

The background of the slide features a photograph of two individuals sitting in a meditative posture on a grassy field. They are silhouetted against a bright, hazy sky, likely at sunrise or sunset. The overall tone is calm and contemplative.

**Partnered CIH for Veterans with PTSD  
and chronic pain: Lessons learned in  
an intervention using mobile  
technology and electronic data**

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# Overview



- Background
- Project Aims
- Project Methods
- Challenges & Solutions
- Discussion

# Poll Question #1

Who is joining us for today's session, by profession?

- A. Clinician
- B. Whole Health employee/CIH provider
- C. Administrator
- D. Researcher
- E. Other

# Poll Question #2

Does your daily work routine involve delivery and/or research of whole health and/or CIH care for Veterans?

- A. All the time
- B. Sometimes
- C. Never
- D. Not yet, but I'm interested
- E. Not applicable

# Background



Chronic pain is one of the most prevalent medical conditions among Veterans.



Pain presents with comorbidities, specifically PTSD.



Whole Health and Complementary and Integrative Health are a national transformation initiative for VA.



Mission Reconnect (MR) is an evidence-based Complementary and Integrative Health (CIH) program for Veterans and their partners designed to increase physical and mental wellness.



Study objective is to measure the effect of Mission Reconnect on pain, PTSD symptoms, and relationship quality for Veterans and their partners.

# Mission Reconnect

WELLNESS TRAINING FOR VETERANS  
AND THEIR PARTNERS



For Veterans with their partners



Web and mobile based program



Teaches techniques that 2 people can use individually or together



Teaches how to do massage on each other and lessons on meditation, relaxation, and relationship building to improve outcomes

- Reduce pain, anxiety and stress
- Promote individual well-being
- Improve the quality of relationship



**Mobile  
app,  
available  
for iOS,  
Android  
and  
Windows  
Phones**

- How to Begin
- Program Guide
- Videos**
- Practices
- Massage Aids
- What If?
- Mobile App
- Optional Audios
- Resources

## Videos



Program Overview

 Download

 Play



Massage Instruction

 Download

 Play



Massage Video Supplement

 Download

 Play

# Videos

- How to Begin
- Program Guide
- Videos
- Practices**
- Massage Aids
- What If?
- Mobile App
- Optional Audios
- Resources

## Practices



Connecting With  
*Yourself*

Morning Gratitude	Why	Play	Download
Mirror Greeting	Why	Play	Download
Loosening and Relaxing	Why	Play	Download
Waking Up the Body	Why	Play	Download
Reset and Refresh	Why	Play	Download



Connecting With  
*Quiet*

Centering	Why	Play	Download
Movement Into Stillness	Why	Play	Download
Deep Relaxation	Why	Play	Download



Connecting With  
*Your Partner*

Seeing Each Other	Why	Play	Download
Giving Massage	Why		
Receiving Massage	Why	Play	Download

# Practices



## **Mission Reconnect Massage Instruction Booklet**



**Janet Kahn PhD, LMT and William Collinge, PhD, MPH**

# **Massage Instruction Booklet**



## Massage Reminder Handout

### — Preparation —

Protect the time –  
You're worth it!



Pillows & towels for propping  
ensure recipient comfort



Massage can be done  
anywhere



Check temperature  
for comfort



Center yourself  
before touching



### — Head, Neck and Face —

Bring head into your hands



Just holding head is soothing



Face Sweeps – from chin upwards



Brow Sweeps



Ear Circles



Ear Pulls



Neck Squeeze –  
Grab, pull and release



Neck Scoops – One hand scoops down the neck,  
then the other hand scoops upward



# Massage Reminder Handout

# Optional Audios

[How to Begin](#)

[Program Guide](#)

[Videos](#)

[Practices](#)

[Massage Aids](#)

[What If?](#)

[Mobile App](#)

**[Optional Audios](#)**

[Resources](#)

## Optional Audios



Relaxation music used in the program:

*This Breath* by Chris Decato

[Play](#) [Download](#)

*Centering* with female voice

[Play](#) [Download](#)

*Deep Relaxation* with female voice

[Play](#) [Download](#)

*Seeing Each Other* with male voice

[Play](#) [Download](#)

- How to Begin
- Program Guide
- Videos
- Practices
- Massage Aids
- What If?**
- Mobile App
- Optional Audios
- Resources

## What If?

"What If?" addresses challenging situations. Now it offers suggestions for SLEEP and CONCENTRATION - issues other veterans mentioned. "What If?" can expand to address questions and suggestions you send us using the button below.



