

**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

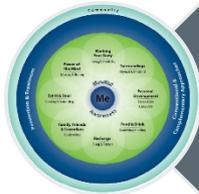
Background



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
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- 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
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- Videos
- Practices
- Massage Aids
- What If?**
- Mobile App
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- Resources

What If?

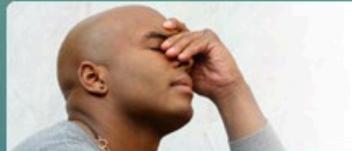
"What If?" addresses challenging situations. Now it offers suggestions for SLEEP and CONCENTRATION - issues other veterans mentioned. "What If?" can expand to address questions and suggestions you send us using the button below.



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

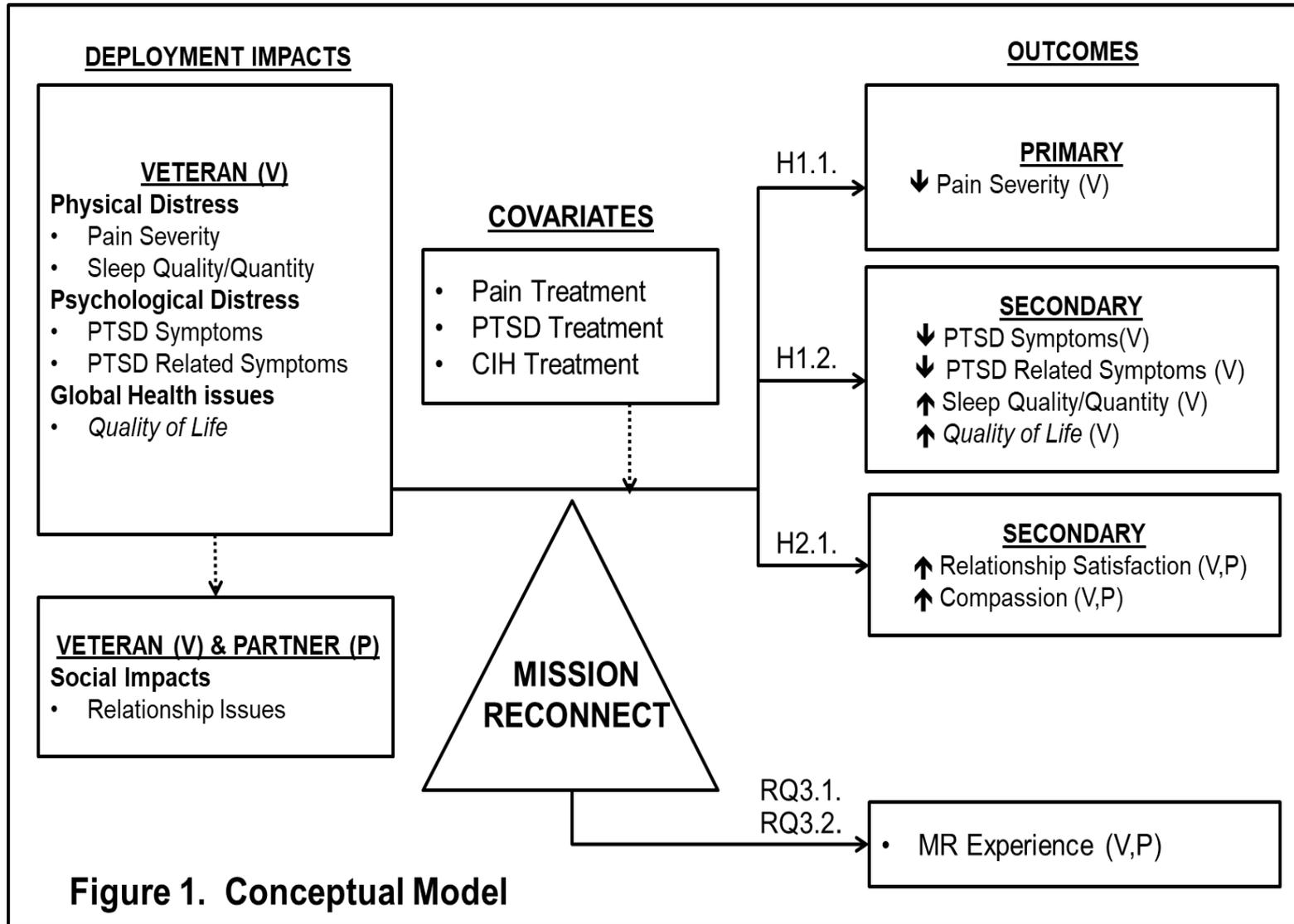


Figure 1. Conceptual Model

Veterans Health Administration



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

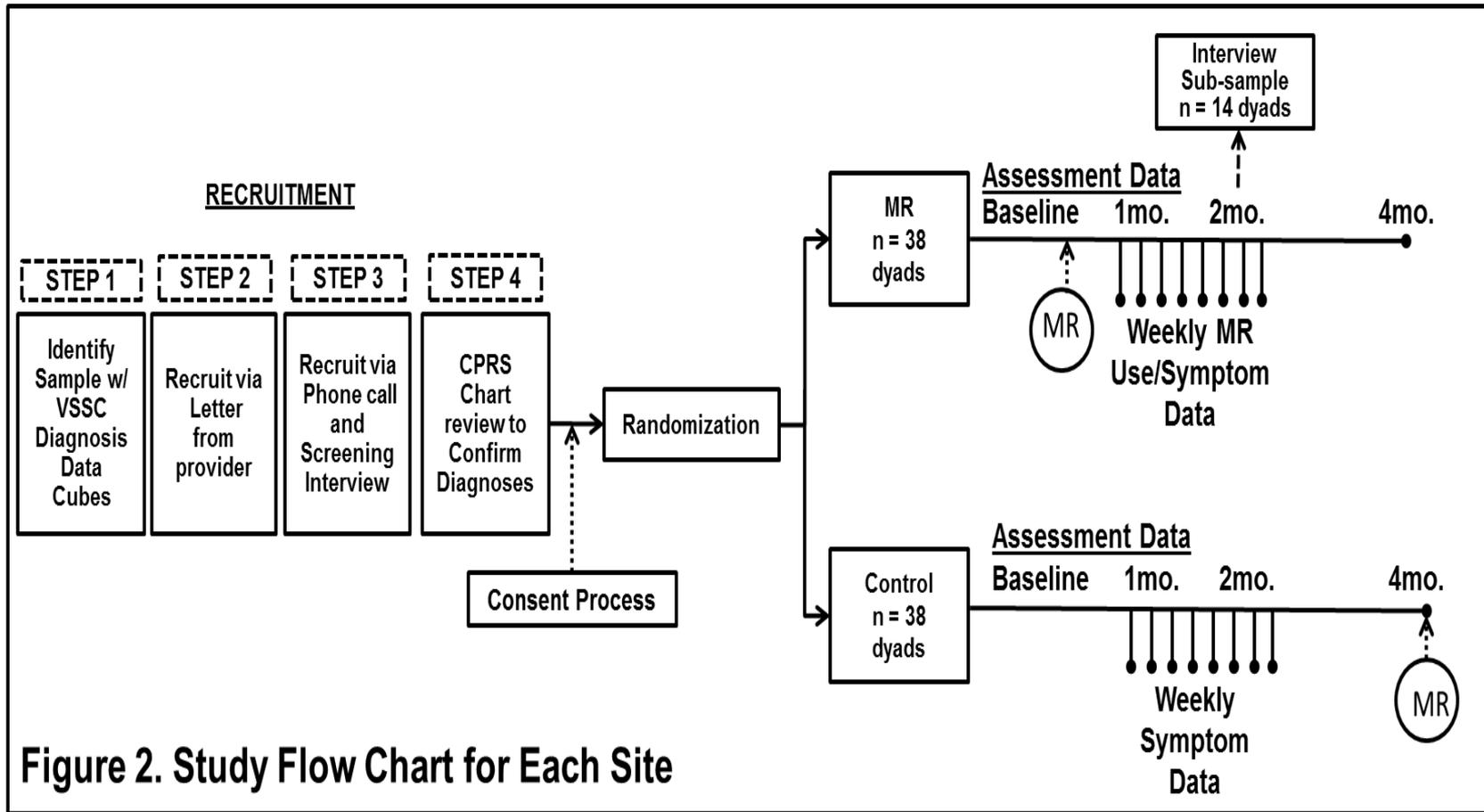


Figure 2. Study Flow Chart for Each Site



