TREATING PTSD: EVIDENCE & OPPORTUNITIES FOR INNOVATION

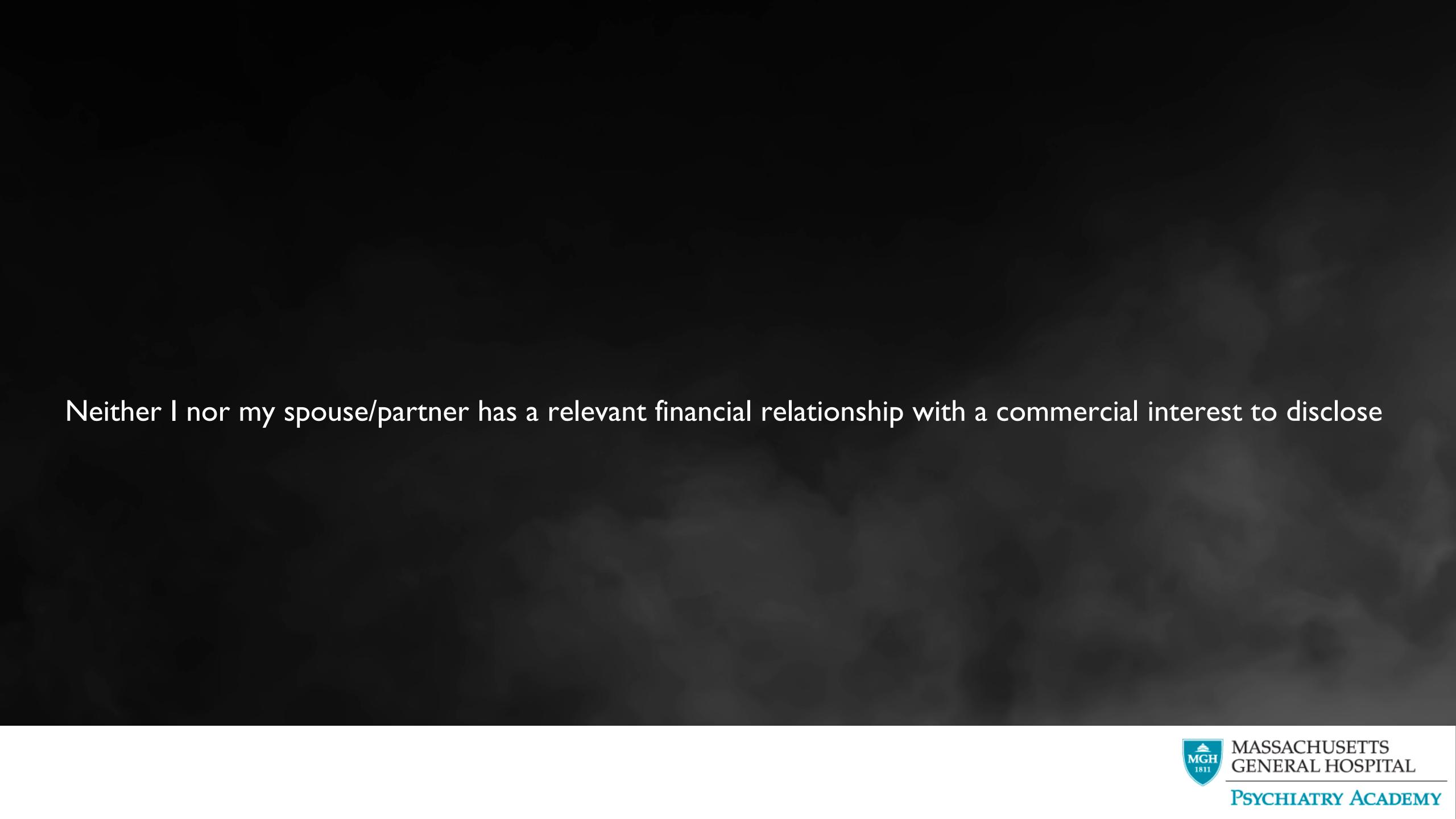
Dr. Luana Marques













AGENDA

WHY: THE GAP

HOW: BRIDGING THE GAP

WHAT: A STUDY IMPLEMENTING COGNITIVE PROCESSING THERAPY







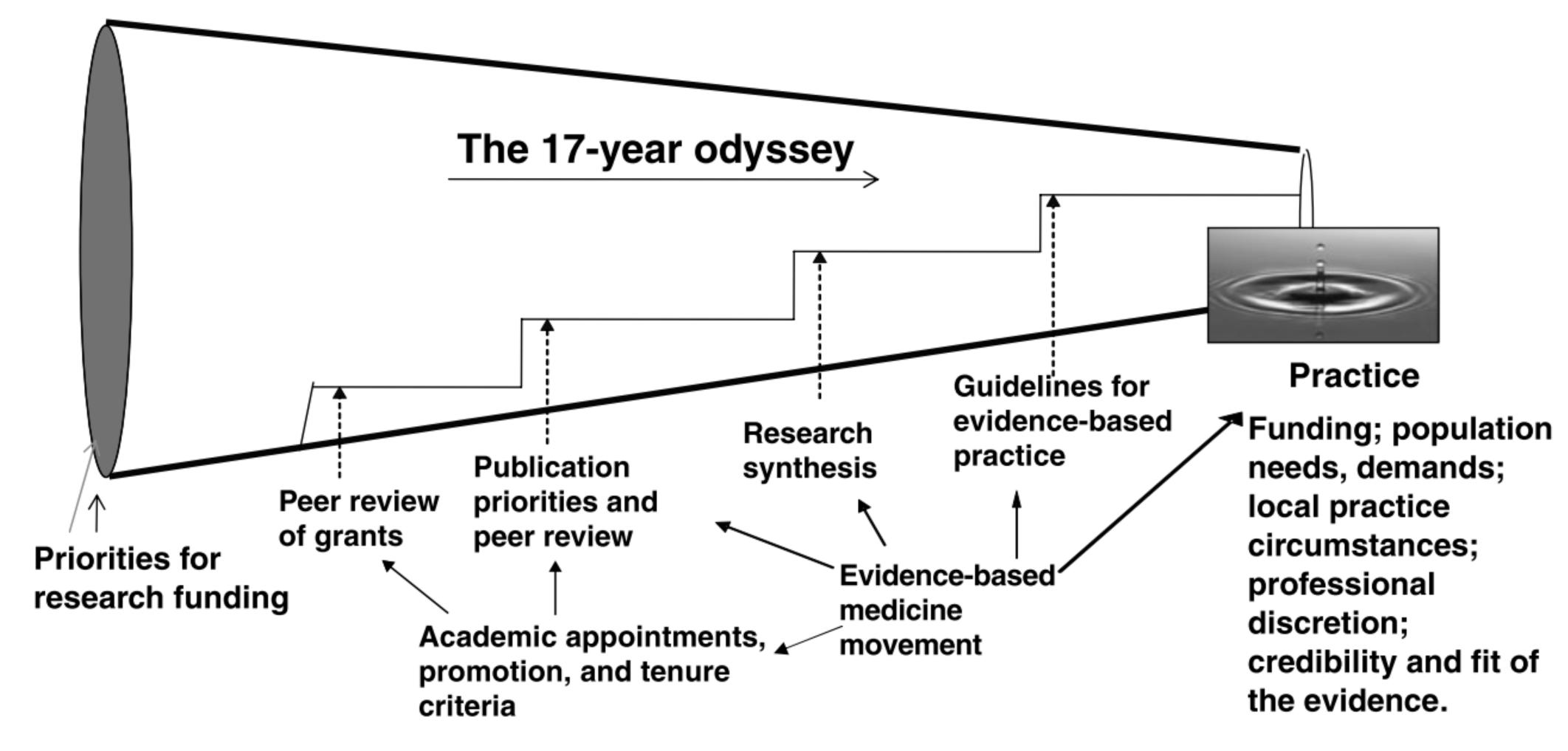








The Science-Practice Gap





The Science-Practice Gap 17 YEARS **Practice** Guidelines for evidence-based Funding; population esearch practice **Publication** needs, demands; nthesis Peer review priorities and local practice for scientific findings of grants circumstances; **Priorities for** professional Acadeto are ach practice promotion, and tenure research funding discretion; credibility and fit of the evidence. criteria











