Centering the Voices of Survivors, Practitioners, and Clinician-Researchers in Clinical Effectiveness Research:

A Stakeholder-Driven MST Recovery Agenda and Action Plan

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TIMELINE: May 2023 - June 2024

FUNDED BY: Eugene Washington PCORI Engagement Award

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The best research you can do is talk to people.

–Terry Pratchett
The Hitchhiker’s Guide to the Galaxy

Purpose

Research centralizing survivors' voices is paramount for enhancing mental health outcomes among military sexual trauma (MST) survivors and equitable participation in every aspect of comparative clinical effectiveness research (CCER). Funded by the Patient-Centered Outcomes Research Institute (2023-2024), the Rising Up Project sought to spotlight the perspectives of three key stakeholder groups: MST survivors, practitioners, and clinician-researchers.

This action plan describes the needs and priorities that stakeholders identified in the domains of mental health treatment, CCER, and outcomes. It also summarizes the advice stakeholders provided for engaging MST survivors, practitioners, and clinician-researchers in investigations of MST.

Our goal for this report is to elevate the voices of MST survivors, practitioners, and clinician-researchers by highlighting their needs and priorities. We hope it will be a valuable and informative tool for women MST survivors, practitioners, clinician-researchers, researchers, and policymakers to advocate for research that centers the voices of those affected most by MST.

Development

We developed this action plan by collaborating with stakeholders over four years. In a first project (2020-2022), our team was funded by the Patient-Centered Outcomes Research Institute to build an alliance between women MST survivors and practitioners to (1) identify research priorities and engagement needs; (2) provide targeted training in patient-centered outcomes research to position attendees as equitable partners on future projects; and (3) facilitate mutual collaboration in MST-focused mental health research.

MST survivors identified more choice and autonomy in mental health treatment decisions as a primary research priority. To help MST survivors access preferred treatments, we concluded that engagement efforts were needed to identify stakeholder priorities for CCER that (1) inform effective treatment choices, and (2) measure the outcomes that matter most to MST survivors. The current project flowed from these needs.

We virtually convened MST survivors, practitioners, and clinician-researchers to (1) identify the MST-focused mental health treatments and outcomes most important to them, and (2) develop a stakeholder-driven action plan for patient centered outcomes research and CCER priorities. Over the course of three months, we engaged 50 stakeholders in three online convenings each lasting two hours in duration.

Key themes from the convenings emerged in the following categories:

a) Engagement needs
b) Mental health treatment needs and priorities
c) CCER priorities
d) Treatment outcomes

Engagement Needs Identified by MST Survivors, Practitioners, and Clinician-Researchers

To understand engagement needs, we asked the three stakeholder groups to consider the roles they might play in CCER centering MST recovery. Possible roles include, but are not limited to, treatment recipients, peer support specialists, study therapists, and research team members who contribute to various aspects of the research, including planning, recruiting, collecting data, disseminating findings, and evaluating stakeholder engagement. With these roles in mind, stakeholders discussed what would be essential to attract their interest and maintain their engagement in CCER centering MST recovery.

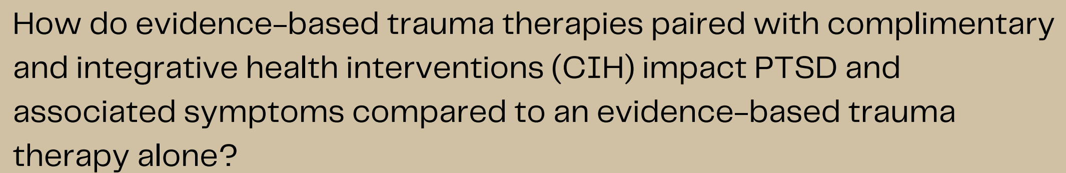
MST SURVIVORS	
	• **A diverse project team** with researchers and clinicians from the participants' own racial/ethnic backgrounds. • **Monetary compensation** for participating in engagement activities. • **Minimal logistical barriers** to engagement (e.g., no participation fees, flexible session times and locations, availability of childcare, transportation support, and options to attend sessions and team meetings online). • Delivery of interventions in **safe, culturally aware, and trauma-sensitive environments**. • **Inclusion of peer support professionals** on the project team. • **Transparency** about collaborating institutions, including whether interventions will be delivered inside or outside of the VA. • **Clear communication about what makes the project unique** from prior research participation. • **Choice** to participate at their level of comfort and availability. • **Recruitment materials that clearly articulate benefits and examples** of how the intervention can create positive change in the lives of MST survivors. • **Culturally sensitive marketing materials** that are distributed to diverse Veteran service delivery systems, including to Vet Centers and on social media platforms. • **Clear communication about the intervention process**, including procedures for study enrollment, retention, end-of-treatment transition, and aftercare.

