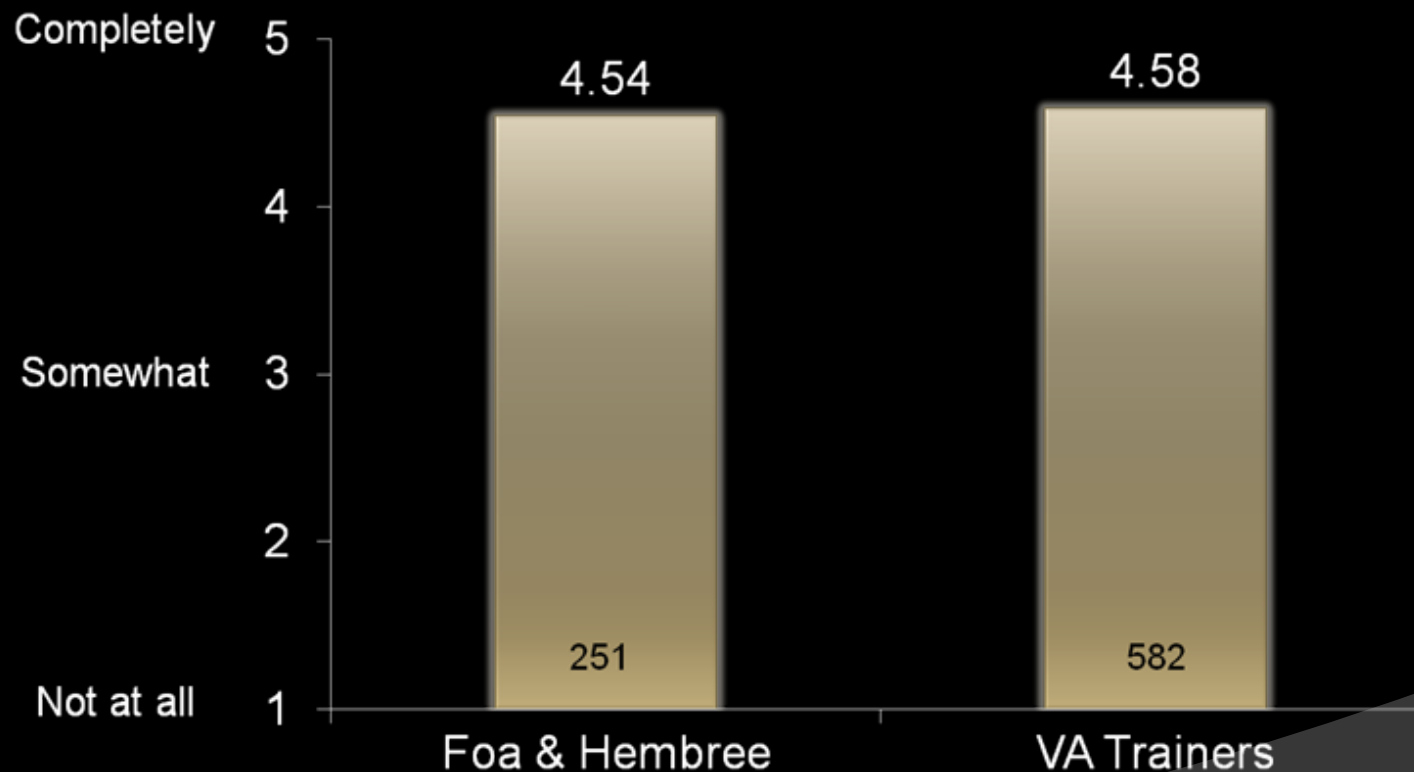


$t(834)=-.21, ns., \text{Cohen's } d=.02$

# VA Trainers Vs. Foa & Hembree

## Objective 3: Learned How to Modify PE to Manage Emotional Responses

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$t(831)=-1.04$ , ns., Cohen's  $d=.08$



# Adherence

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- **Clinician self-report using forms created by Foa and colleagues for their outcome trials**
- **Corresponding consultant adherence – using modified versions of the same forms**
  - **Forms completed after tape review of critical portions of session**
    - **Rationale**
    - **Establishment of in vivo hierarchy**
    - **Imaginal exposure**
    - **Processing**

# Adherence To PE Protocol

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- Consultant Ratings
  - Checklist
    - Yes/No - Did the therapist cover the PE protocol element?
    - 97.6% adherence rate across trainees and sessions
  - Likert Scale – Rate the therapists skill when covering PE protocol element.
    - 1=Poor, 2=Mediocre, 3=Satisfactory, 4=Good, 5=Excellent
    - Average = 4.04 across trainees and sessions