### Sleep Issues

What if I can't get to sleep? >

What if I wake up in the middle of the night and can't get back to sleep? >



### Trouble with Focus and Concentration

What if I can't focus or concentrate during Centering or other meditation exercises? >

What if I can't focus at work? >



### Children and Mission Reconnect

What about including our children in Mission Reconnect? >

? Question or suggestion for What If?

# What If?

# Poll Question #3

Can Veterans and their partners benefit from education about CIH options, such as Mission Reconnect?

- A. Definitely yes
- B. Maybe some people
- C. I don't think so
- D. Definitely not

# Poll Question #4

Do you believe online services, such as Mission Reconnect, are sustainable for self-care management within VA?

- A. Yes
- B. Maybe
- C. Probably not
- D. No

# Project Aims



**AIM 1.** Determine Mission Reconnect's effectiveness for physical (pain, sleep), PTSD (intrusion, arousal, avoidance, numbing), psychological (depression, stress, anxiety) symptoms, and global health (quality of life) for Veterans

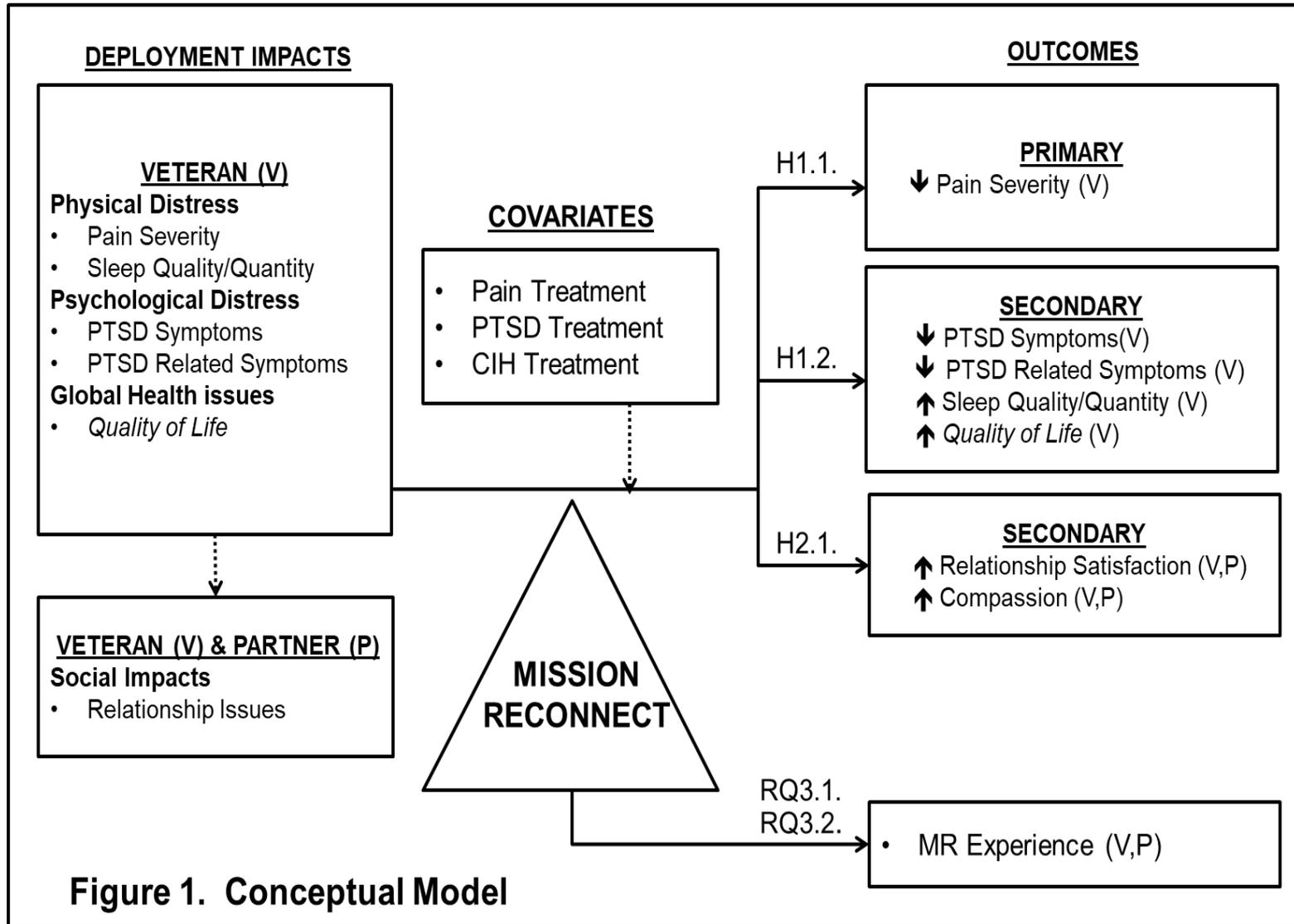


**AIM 2.** Determine Mission Reconnect's effectiveness for social (relationship satisfaction, compassion for self/others) outcomes among Veterans and their partners