MST PRACTITIONERS	• **Standardized training and ongoing consultation** in interventions and the ability to offer the interventions to clients outside of the research study. • **Continuing education unit (CEU) opportunities** for participating in intervention training. • **Support from organizational leadership** to engage in training and research, including reduced clinical loads. • **Involving organizational partners and key stakeholders** who are willing to champion the project and advocate for practitioner participation (e.g., VA MST Coordinators). • **Clear connection between study aims and practitioners' goals**, including communication about how involvement in the study will benefit clients and promote increased client autonomy. • **Use of mobile applications and trained diagnostic assessors** to ease the burden of data collection.
CLINICIAN-RESEARCHERS	• **Research with a high likelihood of enhancing outcomes** that are meaningful to clients. • **Research that is theory-driven** with a rigorous design, analytic strategy, and treatment fidelity plan. • **Research-informed rationale** for choosing interventions and outcomes. • **Clear communication of funding, resources, and institutional support** for the project, including financial support for a study coordinator and research assistants who can manage the day-to-day implementation of the project. • **Ability to have input on the research design** and opportunities for involvement in the dissemination of findings via publications and presentations. • **Ability to be involved in the research project as paid consultants** for those whose jobs do not require research activities.

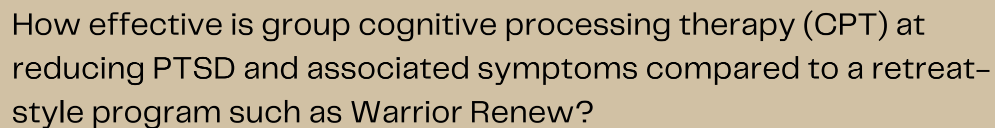
Mental Health Treatment Needs and Priorities Identified by MST Survivors, Practitioners, and Clinician-Researchers

- **Choice and autonomy:** MST survivors want the freedom to choose treatments that are most aligned with their cultural identity, background, and mental health goals. Similarly, practitioners working in large healthcare systems want more flexibility in guiding their clients' treatment process, including the type, pace, and duration of treatments offered.
- **Spacious therapy experience:** Both MST survivors and practitioners want a client-centered treatment experience where regular therapy sessions can occur at various times and locations and are conducted without predetermined scripts.
- **Knowledge of treatment and treatment outcomes:** MST survivors want information about the full range of trauma therapies (including complimentary and integrative health interventions) and the accompanying benefits and drawbacks.
- **Multi-pronged approach:** To maximize treatment outcomes, MST survivors want tailored treatment plans and therapy experiences that utilize a variety of methods to address their needs, including different therapeutic modalities.
- **Rapport with therapist:** MST survivors want to develop positive and trusting relationships with therapists where mutual understanding, collaboration, open communication, respect, and connection facilitate treatment goals.
- **Consistency across VA service offerings:** In the event of relocation, MST survivors want continued access to the same treatments within the VA healthcare system, regardless of geographical location.
- **Recovery roadmap:** MST survivors want a comprehensive plan of care that considers the various stages of trauma recovery, including establishing safety, direct processing of the traumatic experience, and reconnecting with oneself and others.
- **Education about the trajectory of healing:** MST survivors want information about the process of healing from trauma, including knowledge about the complexities of trauma recovery, institutional betrayal, and pathways of healing over time.