AGENDA

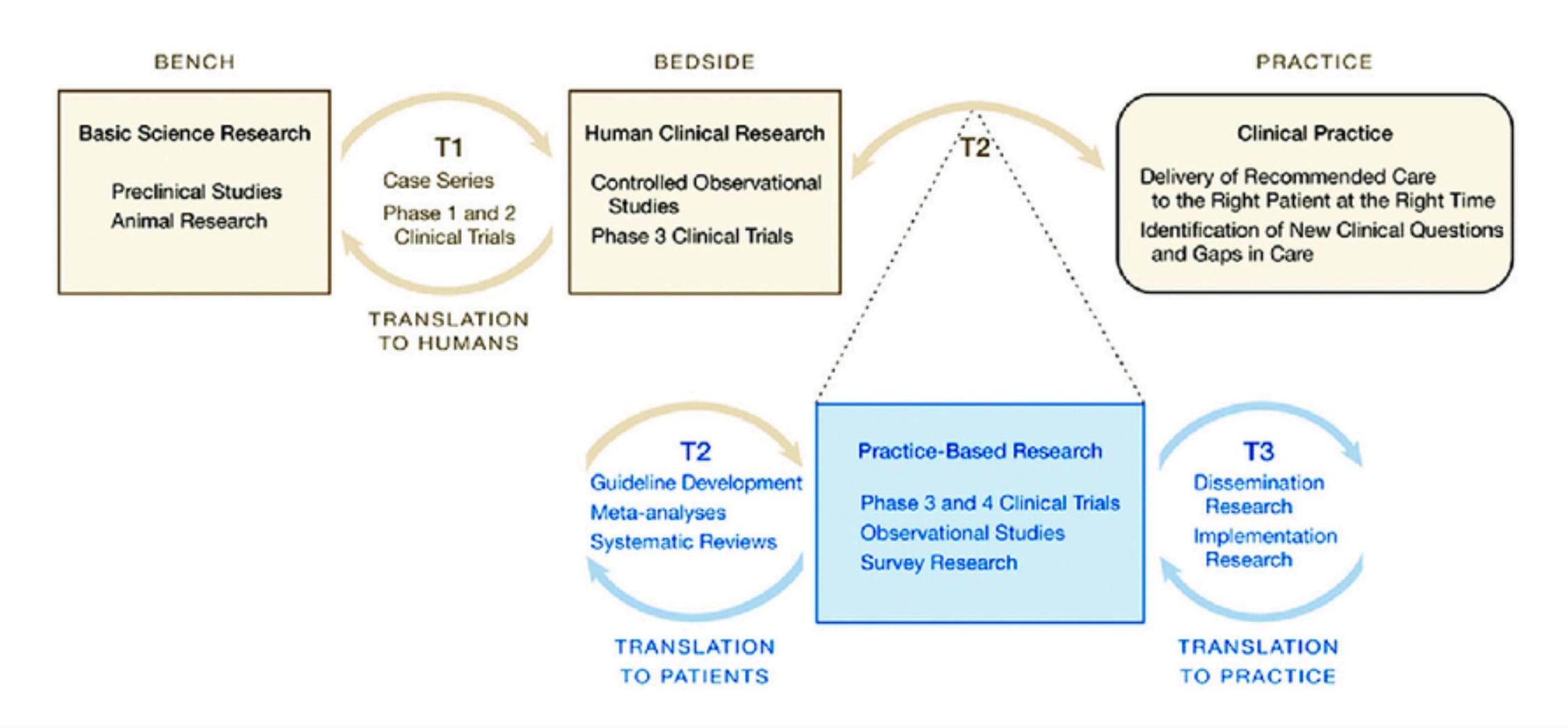
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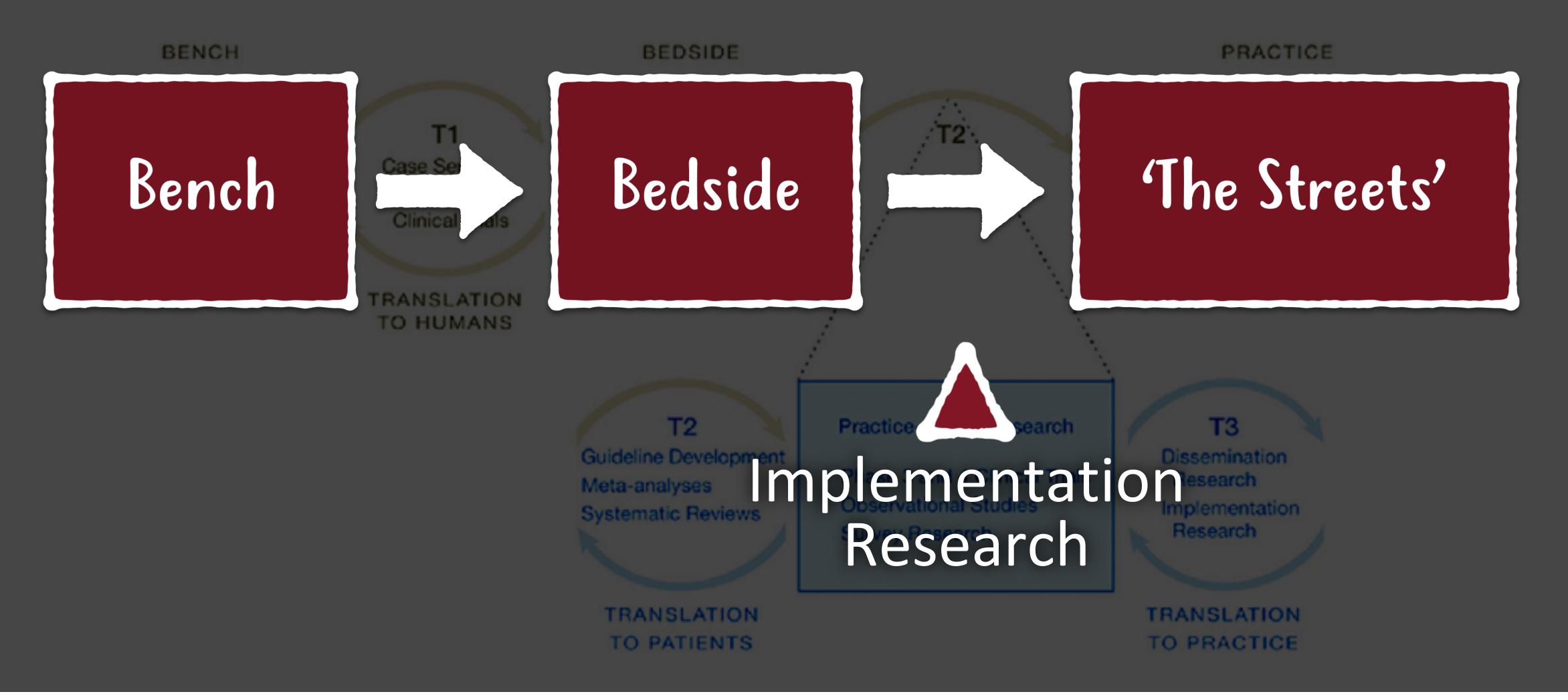