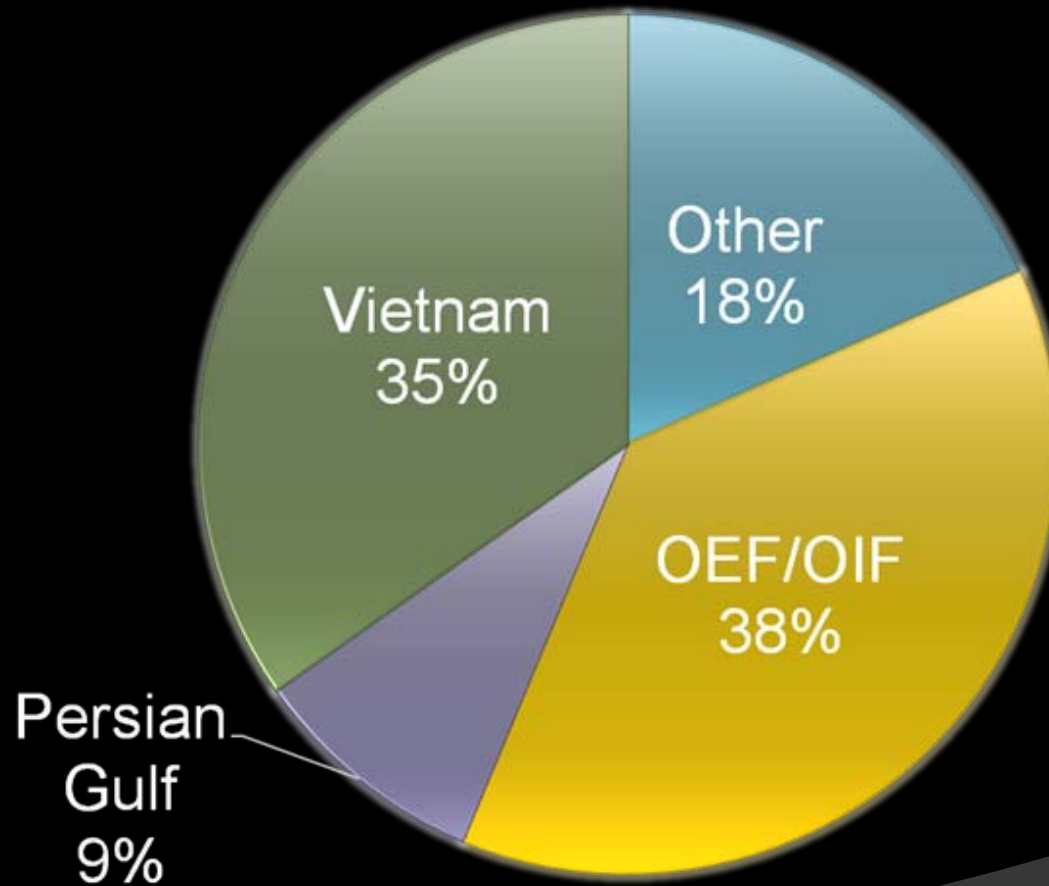
# Overview of Patient Outcomes for Training Cases

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- 2933 Veteran Patients Treated
  - 1560 (53%) Completed
  - 956 (32%) Dropped Out
  - 417 (14%) In Process
- 2247 Patients Demographic Data Available
- 1778 Patients Outcome Data Available

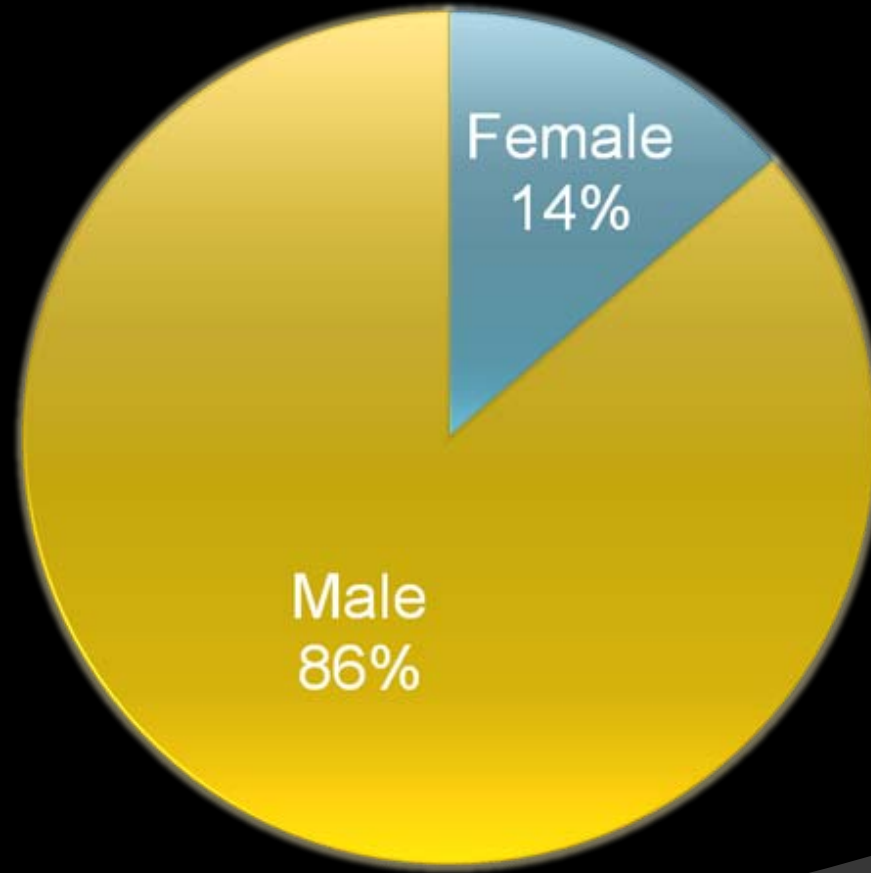
# PE Patient Demographics (n=2247)