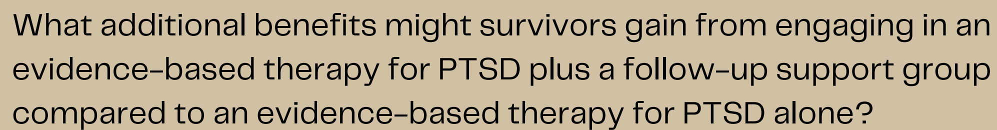
CCER Priorities and Questions Identified by MST Survivors, Practitioners, and Clinician-Researchers



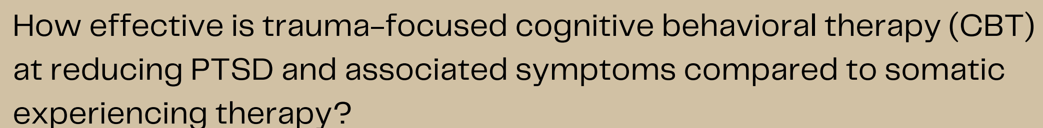
How do evidence-based trauma therapies paired with complimentary and integrative health interventions (CIH) impact PTSD and associated symptoms compared to an evidence-based trauma therapy alone?



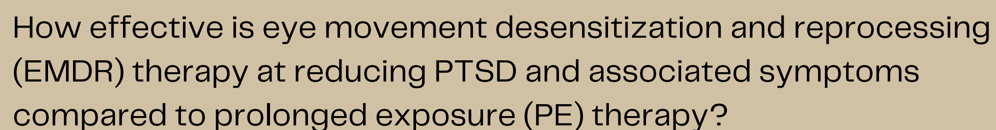
How effective is group cognitive processing therapy (CPT) at reducing PTSD and associated symptoms compared to a retreat-style program such as Warrior Renew?



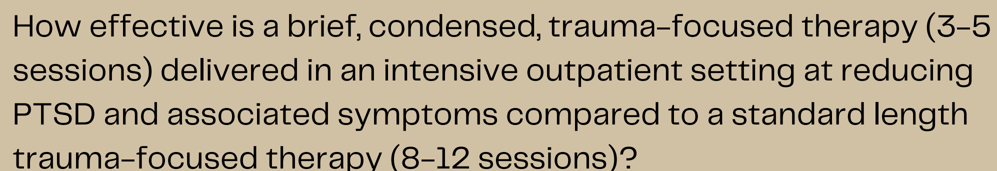
What additional benefits might survivors gain from engaging in an evidence-based therapy for PTSD plus a follow-up support group compared to an evidence-based therapy for PTSD alone?



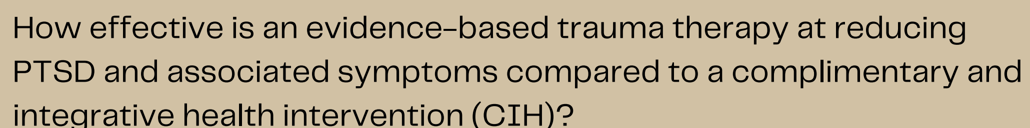
How effective is trauma-focused cognitive behavioral therapy (CBT) at reducing PTSD and associated symptoms compared to somatic experiencing therapy?



How effective is eye movement desensitization and reprocessing (EMDR) therapy at reducing PTSD and associated symptoms compared to prolonged exposure (PE) therapy?

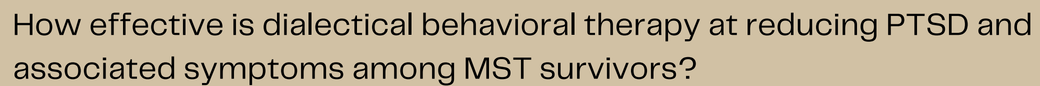


How effective is a brief, condensed, trauma-focused therapy (3-5 sessions) delivered in an intensive outpatient setting at reducing PTSD and associated symptoms compared to a standard length trauma-focused therapy (8-12 sessions)?

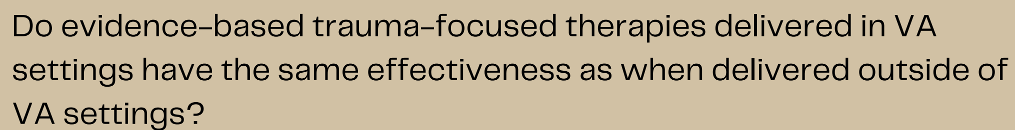


How effective is an evidence-based trauma therapy at reducing PTSD and associated symptoms compared to a complimentary and integrative health intervention (CIH)?