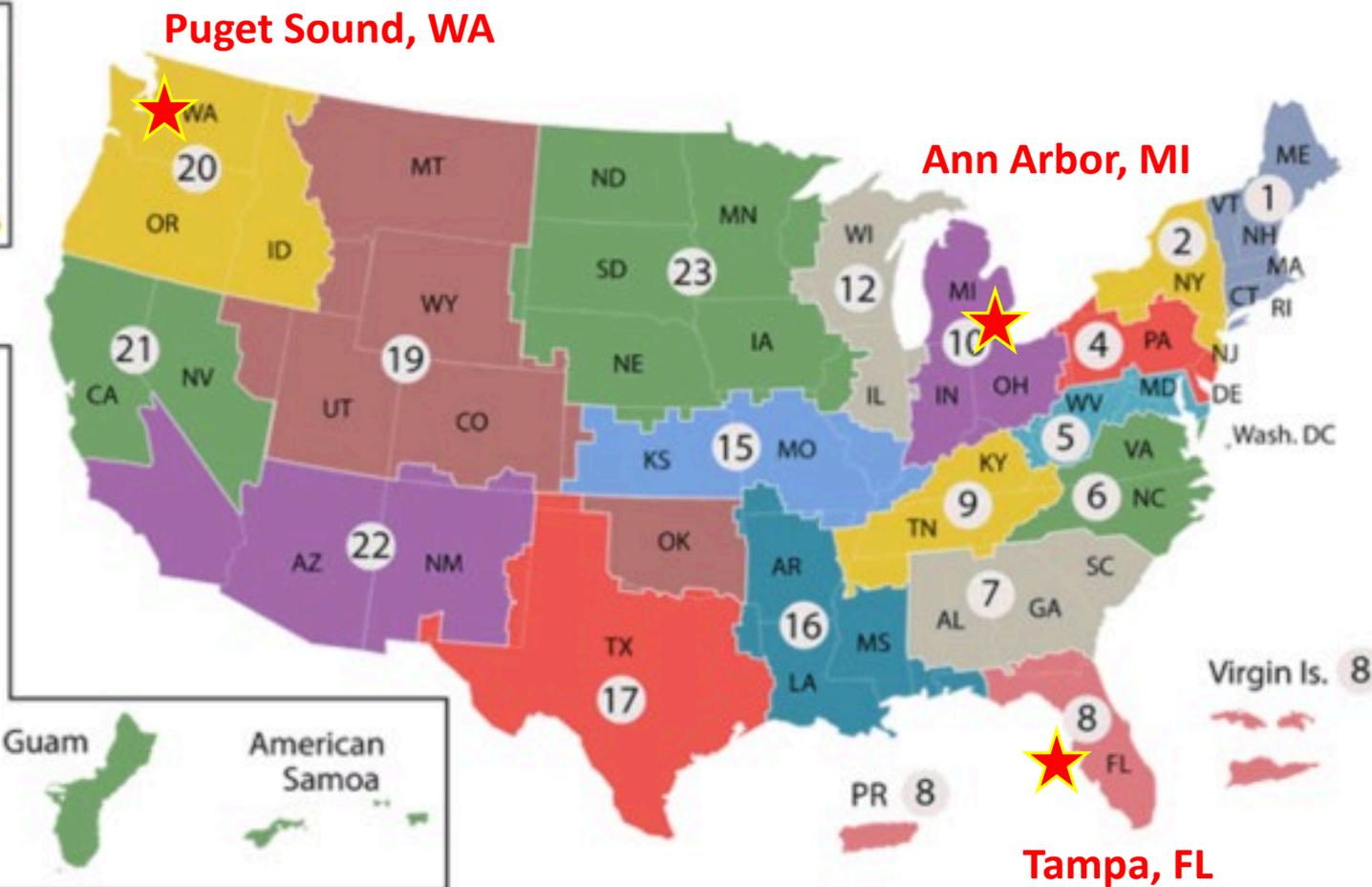


**AIM 3.** Describe Veteran and partner perceived value of Mission Reconnect in a sub-sample of participants

# Biopsychosocial Model



# Veterans Health Administration



## 4-Year, 3-site, RCT with 1 intervention arm and 1 wait-list control

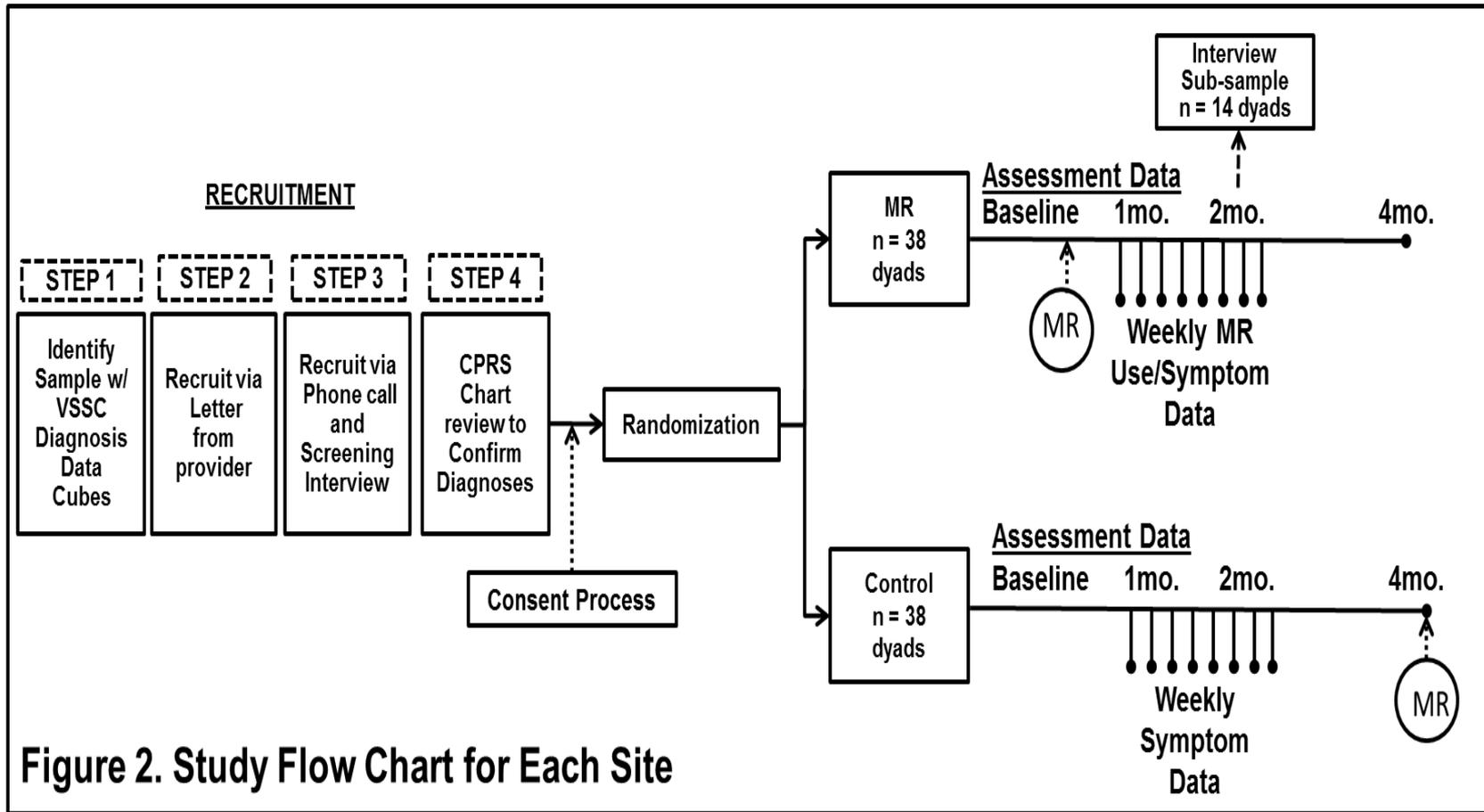


Figure 2. Study Flow Chart for Each Site



# Study Sample

- ✓ 76 Dyads per site
- ✓ Veteran with Chronic Pain & PTSD
- ✓ 18 years old or older
- ✓ A willing partner to participate

# Study Methods



Weekly e-Surveys of Pain, Stress, and Tension Symptoms



Weekly e-Surveys on MR Utilization



Baseline, 1, 2, 4 Month e-Survey Battery



Telephone Interviews

# Telephone Interviews



Randomly selected  
sub-sample of  
treatment group  
(N=42 dyads):

- ✓ User-friendliness