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**



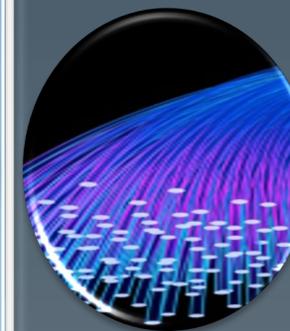
**Element 3:
Participant
Enrollment**



**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.

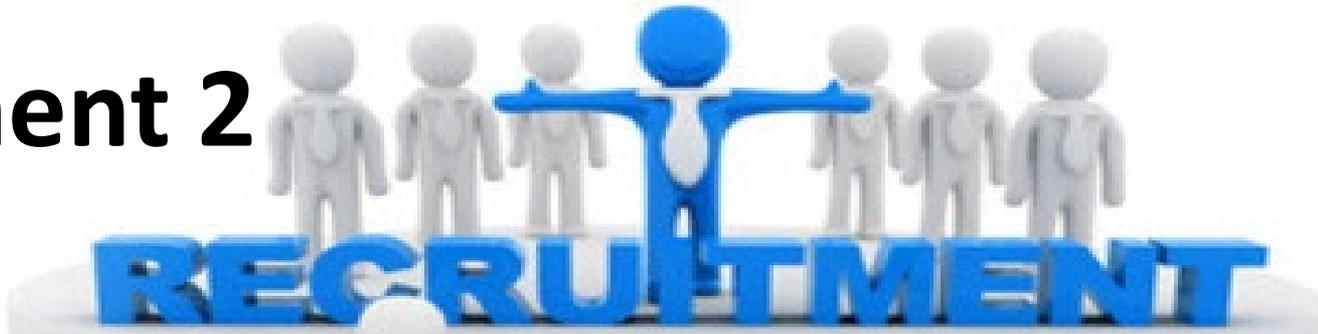
Document detailed accounts of barriers & solutions for IRB and funding agency

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.

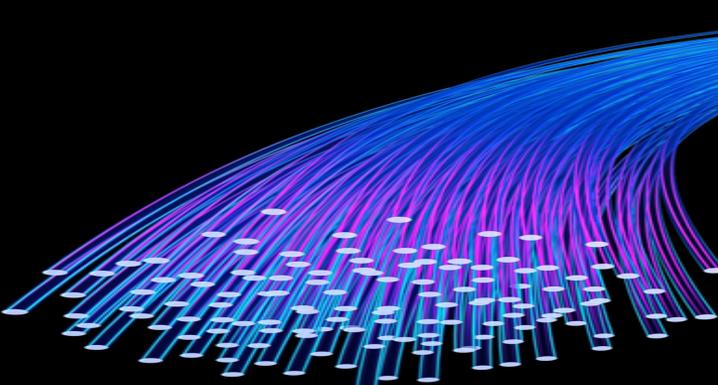
- Choose instruments that can be easily converted into an electronic format while not losing their validity.

