Let Your Voice Have Impact: Demystifying Research

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A Project of Male Survivor and Yale University, School of Medicine
Funded by Patient-Centered Outcomes Research Institute

Acknowledgement:
This training material was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (#3013).

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Who Does Research?

• Professors, academics, clinicians and researchers at universities, medical centers, hospitals

• YOU!
  • Community-based participatory research (CBPR)
  • Benefits researchers and community members
  • “Nothing about us, without us”

Are **YOU** a Researcher?

• Have you ever wondered how things happen?
• How do things work?
• Have you ever been interested in creating a positive impact on the world?
Goals of Research

- Research is systematic
- Describe, predict, determine causes of, and understand behavior, feelings, symptoms
- Preventative efforts
- Inform and create public policy
- Expand treatment options and resources

Scientific Method

- Come up with a question
- Gather information
- Form a “hypothesis”
- Perform a study
- Analyze the results
- Draw conclusions
Idea Generation

- Curiosity
- Studying special populations
- Resolving an issue from past research
- Testing theory

Honing in on the Question

- What is the relationship between trauma exposure and depression?
- Does a chaotic family upbringing increase the likelihood that individuals who are traumatized will have more negative outcomes?
- Does having social support decrease the likelihood of someone developing PTSD following trauma exposure?
- How does individual therapy help people who are depressed?
- How does PTSD change over time?
- Can we implement an intervention to decrease the likelihood of someone suffering from a substance abuse disorder?
What’s Been Done Before?

- Research articles vs. online articles
- GoogleScholar (scholar.google.com)
- Become familiar with what's been done, what needs to be done, and what you're interested in

Google Scholar Example

Male Rape Myths
The Role of Gender, Violence, and Sexism

Kimber M. Claggett
Debra L. Oswald
Shippensburg University
Terri L. Russell
Pennsylvania State University-Berks

This study investigated the frequency of rape myths and discrimination.

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Form a Hypothesis

- Question → Hypothesis
- Examples:
  - Q: What prevents people from participating in research?
    H: Male survivors may be less likely to participate in research when they are unaware of the process or opportunities to participate.
  - Q: Do males develop eating disorders?
    H: Males develop eating disorders, but due to societal stigmatization symptoms may look different from females diagnosed with eating disorders.

Choosing Your Variables

- What do you want to measure as an outcome? (Dependent variable)
- What do you want to measure that we can “manipulate” or that will “change”? (Independent variable)
  - Sometimes the thing we are manipulating is something we actually have no control over
Choosing Your Measures

• Measures = assessments = tests = surveys

• Types:
  • Physiological measures
  • Behavioral measures
  • Self-report measures

Who Will Participate?

• Samples are chosen from the population
How Will People Be Recruited?

- Volunteers (advertisements, emails)
- Convenience sample
- Clients self-referred to clinic
- Clients court-ordered to treatment
- Neighborhood canvas

Research Methods

- Research methodology = how the information is gathered
- Case study
- Focus group
- Interviews
- Surveys, questionnaires, tests
- Observational (laboratory/natural)
- Experimental
Research Designs

- One time point vs. more than one time point
- Example of a pre- and post-test design:

Institutional Review Boards

- Institutional Review Boards (IRBs)
- Informed consent
- Debriefing
Ethics

- Ethics are guidelines for “best practices”
- Risk-benefit analysis
- Confidentiality and privacy
  - HIPAA Privacy Rule regulates protected health information (PHI)
- Informed consent

Cross-Cultural Considerations

- Age
- Developmental disabilities and acquired disabilities
- Religion
- Ethnicity
- Sexual orientation
- Socioeconomic status
- Indigenous group membership
- Nationality
- Gender


Collecting and Interpreting Data

- Quantitative data = statistical analyses
  - Statistically significant vs. clinically significant
  - Example:
    - “A paired t-test of the beliefs of mental health trainees about women ($M = 25.6$, $SD = 11.3$) versus men ($M = 39.2$, $SD = 10.6$) was significant, $t(103) = -9.8, p < .001$, supporting the notion that mental health trainees endorsed this dimension of the stereotype.” (Vogel, Wester, Heesacker, Boysen, & Seeman, 2006, p. 315).