Implementation Science





Implementation Science









PSYCHIATRY ACADEMY

COMMUNITY BASED PARTICIPATORY RESEARCH

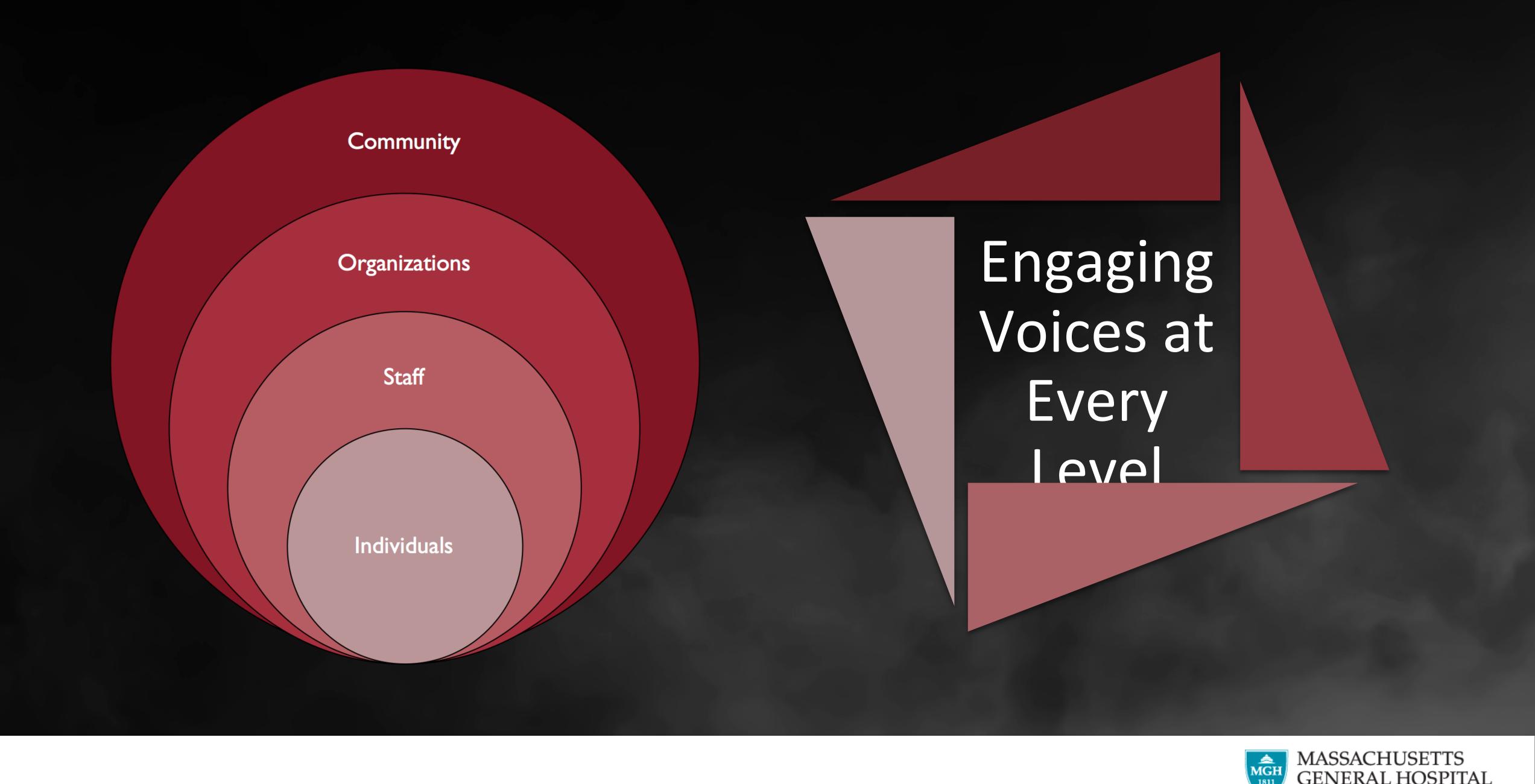
Keeps programs scientifically sound and data informed

Keeps programs respectful, accessible, and relevant

Research Partner

Community Partner









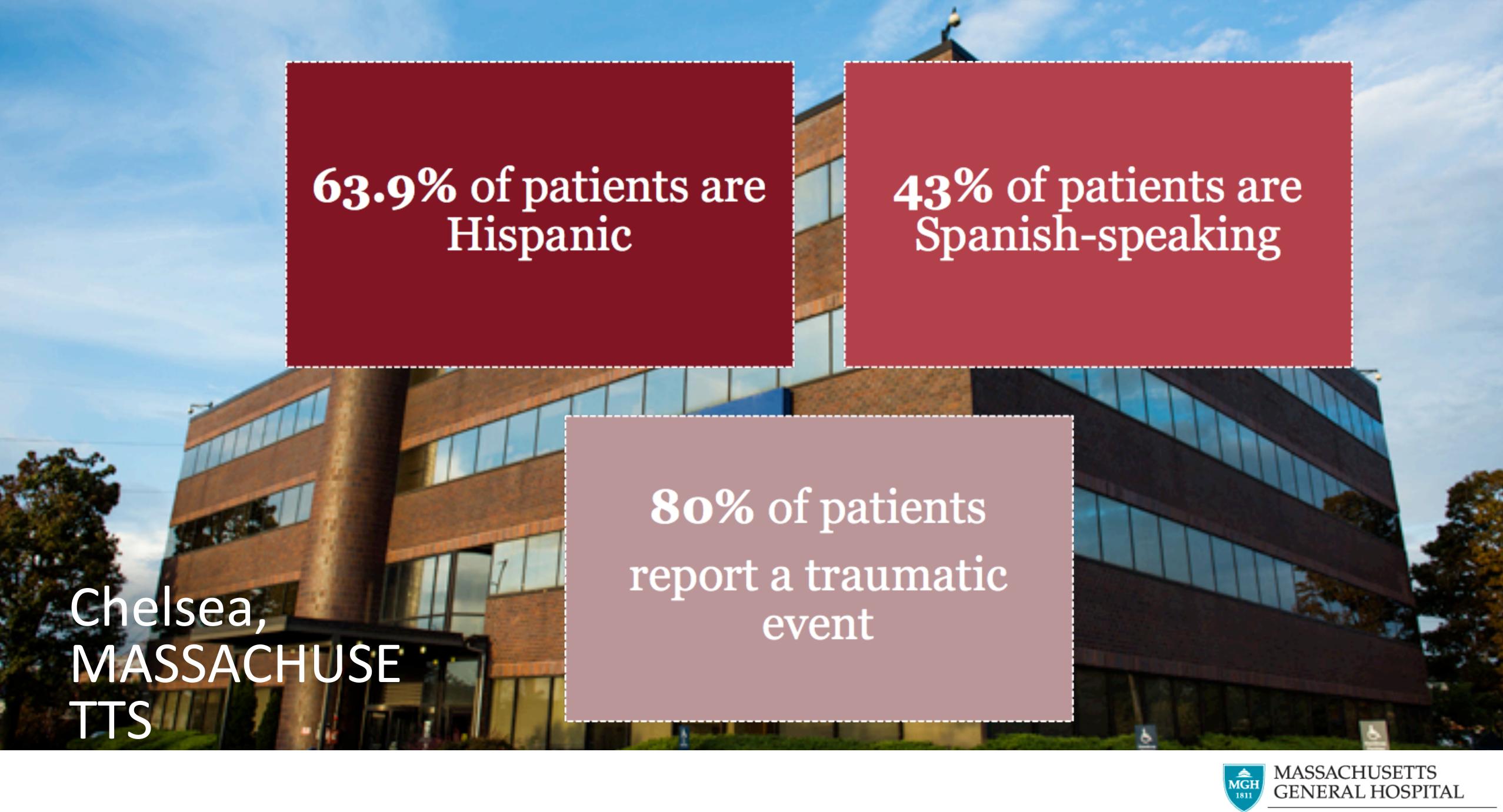
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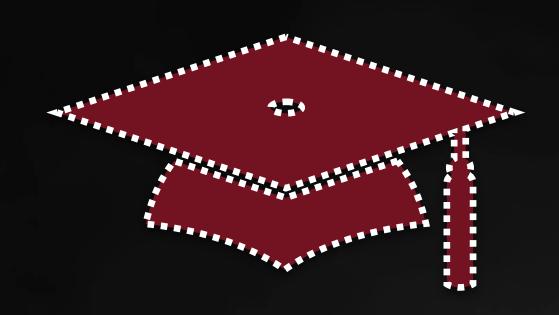
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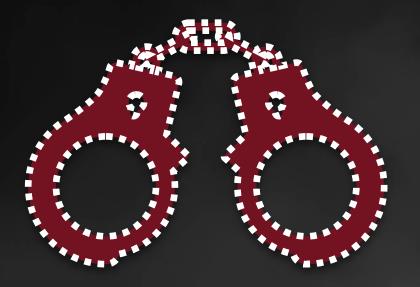
THE REALITY OF THE COMMUNITY