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# PE Patient Demographics (n=2247)

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# Veteran Patient Outcomes

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- **PCL**
  - 82% of Veterans see some improvement in PTSD symptoms over the course of treatment
  - 61% experience at least a 10 point drop in PCL scores
  - 41% experience at least a 20 point drop in PCL scores
  - 10% experience at least a 37 point drop
- **BDI**
  - 73% show some improvement in depression symptoms over the course of treatment
  - 60% experience at least a 5 point drop in BDI scores
  - 41% experience at least a 10 point drop in BDI scores

# Veteran Patient Outcomes

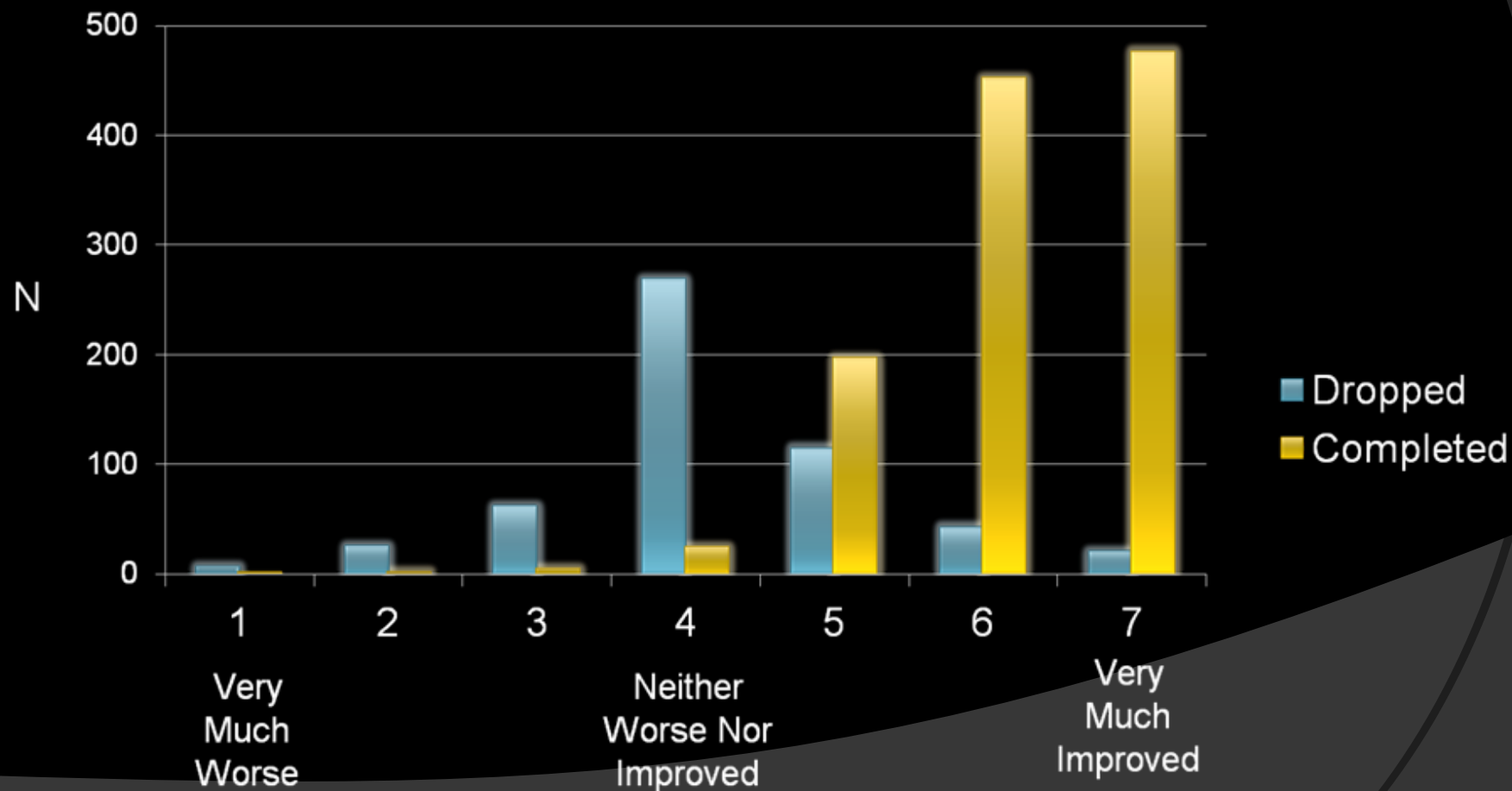
Change in PCL scores for PE completers by war era