Collecting and Interpreting Data

- Qualitative data = thematic coding
  - Identification, examination, and interpretations of patterns and themes in textual data
  - Example:
    - “Participants also described a general relationship connection to their partner by indicating a sense of having a friendship or being a team as a couple, developing their general attachment and commitment to their relationship. Participant 10M exemplified this team effort in his relationship: “We both try to take care of things like equal amounts, not one of us has an extra amount of stress or extra amount of responsibilities, we’re trying to, to take care of things, you know, 50–50.” His partner stated, “We know what we want from a marriage and that we have to work together to make it.” Thus, increased cohesion in the relationship was described by several participants, which included connection through their trauma experiences or as a more general characteristic of their dyadic relationship.” (Goff et al., 2006, p. 455).
Thinking Critically

- Is there any other thing that can explain our results?
- Could there be some other cause here?

Thinking Critically

- Does this measure what we think it did?
- Valid = credible
- Reliable = stable over time
Thinking Critically

• Can these results be applied to other:
  • People
  • Interventions
  • Settings
  • Time periods

Getting Results Out There

• Presentations
  • Professional
  • Community
• Magazine articles
• Media interviews
• Journal articles
  • Peer-reviewed
  • Facts are backed up with references
VA Residential Provider Perceptions of Dissuading Factors to the Use of Two Evidence-Based PTSD Treatments

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Providers (N = 108) from 38 Department of Veterans Affairs residential posttraumatic stress disorder treatment programs across the United States completed qualitative interviews regarding implementation of 2 evidence-based treatments: prolonged exposure and cognitive processing therapy. As part of this investigation, providers were asked how they decide which patients are appropriate for these treatments. Many indicated that they did not possess any patient factors that dissuade their use of either evidence-based treatment. However, 3 broad categories emerged surrounding reasons that patients were perceived to be less suitable candidates for the treatments: presence of psychiatric comorbidities, cognitive limitations, and lower levels of patient motivation. Interestingly, providers’ perceived reasons for limiting or removing a treatment did not correspond entirely to those espoused by treatment developers. Possible solutions to address provider concerns, including educational and motivational interventions, are noted.

Keywords: evidence-based treatments, posttraumatic stress disorder, provider perspectives

Journal Article: Introduction

Beginning in 2007, the Department of Veterans Affairs (VA) instituted national initiatives to provide training and consultation in two evidence-based treatments (EBTs) for posttraumatic stress disorder (PTSD): prolonged exposure (PE; Foa, Hembree, & Rothbaum, 2007) and cognitive processing therapy (CPT; Kluft et al., 2010; Resick & Schnicke, 1993). Both PE and CPT are considered first-line psychotherapies for PTSD (e.g., Foa, Kenne, Friedman, & Cohen, 2009; U.S. Department of Veterans Affairs & U.S. Department of Defense, 2010), and have been submitted to randomized controlled trials with civilian (e.g., Foa et al., 2005; Resick, Galovski, et al., 2008) and veteran samples (for review, see Sternkamp & Litz, 2013). Despite research supporting their efficacy, these treatments remain understudied in both the civilian and veteran service sectors (e.g., Becker, Zayfert, & Anderson, 2004; Shiner et al., 2013). Indeed, this is true in the face of the VA mandate that all veterans receiving outpatient or residential care are to have access to PE or CPT (U.S. Department of Veterans Affairs, 2010). For example, in a national investigation of VA PTSD residential programs, use of PE and CPT was not universal, with some programs not adopting these treatments at all (Cook et al., 2013). Furthermore, although several VA residential programs were delivering a full protocol of CPT to all patients, no program offered PE to all patients. Relatively, only 6.3% of outpatients admitted to New England area VA PTSD clinics received at least one session of PE and/or CPT and, of those, the mean number of EBT sessions received was only six (Shiner et al., 2013). Thus, it appears that a limited number of veterans with PTSD currently receive PE or CPT, and when they...
Journal Article: Methodology