28% lower graduation rate than the MA average



22%
Unemployment
rate in May 2020

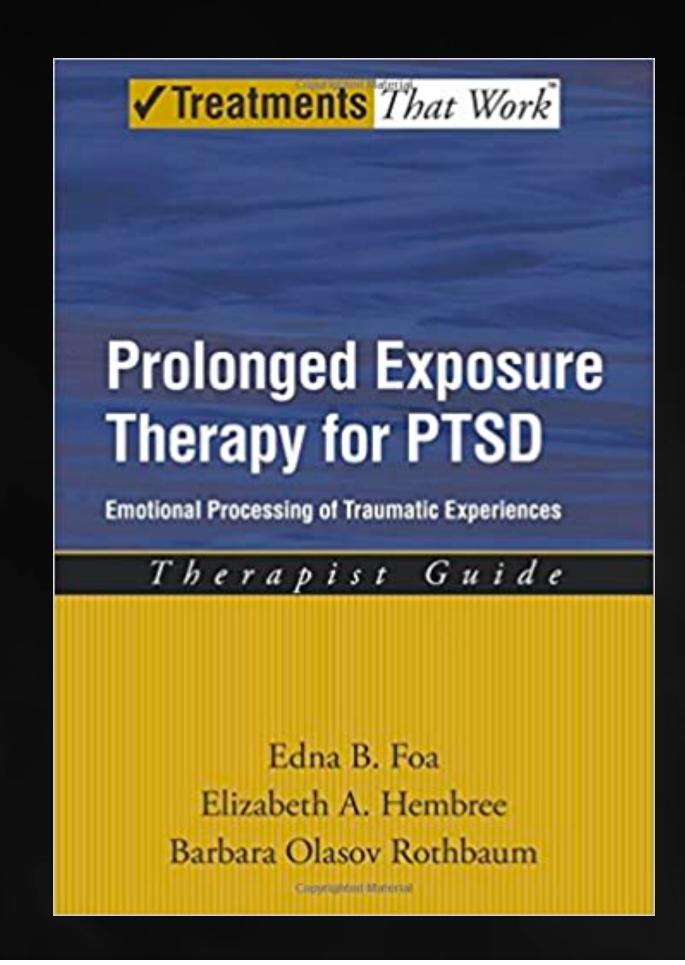


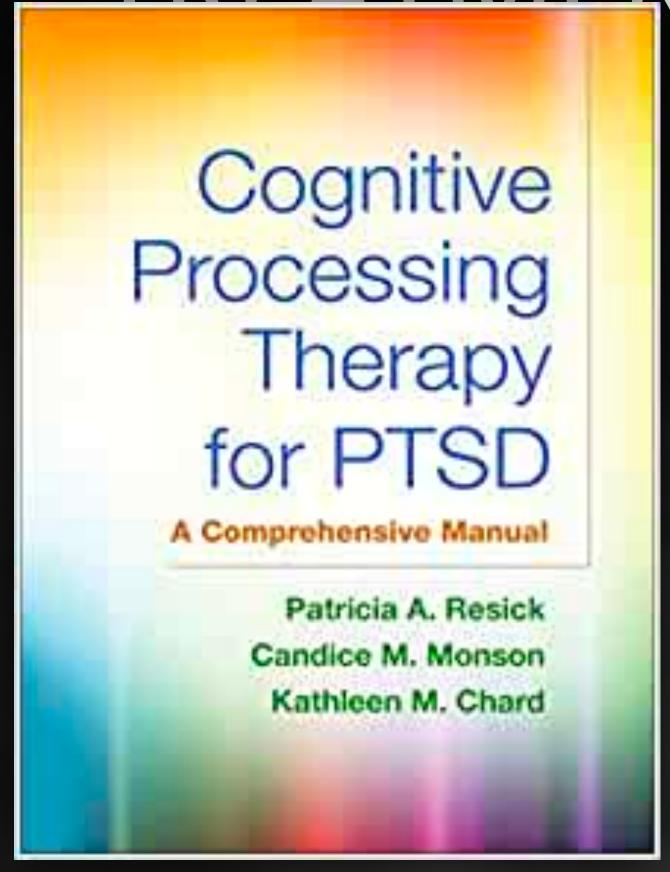
78%
Higher rate of violent crime than the US average



