Moderator: Welcome to the Investigator Insights podcast series. In this episode Center for Information, Dissemination, and Education Resources staff member, Karen Jamrog, talks with Megan Shepherd-Banigan about her work, which seeks to create an intervention designed to improve Veterans' engagement in therapy for post-traumatic stress disorder.

Karen Jamrog: Welcome, Megan.

Megan Shepherd-Banigan:

Thank you so much, Karen. It's great to be here.

Karen Jamrog: Well, thank you for taking the time to do this. Megan is here to tell us about her research that aimed to develop an intervention to improve Veteran engagement in therapy for post-traumatic stress disorder or PTSD. Now, PTSD we know can be disabling, and it affects from 11 to 30% of Veterans, depending on which conflict the Veteran is engaged in. This affects a lot of people, yet Veterans often drop out of therapy. Tell us a bit more about that and what prompted the study.

Megan Shepherd-Banigan:

Absolutely. As you just mentioned, PTSD has substantial impacts on Veterans, not only affecting their mental health but also their social relationships, their employment, and their ability to engage in the community. And I just want to say, this is for some Veterans, and this is not generalized to everybody with PTSD.

But the great thing about being in the VA system is it offers the best trained workforce in the U.S. to support patients with PTSD through medication and psychotherapy. Despite this, many Veterans with PTSD are not accessing what we know are extremely effective psychotherapies, primarily prolonged exposure, and cognitive processing therapy. Or they're either not accessing them, or they're not completing an optimal dose.

That was really the clinical quality gap that I was trying to address. And I have a background in family systems and in working around family-based interventions. And there are some really promising interventions in VA that have shown that involving family members in some way can be helpful for Veterans with PTSD. I just wanted to explore that space more, and that's why I decided to pursue this topic as part of a CDA.

Karen Jamrog: Is what you developed, the intervention, is it a framework of sorts, or what's the best way to describe it?

Megan Shepherd-Banigan:

That's a great question. The intervention that we developed is called Familiar, and it was adapted from an existing intervention developed by Dr. Lisa Dixon and Dr. Shirley Glynn for Veterans with serious mental illness in the VA. The way that we've developed Familiar actually is, there's an intervention protocol. We've got a script so that it can be delivered to Veterans.

But the way that we've structured the intervention, it actually is something that's quite adaptable, and flexible, and with some modifications, some slight modifications to the content, could be used for other therapies in PTSD, or also could be used for other mental health conditions. In that way it can serve as a framework for other family-based interventions for Veterans.

Karen Jamrog: It's also flexible in that it can suit the needs of Veterans and their families, the people who are helping them as it seeks to increase the Veteran engagement in PTSD, right?

Megan Shepherd-Banigan:

That's exactly right.

Karen Jamrog: Did you want to say anything about that?

Megan Shepherd-Banigan:

Sure. The intervention is Veteran-directed. It's designed to, the first phase just involves the Veteran, and it's really designed to get Veteran buy-in to have the family member be involved at all. And to understand what the Veteran's priorities are around the treatment, their treatment for their PTSD, and also for the involvement of their family member or friends. This is also flexible. And it does not have to be a family member who's involved.

At the same time, it allows space to bring in the support partner. And in the second phase the support partner gets a little bit of one-on-one time with the interventionist to explore the support partner's perspectives, any issues around safety. But then, the rest of the intervention is conjoined in that it brings together both the support partner and the Veteran to have them talk together about the Veteran's treatment goals.

And really try to find very constructive ways that the family member can support the Veteran to both begin the PTSD treatment, and to maintain or stay in the treatment in a way that really feels supportive to the Veteran, and is something that the support partner understands, and feels like they can do. In that way, it really does try to address the needs of Veterans and family members within the context of the EBP or the evidence-based psychotherapy protocols.

Karen Jamrog: And could you please walk us through the main steps of your research, the research that led to the new intervention?

Megan Shepherd-Banigan:

Absolutely. We began by doing a literature review of existing literature around family-based interventions for Veterans with mental illness. And we settled on reorder as our, kind of, starting intervention, primarily because we really felt like having it be Veteran-directed was really important. And, sort of, that initial getting the Veteran buy-in was something that we really liked. But then, we solicited input from Veterans and support partners through early qualitative interviews.