- ✓ Effectiveness
- ✓ Clinical Application
- ✓ Suggestions for Improvement

# Poll Question #5

Do you use electronic survey data collection in your research?

- A. All the time
- B. Sometimes
- C. Never
- D. Not yet, but I'm interested
- E. Not applicable

# OPPORTUNITY



Increase Veteran engagement through remotely delivered interventions.

Serve the wide realm of Veterans and their families.



Decrease burden on Veteran participants by providing electronic methods for feedback.



Expand VA Whole Health services to CIH that can be self-administered

Provides **option for massage** – the most popular CIH modality, poses bottle-neck for VA resource needs

# Challenges



**Element 1:  
Regulatory  
and Security**



**Element 2:  
Participant  
Recruitment**



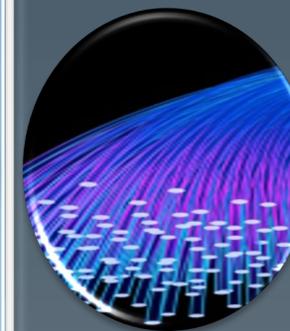
**Element 3:  
Participant  
Enrollment**



**Element 4:  
Data  
Collection  
Systems**



**Element 5:  
Data  
Collection  
Instruments**



**Element 6:  
Standardizing  
Process  
Across Sites**



# Element 1

## Regulatory and Security

**Anticipate** possible impediments and flags in IRB

- Develop plan to address concerns/safety responses from participants (e.g. suicidal ideation); respond quickly with standardized protocol, with efficiency of effort.

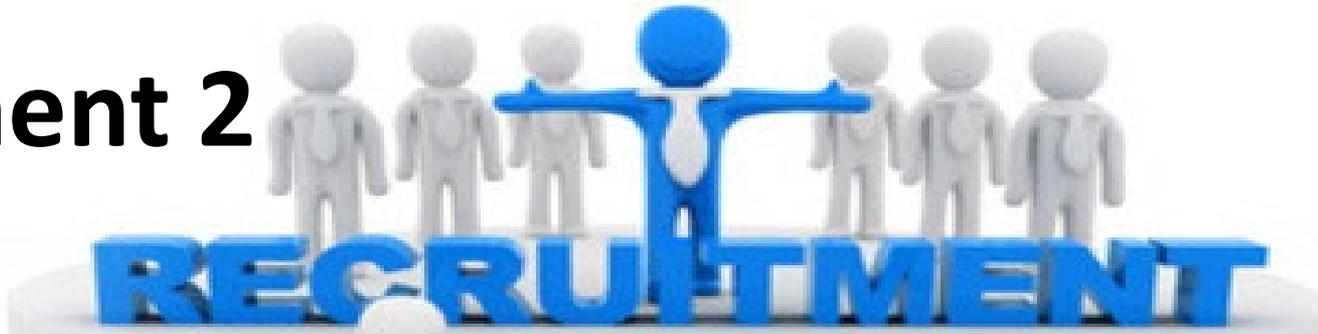
**Document** detailed accounts of barriers & solutions for IRB and funding agency

**Seek third party vendor with proper security approvals**

- Authority to Operate (ATO), FISMA compliance, FedRAMP



# Element 2



Invest time to identify any known and potential disqualifiers to inform secondary recruitment efforts.