LIMITED USE OF EVIDENCE-BASED

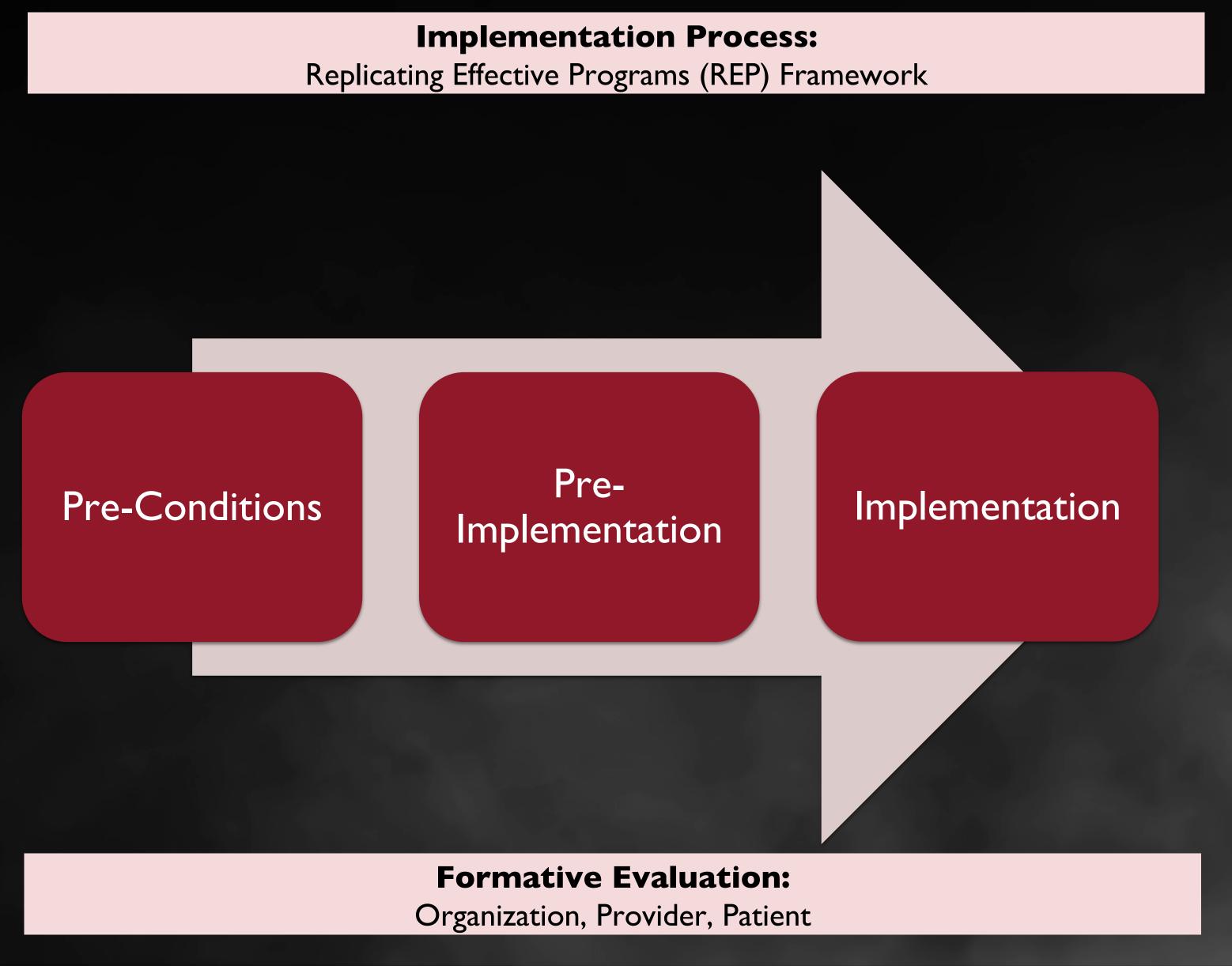
TREATMENTS



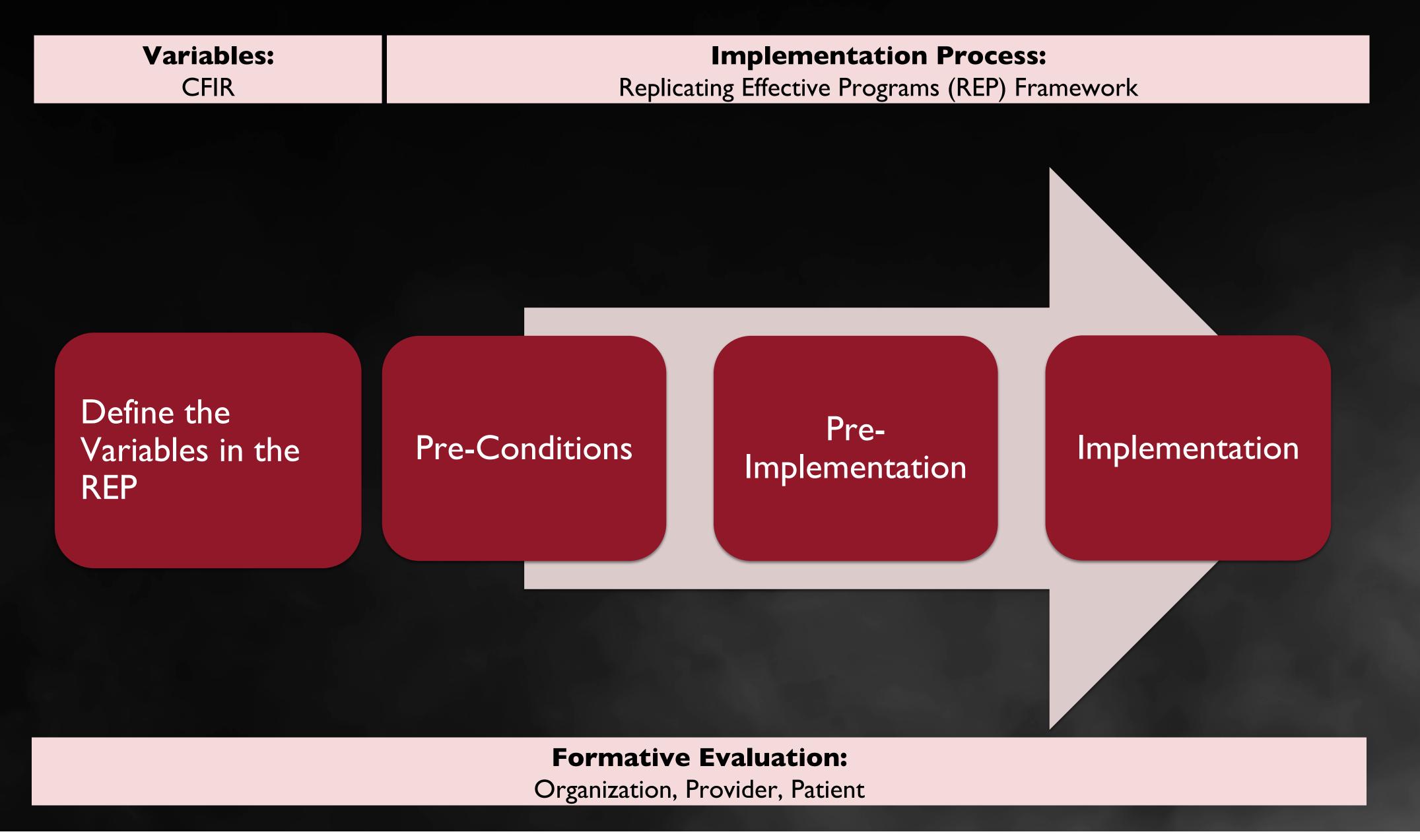


MIN D
THE
GAP

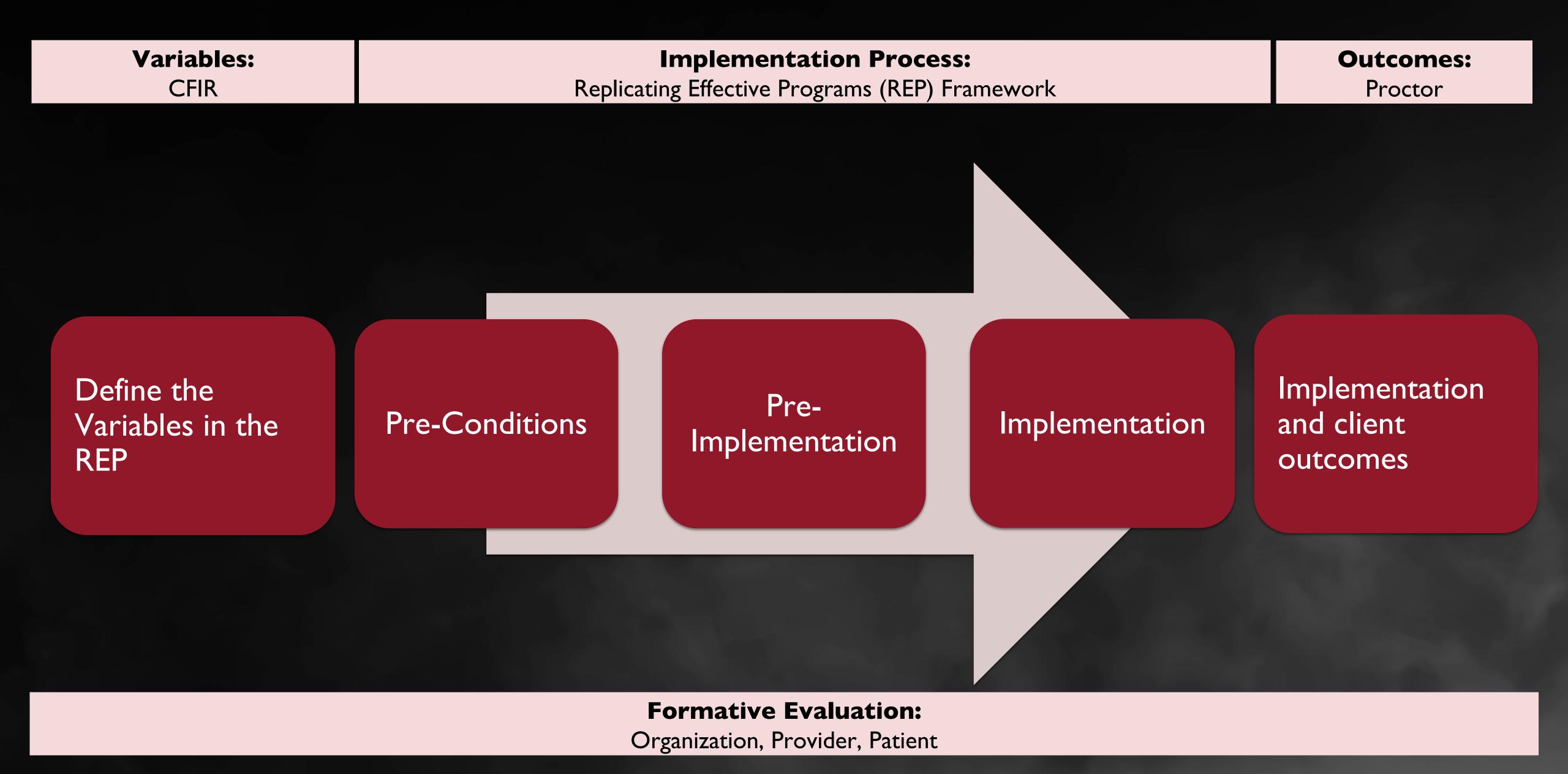














Variables: **Implementation Process: Outcomes:** Replicating Effective Programs (REP) Framework CFIR Proctor Implementation Define the Pre-Pre-Conditions and client Implementation Variables in the Implementation REP outcomes

Formative Evaluation:

Organization, Provider, Patient