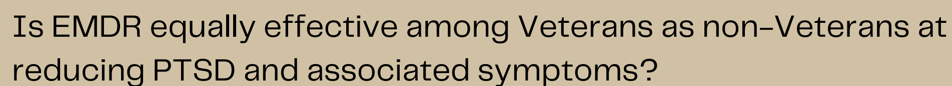
CCER Priorities and Questions Continued . . .



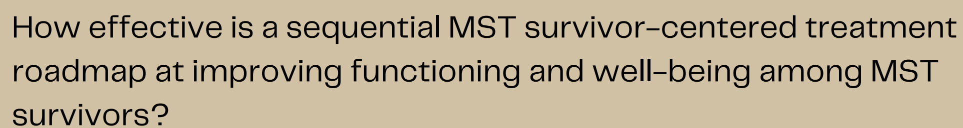
How effective is dialectical behavioral therapy at reducing PTSD and associated symptoms among MST survivors?



Do evidence-based trauma-focused therapies delivered in VA settings have the same effectiveness as when delivered outside of VA settings?

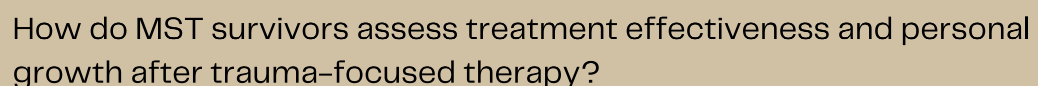


Is EMDR equally effective among Veterans as non-Veterans at reducing PTSD and associated symptoms?



How effective is a sequential MST survivor-centered treatment roadmap at improving functioning and well-being among MST survivors?

What prevents MST survivors from seeking treatment?



How do MST survivors assess treatment effectiveness and personal growth after trauma-focused therapy?

*Note: Although existing literature addresses some of the research questions listed here, stakeholders emphasized the need for further investigation, both quantitatively and qualitatively, in these domains.

Most Important Outcomes of Trauma-Focused Treatments Identified by MST Survivors, Practitioners, and Clinician-Researchers

Reduced shame and self-blame.	Ability to trust self and develop closeness with others.
Adaptive responses to physiological distress.	Emotional intimacy and ability to be authentic in significant relationships (e.g., partner, children, family).
Ability to recognize physiological reactions as trigger responses.	Ability to regulate nervous system.
Thriving (i.e., physical, emotional, social, and psychological well-being) instead of surviving.	Improvements in sleep, sexual functioning, and physical symptoms.
Re-engagement with life (e.g., pursuit of vocational, wellness, social, and spiritual goals).	Ability to develop and maintain healthy relationships outside of the therapeutic relationship.

Conclusion

Project stakeholders were enthusiastic participants in all three convenings. A unique element of this project involved merging varying perspectives from three diverse stakeholder groups. Group discussions showed considerable overlap as well as notable differences. For example, an overarching finding was the importance of complimentary and integrative health treatment modalities.

Stakeholders, particularly survivors, would like healthcare systems (notably the VA system) to offer more complimentary and integrative treatment options. In our discussions of these modalities, practitioners highlighted the systemic challenges of implementing such treatment options in large healthcare systems. Additionally, clinician-researchers stressed the importance of prioritizing treatment modalities with an existing evidence base. Whereas all three stakeholder groups were excited about the interest in and potential for complimentary and integrative treatment options, the different viewpoints allowed for a full-picture view of both the benefits and challenges of these approaches.

Another key part of the project involved identifying mental health treatment outcomes that are most important to survivors, practitioners, and clinician-researchers. Many of the outcomes identified are not easily measurable with existing quantitative research tools. An important next step for future research is working to capture these outcomes in meaningful ways with both quantitative and qualitative methodological tools. An additional consideration involves adopting systems approaches to this work: Helping MST survivors heal, in turn, impacts the entire family and social system.

With these stakeholder-driven insights at the forefront, our project team will continue to (1) expand and sustain our network of research-ready MST survivors, practitioners, and clinician-researchers, and (2) develop opportunities to engage them in comparative effectiveness research focused on treatments for MST-related mental health conditions.

For questions or comments, please contact Project Lead,
Dr. Robyn Gobin at rgobin@illinois.edu.

This engagement project was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EASCS-30423).

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