Use diverse methods for recruitment and tracking effectiveness

- Secondary data with inclusion/exclusion factors
- Clinics

Make email communication with participants short and concise, with short, clear, and descriptive subject lines.

Organize all orientation and project materials in a user-friendly manner

Set realistic expectations for participants (e.g. system functionality, payments).

Set distinct mechanisms for caregivers, accounting for their unique role – as non-Veteran (e.g. reimbursement)

# Element 3

# ENROLLMENT

Start with small mailouts to catch system errors that may impact recruitment.

Ensure smooth transitions for a lengthy on-boarding process to minimize participant loss.

Be cognizant of the mental and emotional conditions of the cohort.

Enroll research team members as mock participants to follow through the study participant experience.

Set up protocol to ensure reimbursements are handled in an orderly and timely manner.

# Element 4

## Data Collection Systems



Prepare for challenges and new opportunities for using commercial data collection systems within the VA environment.

- Seek council on survey systems with established approvals (e.g. Qualtrics)

Strategize a streamlined process for contracting.

- Seek council and support for sole sourcing, as appropriate

Develop a strong data management tool beforehand, especially for large, complex, multi-site studies.

Pilot-test and validate online systems (e.g. Qualtrics) before using with study participants.

# data collection

## Element 5

Use pre-existing validated e-surveys wherever possible.

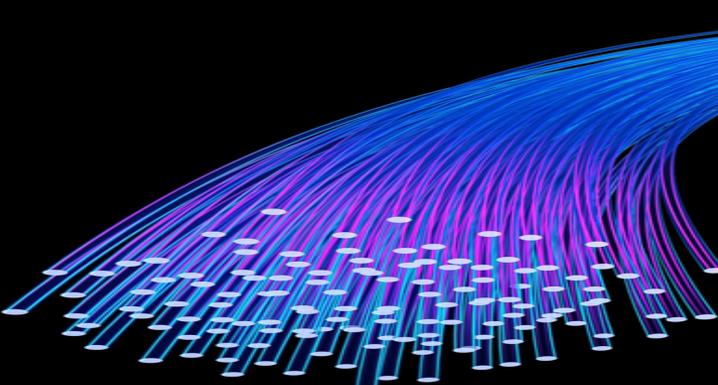
- Choose instruments that can be easily converted into an electronic format while not losing their validity.

Evaluate and target specific Instruments based on:

- Determining what needs to be assessed
- Ability to format on the data collection site
- Participant burden for completion
- Special attributes of respondents – e.g. suicide ideation

Use unique, random, but simple pin codes for participant

- n triggers access.



# Element 6

## Standardizing Process Across Sites

Standardize and consolidate, if possible, IRB processes across multiple sites.

- Though not advised to use C-IRB, we highly **recommend C-IRB** on projects with two or more sites

Pilot at primary site while secondary sites gain IRB/JIT

- Plan for **secondary site in-person training**

Avoid **multiple processes and/or tools** to perform the same task.

**Integrate** processes across multiple sites, but **accommodate** for the constraints of individual sites.

Fail early, recover, and disseminate solutions.



Multiple Sites



Dyads –  
Veterans &  
Caregivers

Pain and  
PTSD co-  
morbid  
vulnerable  
population



Third Party  
Vendors



Mobile/Web  
based  
intervention



Survey Data  
Collection



# Reflection

Caregivers are a priority population, and add level of complexity to protocols, particularly IRB and payments – MORE established best practices are needed

Veterans with pain and PTSD require higher level of support and special considerations – MORE established best practices are needed

C-IRB for TWO or more sites – show demand and they'll supply

Pilot, pilot, pilot – surveys, app, survey collection

Fail early and revise

Sole sourcing is a skill – seek resources and consultation

Survey data collection is an option but requires ATO/FISMA/FedRAMP

Document everything and share with IRB and funding agency – documentation



[JMIR Res Protoc](#). 2019 May; 8(5): e13666.