Providers' Perspectives of Factors Influencing Implementation of Evidence-Based Treatments in a Community Mental Health Setting: A Qualitative Investigation of the Training–Practice Gap

Luana Marques

Massachusetts General Hospital, Boston, Massachusetts and

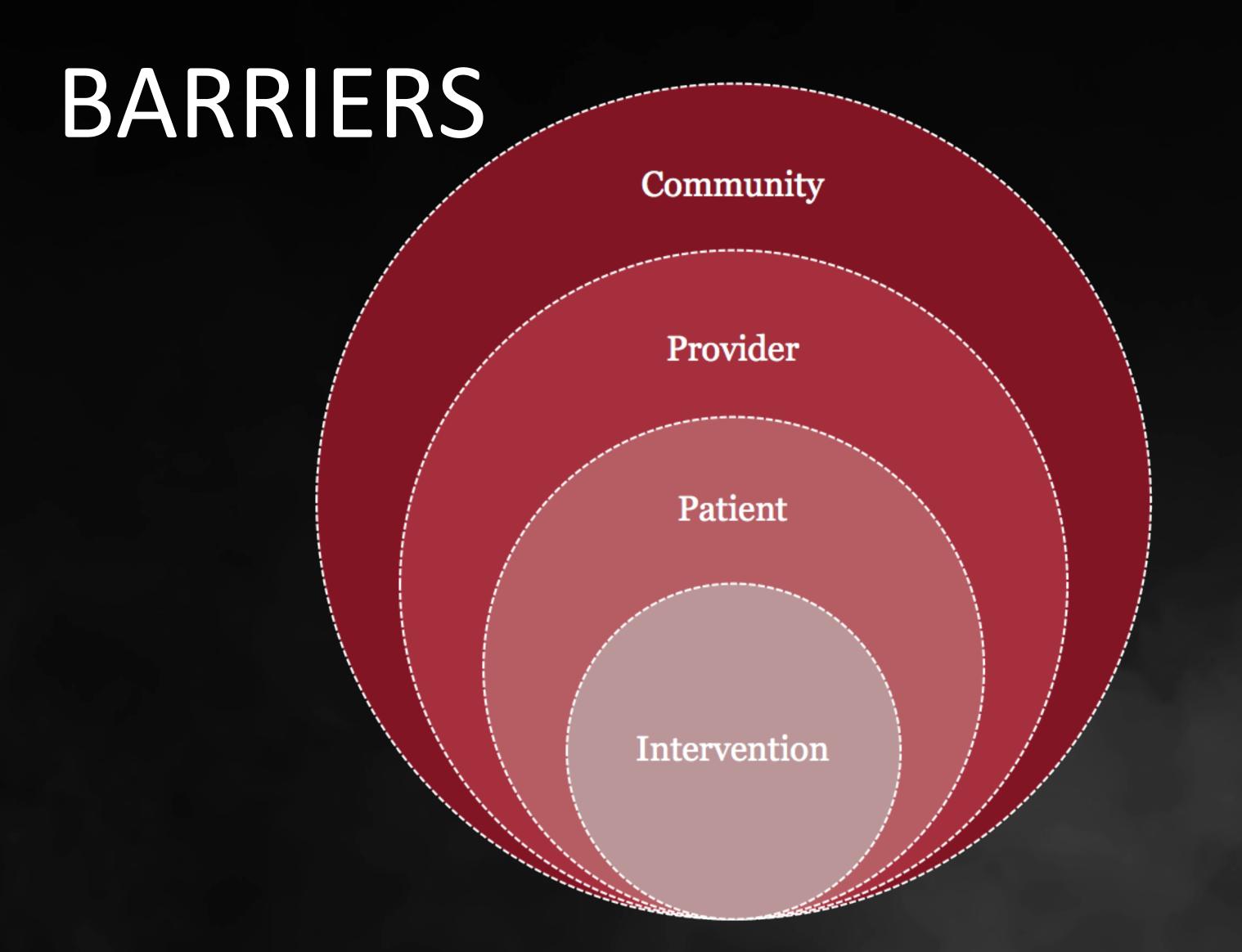
Harvard Medical School

Louise Dixon University of California, Los Angeles

Sarah E. Valentine, Christina P. C. Borba, and Naomi M. Simon Massachusetts General Hospital, Boston, Massachusetts and Harvard Medical School

Shannon Wiltsey Stirman
U.S. Department of Veterans Affairs, Palo Alto, California and
Stanford University