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

Pain and
PTSD co-
morbid
vulnerable
population

Third Party
Vendors

Mobile/Web
based
intervention

Dyads –
Veterans &
Caregivers

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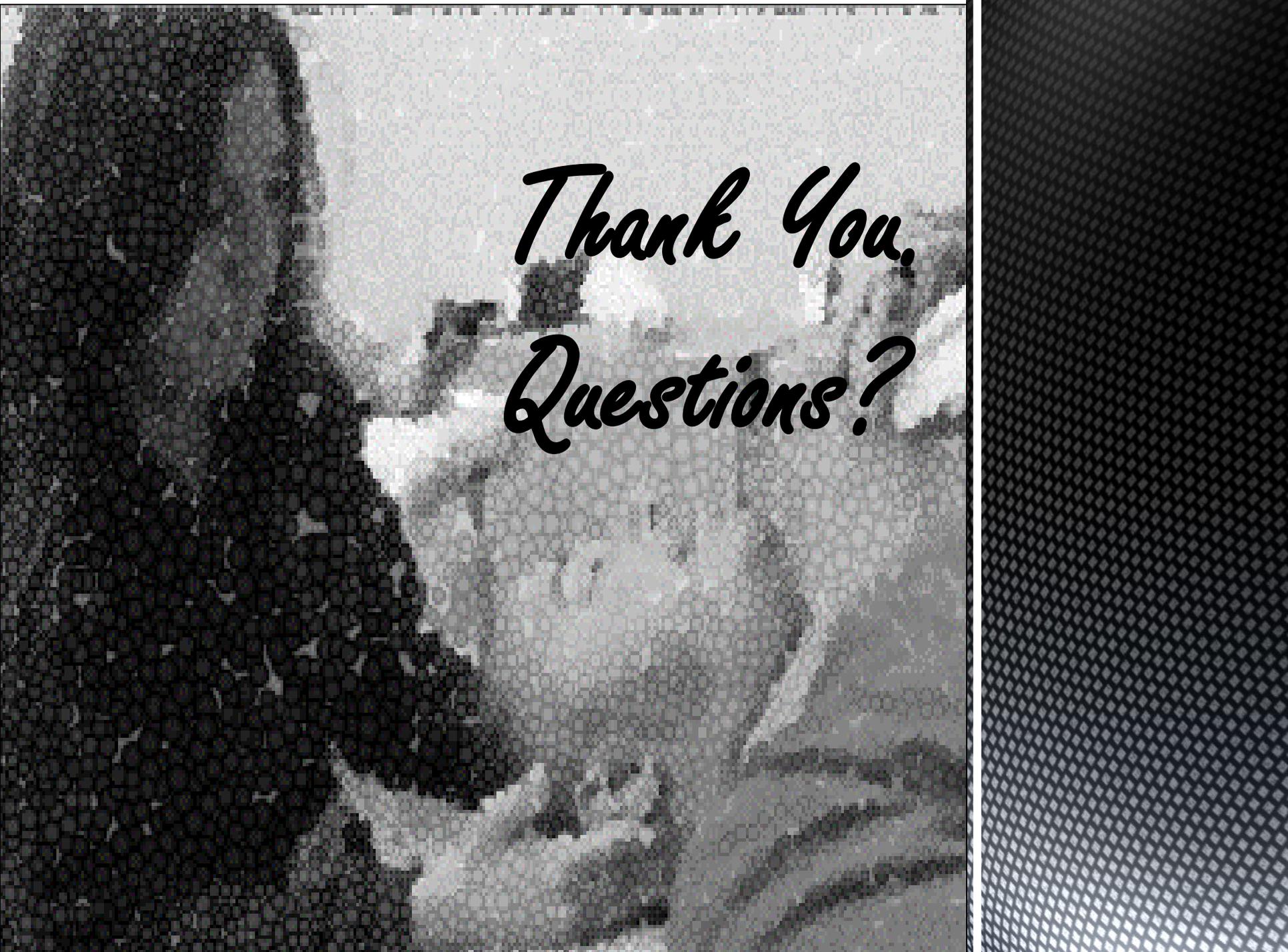
A Mobile and Web-Based Self-Directed Complementary and Integrative Health Program for Veterans and Their Partners (Mission Reconnect): Protocol for a Mixed-Methods Randomized Controlled Trial

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*Thank You.
Questions?*