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PMID: [31094345](https://pubmed.ncbi.nlm.nih.gov/31094345/)

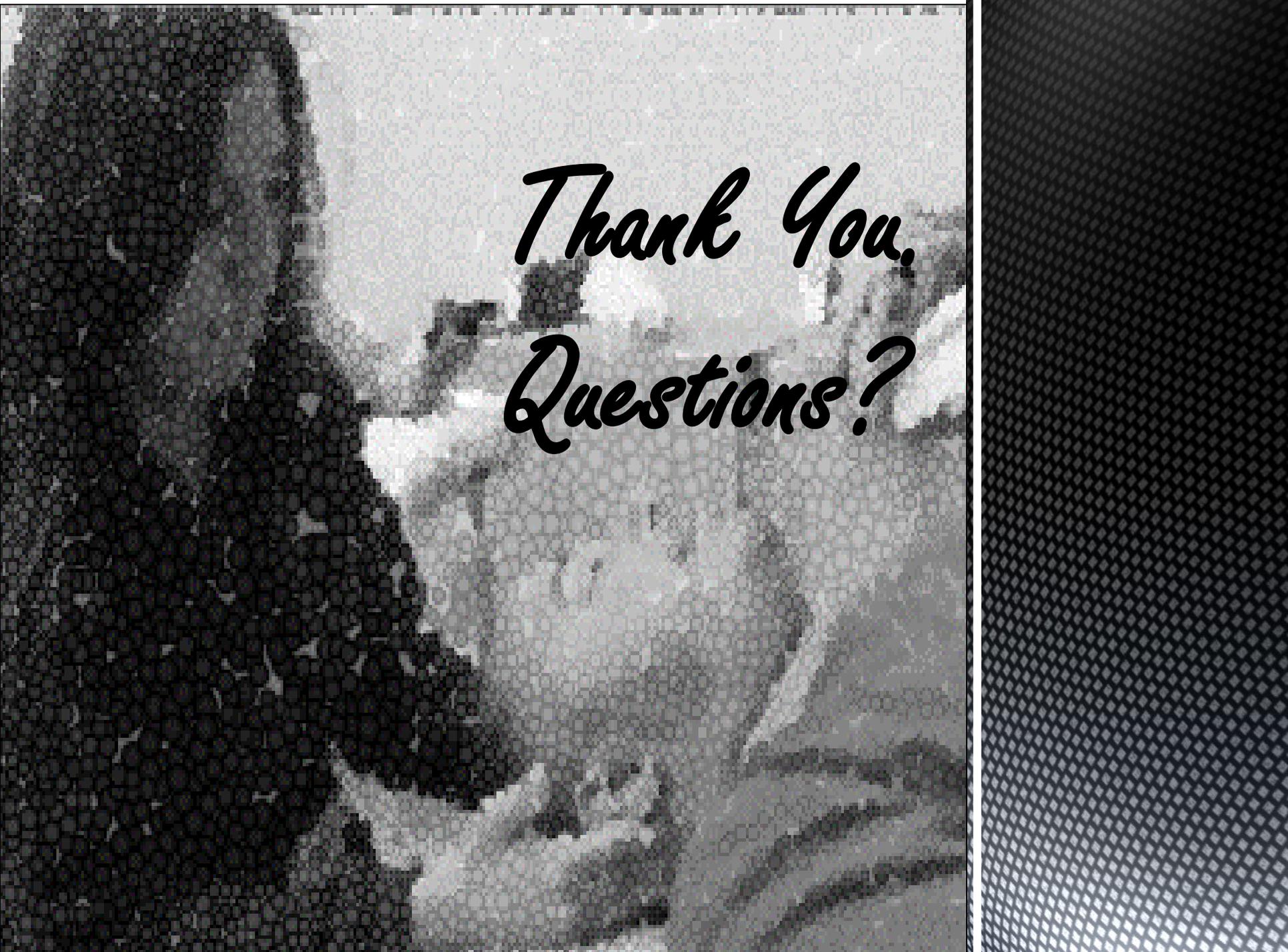
## A Mobile and Web-Based Self-Directed Complementary and Integrative Health Program for Veterans and Their Partners (Mission Reconnect): Protocol for a Mixed-Methods Randomized Controlled Trial

Monitoring Editor: Gunther Eysenbach

Reviewed by Lynn Garvin, Robert Lee, Sarah Ono, and Samantha Connolly

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*Thank You.  
Questions?*