Displayed PCL scores are for patients who completed treatment and for whom both initial and final session outcome data are available. Paired t-tests: Overall  $t(922)=39.68$ ,  $p<.001$ ; Vietnam Veterans  $t(378)=24.12$ ,  $p<.001$ ; OEF/OIF Veterans  $t(324)=26.69$ ,  $p<.001$

# Veteran Patient Outcomes

## Overall Functioning (1 to 7 scale)





# Veteran Patient Outcomes

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## Conclusions

- Most Veterans who participate in the initiative see significant improvement in PTSD symptoms
- Vietnam Veterans are more likely to complete treatment than other cohorts
- Of those who complete, OEF/OIF Veterans finish sooner and see improvement faster than other cohorts
- Even many Veterans who do not complete the full treatment protocol see beneficial treatment outcomes

# PE Sustainability Six Months Post Consult

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PE use six months after the end of consultation

- 90% of clinicians have used PE with patients in the six months after consultation
- 73.7% report following the PE manual “very closely” (an additional 24.9% report following the manual with “minor changes”)
- 98.7% of clinicians believe that PE is at least as effective or more effective than other treatments used previously
- 85% of clinicians indicate that they “definitely will” use PE in the future with their PTSD patients

# PE Sustainability Six Months Post Consult

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## Perceived Barriers To Sustained Implementation

- Caseload/time pressures
- Logistical issues/scheduling 90 min. sessions
- Productivity requirements and/or local emphasis on offering group therapies

# Address Barriers and Promote Sustainability

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- Great strides have been made to address both attitudinal and systems barriers, yet need to continue addressing both domains
- Attitudinal Barriers
  - Mainly consist of myths regarding impact of PE on patients (e.g., it will harm patients, result in drop out, does not address guilt and other emotions)
    - Provide empirical support
    - Show PE value for range of patients
      - Demonstration of more difficult-to-treat cases with modifications, illustrating flexibility of treatment

**Evaluation data suggest that training and consultation are effectively addressing attitudinal barriers**

# Address Barriers and Promote Sustainability

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- Systems and Implementation Barriers
  - Remain main reason for lack of continued implementation and/or infrequent implementation
  - Major domains include:
    - Leadership support
    - Time to implement PE
    - Ability to manage 90-minute time slots
    - Workload
    - Managing referrals and drop outs

# Address Barriers and Promote Sustainability

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- Work with Clinic Directors to restructure programs to make EBPs part of routine care
  - Developed a guidance manual
    - <http://vaww.infoshare.va.gov/sites/PE/default.aspx>
- Continue to work with local EBP coordinators to facilitate implementation and demonstrate the importance and efficacy of effective treatments
- Ensure community of support – both leadership and peer support
  - Community of EBP practice as the norm rather than the exception

# Context: Changes in System

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- **Uniform Mental Health Services Handbook**
- **Electronic progress note templates for PE and CPT**
- **EBP Coordinators at every facility**
- **Measurement of outcomes**
- **Growth of CPT**

# Summary

- **Dissemination of PE has been highly successful**
- **Goals for sustainability**
  - **Build a Community of Practice**
  - **Integrate PE into treatment programs: Working with program coordinators and managers**
  - **Work with VISN and local leadership to assist with and facilitate implementation of PE**
- **Move toward decentralized regional structure**
  - **Trainers and consultants in each VISN**
  - **Local training and consultation processes**
  - **While still participating in national initiative for support, training, quality control, monitoring/evaluation**