Community

- Poverty
- Ongoing violence
- Stigma

Provider

- Misconception of EBTs
- Anxiety/avoidance
- Burnout

Patient

- Immediate needs
- Stigma
- Cognitive limitations

Intervention

- Time-limited
- Non-personalized
- Time consuming to learn



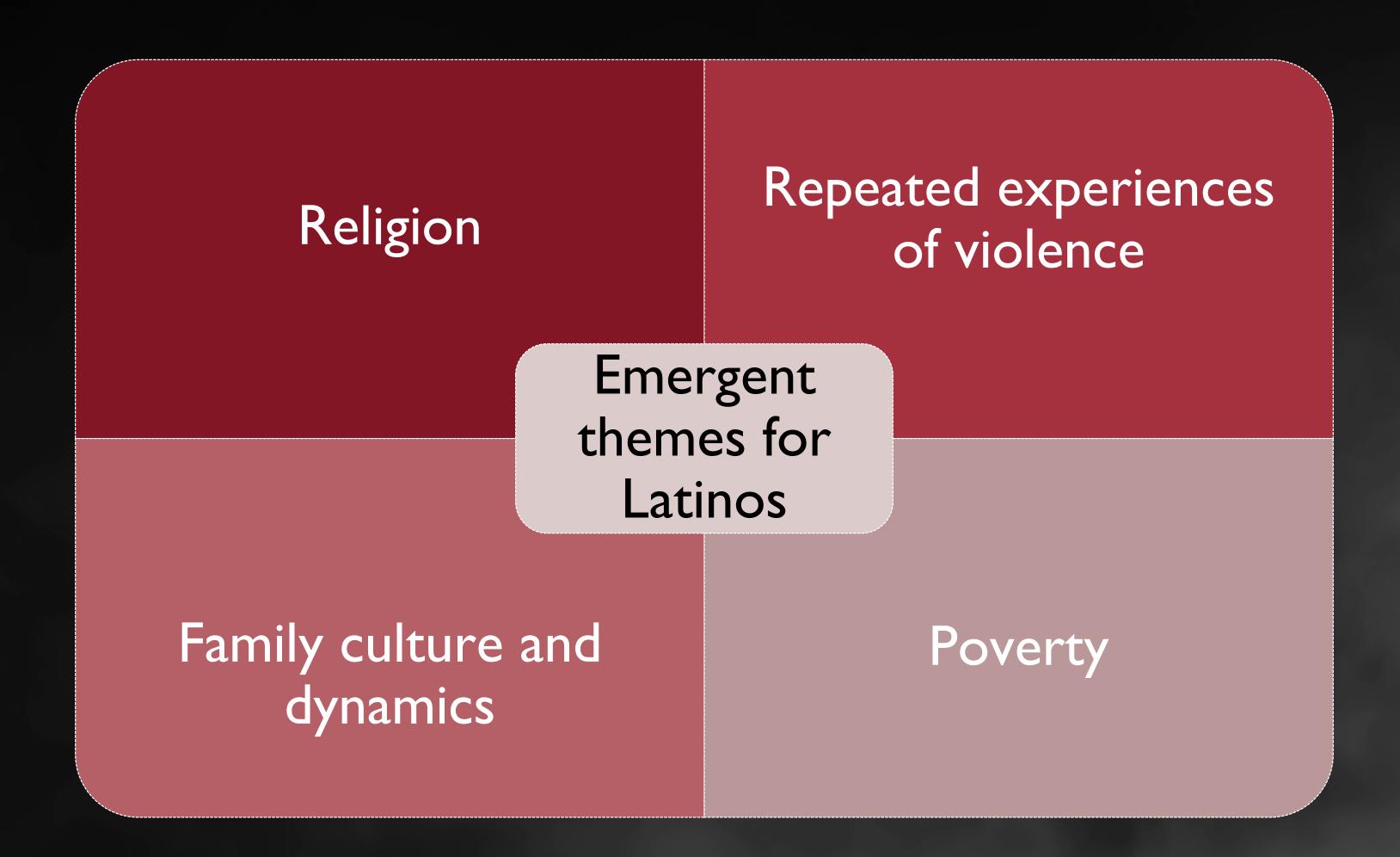
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Formative Evaluation:

Organization, Provider, Patient



PILOT TESTING CPT





ITERATIVE REFINEMENT: CULTURAL ADAPTATION

English

Spanish version

Spanish version 2

Identifying emotions handout

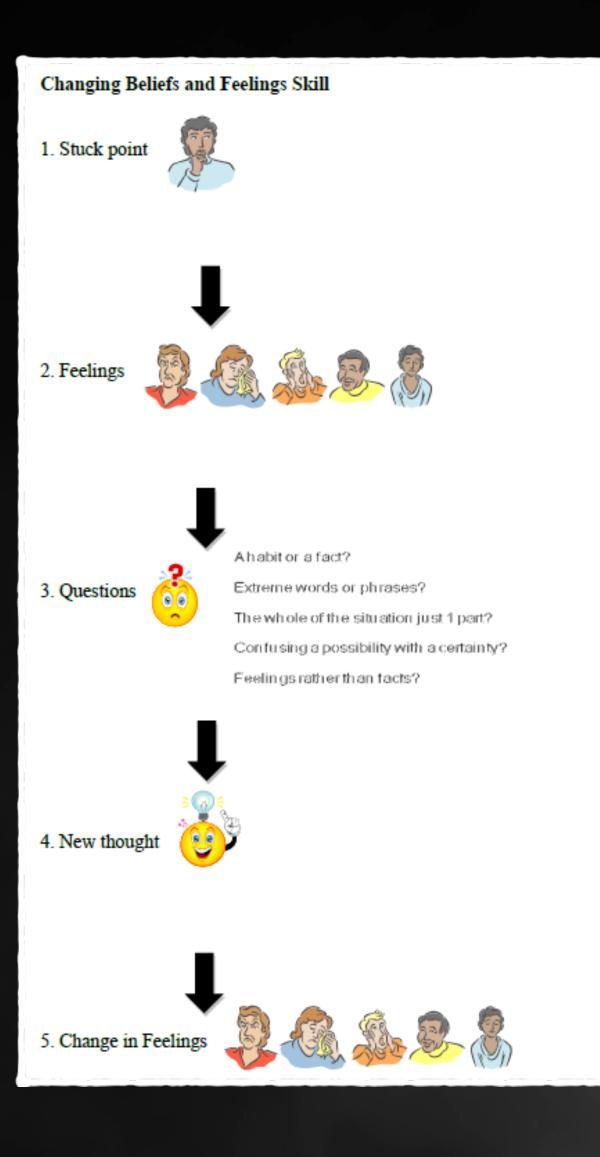
Folleto para identificar emociones

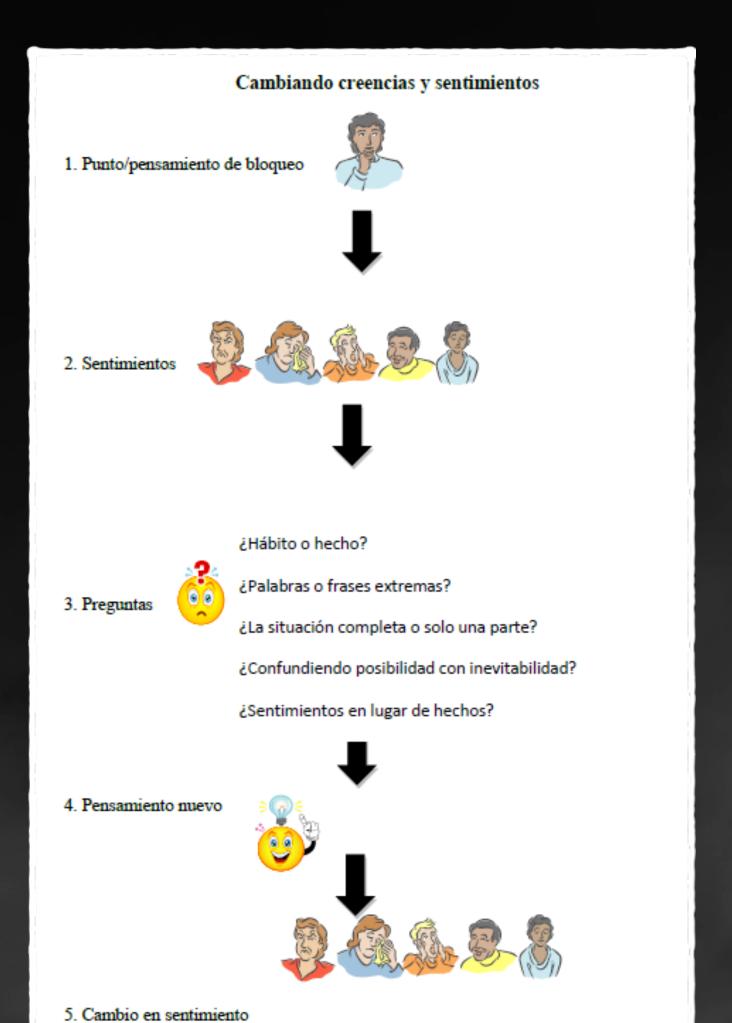
Identificando sentimientos



Challenging Beliefs Worksheet

A. Situation	B. Thought/Stuck Point	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought(s)
Describe the event, thought or belief leading to the unpleasant emotion(s).	Write thought/stuck point related to Column A. Rate belief in each thought/stuck point below from 0-100% (How much do you believe this thought?)	Use Challenging Questions to examine your automatic thought from Column B.	Use the Patterns of Problematic Thinking Worksheet to decide if this is one of your problematic patterns of thinking.	What else can I say instead of Column B? How else can I interpret the event instead of Column B?
		Consider if the thought is balanced and factual or extreme.		Rate belief in alternative thought(s) from 0-100%
		Evidence For?	Jumping to conclusions:	
		Evidence Against?	Exaggerating or minimizing:	
		Habit or fact?		
		Not including all information?	Ignoring important parts:	
		All or none?	Oversimplifying:	
	C. Emotion(s) Specify sad, angry, etc., and rate how strongly you feel each emotion from 0-100%	Extreme or exaggerated?		G. Re-rate Old Thought/
		Focused on just one piece?	Over-generalizing:	Stuck Point Re-rate how much you now believe
		Source dependable?		the thought/stuck point in Column B from 0-100%
		Confusing possible with likely?	Mind reading:	
		Based on feelings or facts?	Emotional reasoning:	H. Emotion(s) Now what do you feel? 0-100%
		Focused on unrelated parts?		







Variables: **Implementation Process: Outcomes:** Replicating Effective Programs (REP) Framework CFIR Proctor Implementation Define the Pre-Pre-Conditions and client Implementation Variables in the Implementation REP outcomes

Formative Evaluation:

Organization, Provider, Patient

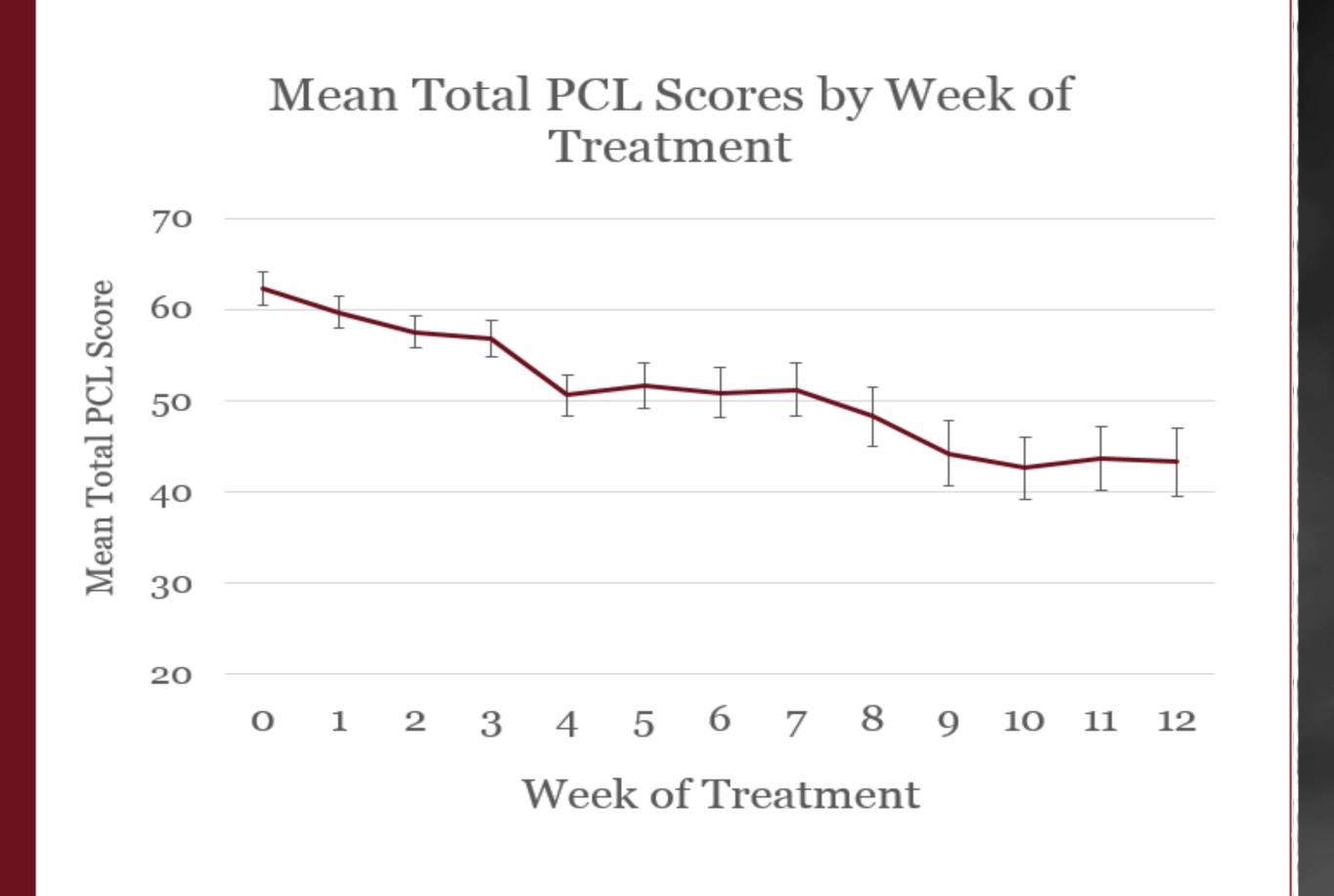


PATIENT-LEVEL OUTCOMES

Results

Patient Level Outcomes

Of patients attending session 12, 50% lost their provisional PTSD diagnosis



Fidelity-Consistent Modifications



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Journal of Consulting and Clinical Psychology

2019, Vol. 87, No. 4, 357–369 http://dx.doi.org/10.1037/ccp0000384

Provider Fidelity and Modifications to Cognitive Processing Therapy in a Diverse Community Health Clinic: Associations With Clinical Change

Massachusetts General Hospital, Boston, Massachusetts, and Harvard Medical School

Sarah E. Valentine Boston Medical Center, Boston, Massachusetts, and Boston University School of Medicine

Debra Kaysen University of Washington

Margaret-Anne Mackintosh Stat Craft, LLC, Brentwood, California

Louise E. Dixon De Silva University of California, Los Angeles

Emily M. Ahles Massachusetts General Hospital, Boston, Massachusetts

Soo Jeong Youn and Derri L. Shtasel Massachusetts General Hospital, Boston, Massachusetts, and

Naomi M C:

rk, New

Reductions in depressive symptoms and PTSD

sso ia ed with realer reductions in depressive symptoms, whereas higher competate ratings were associated with greater reduction in posttraumatic stress symptoms. Conclusion: The results highlight the importance of differentially assessing therapist adherence, competence, and modifications to EBP in usual care settings. The findings also suggest that effective EBP delivery in routine care may require minor adaptate needs, consistent with previous studies. Greater at



FINAL PRODUCT

Culturally and community appropriate

Feasibility, acceptability, uptake

CPT Community Manual

Provider:

Patient:

Satisfaction, implementation, sustainability

Symptoms and Functioning improvement



THANK YOU

Dr. Luana Marques