We also conducted key stakeholder interviews with clinicians and VA system leaders in mental health. And we drew on our theory to inform adaptations to the original intervention reorder. Once we had developed a protocol based on that, an intervention protocol, we got a small group of VA mental health clinicians together to really revise it and, kind of, massage the content.

We modified the reorder content to meet the needs of Veterans with PTSD, but also to meet our intervention goals, which were slightly different from those of reorder. Our intervention goals were to increase Veteran initiation and completion of either PE or CPT. We modified the content of reorder. We shortened reorder so that it was a briefer intervention. And then we, sort of, changed when the intervention sessions were delivered.

The first intervention sessions of our new intervention called Familiar occurs before the Veteran starts their psychotherapy. And that's to encourage them to engage in psychotherapy in the first place. And then there is a booster session that occurs during therapy to help them adhere to that EVP protocol.

Karen Jamrog: And the new intervention can be used in-person or virtually, right?

Megan Shepherd-Banigan:

That's right. It's a flexible modality. We actually piloted it with 16 Veterans and their associated support partners. This happened during the pandemic so it was all done virtually. But one of the exciting next steps is that it's currently being tested for clinical feasibility in the Durham trauma recovery program. It's being delivered by the staff clinicians to a couple of Veterans as part of their routine care. And they're actually going to be delivering that in-person.

Karen Jamrog: Great. As you mentioned, as you developed the new intervention you saw it input from among others, Veterans, people in their family, in the social, their social network who support them. What are some of the concerns or requests that they raised that played a role in creating the new intervention?

Megan Shepherd-Banigan:

That's a great question. As I had mentioned, we conducted qualitative interviews with Veterans and their support partners separately. These were Veterans with PTSD from across the VA system. They were all VA users. And a lot of what we learned confirmed what some of the prior literature has shown. The Veterans in our sample were generally indicated in openness to having their family members be involved in their mental health treatment in some way, and not necessarily in the mental health treatment sessions, but just generally having family members be a little bit more knowledgeable about what they were going through.

On the other hand, despite this, family members often knew very little about the Veteran's experience with PTSD or their experiences with treatment. And we learned that for some families, the Veteran's treatment for PTSD is a decision that they come to together as a family. That was, sort of, some new, sort of a finding that we had.

And we also learned that Veterans oftentimes embark on therapy that can be really difficult because they want to better engage with their family members. It's a huge motivator. Family support seemed like a very, very important leverage point because of those two things. Those were, sort of, some of the things that we learned. Veterans wanted their family members to be more knowledgeable about the treatment. And then family members really wanted to, kind of, be more engaged and learn more.

Karen Jamrog: Yeah, good.

Megan Shepherd-Banigan:

Yes.

Karen Jamrog: And how about next steps, future research, is there anything you can tell us about those?

Megan Shepherd-Banigan:

Absolutely. For the next six months we'll see how things go in the trauma recovery program at Durham VA. We're really grateful to the clinicians there for being willing to try this out. And I think that's really going to give us some important information about clinical feasibility, and trying to understand how this intervention actually can work within the VA structure, within the VA clinical structure.

We will do another round of modifications based on what we learn from our clinician partners. And the plan is, right now, is to submit a merit award application to HSR&D to do an effectiveness trial. And ideally, this will be a multi-site pragmatic effectiveness trial. It will be something that we would like to test the effectiveness of within multiple clinical settings across the VA. That is the exciting next step.

Karen Jamrog: It is exciting. Well, congratulations on all your hard work.

Megan Shepherd-Banigan:

Thank you so much. It's been a pleasure to do. And I'm very grateful to everybody who was involved because this involved a lot of input, both from participants, partners, mentors, and advisors, and clinicians.

Karen Jamrog: Yes, sounds like it will be worth it. Thank you again for talking to us.

Megan Shepherd-Banigan:

Thank you, Karen.

Moderator: The views and opinions expressed in the preceding podcast are concerned with the scope of recently concluded or ongoing VA HSR&D funded research and do not necessarily reflect current or to be implemented VA policy. To learn more about this research, visit the VA HSR&D website at www dot hsrd dot research dot VA dot gov.

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