Method

A Web-based survey and unstructured interview regarding the use of PE and CPF were conducted with VA medical treatment staff in 36 agencies across the United States from 2006 to 2010. Complete descriptions of the development process as well as copies of the survey and unstructured interview guides are provided elsewhere (Kim et al., 2015). In brief, we conducted a systematic review of the literature on operational contexts presented in the evidence-based frameworks of implementation of health care innovations by Eccles et al. (2005). The model selections six broad contextual environmental categories: (1) problem characteristics of the setting, (2) individual characteristics of potential adopters, (3) communications and diffusion, (4) resource, (5) implementation context, and (6) implementation process. Using a iterative process, we refined existing items from published surveys for potential inclusion, where no new measures were required, while some measures were developed to measure the constructs through consensus. Data reported here were from the unstructured interview only.

Participants were selected from VA medical PTSD treatment programs operating patient outcome data in VA National Program Evaluation Center Resident PTSD programs set reporting patient outcome data (0 – 7) to the National Program Evaluation Center were excluded. In total, 27 VA medical PTSD treatment programs, and staff were recruited for participation. Recruitment included identifying all potential participants and survey recipients, both at the start of the study and at the survey and qualitative interview, 13 (33%) completed the survey only, seven (19%) completed the interview only, and 13 (32%) completed both surveys and qualitative interviews. Among the 32 completers, 13 had initial, 10 had position, or were on medical leave, 5 did not respond to any recruitment attempts, and 4 refused participation.

Of the 108 providers who completed the qualitative interview, mean age was 49 years (± 11.40 years). verbal working memory

Journal Article: Results

Cognitive Limitations

Cognitive limitations were viewed almost universally as a potentially significant disincentive for the use of CPF. This broad category included reduced ability to process information due to traumatic brain injury (TBI), organic cognitive limitations such as dementia, the inability to image, cognitive rigidity, and highly unreflective. It was also noted that some veterans have difficulties with written assignments, have low levels of literacy, or report being generally uncomfortable with written work.

Multiple providers suggested that prior to offering CPF to a veteran, they assessed the patient's reading and writing abilities. In some instances, providers felt that veterans were unable to comprehend the spoken language, suggesting that CPF reduces the verbal, literacy, and abstract thinking capabilities of some veterans.

Cognitive issues associated with aging were also perceived as disincentives for CPF and PE. One provider explained, “We have a lot of elderly females who have come in here too who have real deficits in anything that involves the use of CPF. It's a good degree of abstract thinking and the number of written assignments required.
Discussion

This is the first study to report on provider perceptions regarding patient appropriateness in use of PE and CPT in a national sample of VA residential treatment programs. Three broad categories surrounding perceived disconnecting patient factors were noted: presence of psychiatric comorbidities, cognitive limitations, and level of motivation or "readiness" to engage in trauma-focused treatment. The reasons for refusal most frequently mentioned by providers in this study differed from those endorsed by treatment developers, with the exception of paranoia and uncontrolled substance abuse.

The presence of comorbid psychiatric disorders, namely substance dependence, dissociation, paranoia, and personality disorders, was viewed by some providers as a disqualifying patient factor in the use of both PE and CPT. This is congruent with a survey by Flexser et al. (2005) of community psychologists' opinions on communications to PE. In addition, randomized controlled psychotherapy trials for PTSD may exclude patients with select psychiatric conditions, such as panic disorder, bipolar disorder, and active psychosis (e.g., Fox et al., 2006; Resick 
Galovski, et al., 2008). For example, although the prevalence of psychiatric disorders in veterans with PTSD has been placed at upward of 30%, patients have been an inclusion criterion for most studies of PE, with exceptions of one pilot study with five patients (Fridel et al., 2009).

However, other research has demonstrated positive results in patients with psychiatric comorbidities. Recent randomized demonstration using PE in combat veterans, many of whom had psychiatric comorbidities, showed significant reductions in

Get Involved

- Contact faculty at local universities/colleges; and organizations like the APA Division 56, National Center for PTSD, Male Survivor, etc.
- Ask if they are looking for volunteer research assistants, community partners, or study participants
Additional Resources

- Learning about research methodology & statistics:
  - https://www.discoveringstatistics.com/

- Research Basics Course:
  - http://researchbasics.jstor.org/

- Reading Research Help Guide:

Questions and Comments?

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