Moderator: Welcome to the VA HSR&D Investigator Insights Podcast Series. In this episode Center for Information, Dissemination, and Education Resources' staff member, Rob Auffrey, talks with Craig Rosen of the Center for Innovation to Implementation about his work on the risk, and protective factors for burnout among VA psychotherapists before, and during the COVID-19 pandemic.

Rob Auffrey: Thank you, sir, for taking the time out of your national meeting to be here and answer a few questions. Why don't we just start with you introducing yourself, and tell us why you're here, specifically, at the national meeting?

Craig Rosen: I'm Craig Rosen. I'm an investigator with the Center for Innovation to Implementation at Palo Alto VA. And I'm Director of the Dissemination and Training Division of the National Center for PTSD. And I'm a Professor in the Department of Psychiatry and Behavioral Sciences at Stanford.

 And my work is mostly around how do we bring best practices into use in the VA and other healthcare systems for PTSD? That's, right, HSR&D has been my intellectual home for, along with the National Center for PTSD, throughout my career.

Rob Auffrey: And I understand that you're presenting on, at least in part, risk, and protective factors for burnout among VA Psychotherapists treating PTSD.

Craig Rosen: Yes. That's a, sort of, secondary analysis of the study that I'm collaborating on with the Slobin [PH] \_\_\_\_\_ [00:01:35] out of the Center of Excellence in Minneapolis, at the COIN in Minneapolis. That just was a study looking at which clinicians are more effective in delivering our evidence-based psychotherapies for PTSD? What helps people do it really well?

 And one of the factors that might get in the way of that was burnout. As a side piece, we also had opportunity to say, well, what are the things that are predicting burnout in therapists? What are the things that are risk factors and protective?

 And part of what's been protective for them prior to the pandemic was having an environment that really supported their using these evidence-based therapies again, encouraged that, and made it easier for them. During the pandemic, I think people just got overwhelmed by, really, what personal things, and weren't thinking \_\_\_\_\_ [00:02:22].

Rob Auffrey: Didn't lay people's need for psychotherapy ramp up incredibly during the pandemic?

Craig Rosen: It went in some different directions. I think there's increasingly in people having mental health problems and need for psychotherapy. Something that's way beyond VA is VA made this pivot to delivering care virtually, and so did the private sector. I think one things, the huge things that changes with the pandemic is both in the need, but also been people having virtual practices. I think that we're still figuring out how that's shaking out.

 But one of the big – that there aren't enough mental health people in the community care to go around, but at least there's some ability to reshuffle, if they're not where you happen to be. You can provide more virtual care. That's something thee VA has been way ahead of the private sector on that. But the private sectors, they decided to pivot during COVID.

Rob Auffrey: How about virtual care and burnout?

Craig Rosen: I think there are other things in terms of work-life that really are having plenty of effect on burnout. I think things like workload, things like having – you have to have a supervisor who's really got your back. Those are things we know impact burnout. I think we, sort of, start there. Whether I'm doing care virtually or not, maybe, it may be in the mix somewhere, but I think if we start with, "I am seeing patients back to back and have no chance to come up for air," whether I'm doing that virtually or in my office may not make much difference.

 Yeah, I think there are other things in terms of, kind of, making sure that we've got a chance for people to be doing their best work and have some opportunities for self-care. And we make it, some flexibility in work schedules or things like that, and having bosses who are caring about them as people and have their back. I think those are all things from other VA studies that I'd like to work on the VA All Employee Surveys and stuff like Kara Zivin has done. I think those are things that are big predictors of burnout.

Rob Auffrey: I think I, sort of, got you off on a little bit of a tangent there. From reading the abstract, I understand that a lot of what you just talked about are things that psychotherapists find important in normal times. But there are other resources or more resources that seem to be needed during the pandemic and post-pandemic.

Craig Rosen: Yes, I think for the pandemic, I think it just elevated everybody's, yeah, everybody's stress level and what they're carrying, right. For folks who subsequently increases in burnout among people and psychotherapists, which I think parallels things that have been found among other studies with female physicians where burnout was similar before the pandemic. And during the pandemic, particularly if you're the one who, if you've got children home because their school is closed or those kinds of stressors, those are performed disproportionately on people or parents, and particularly on mothers.

 I think everybody's, sort of, stress level went up several notches. And I think that's where having work that is meaningful where you can see that there's an impact, and where you feel like you've got some advocates looking out for you, and helping you take care of your well-being while you're taking care of the Veteran's well-being.

Rob Auffrey: I'm hearing a pattern of support, management support, support from the upper levels.

Craig Rosen: Yes. There's a little bit of research on, sort of, encouraging self-care and supporting those sorts of things. And I was involved in a project working with, I was in a research study, sort of, a service project\_\_\_\_\_ [00:05:53] with my colleague Carmen McClean and Patricia Watson who's done a lot of this work on stress first\_\_\_\_\_ [00:05:58]. What are things you can do to have team, work teams make it okay for people to be stressed, make it okay to talk about that rather than, "I've either got to be good to go or somehow I'm, there's something wrong with me that I can talk about?" It's, "I'm a little struggling this week or having a bad day," and making space for that, and allowing that to be okay, and allowing people to support each other.

 And I think that, that can do a certain amount. I think there's self-care techniques you can teach people. But there is still a piece of what's the work I'm being handed and what's got to be done? And then and the pressure of that, and the systems issues, and I need somebody above me who helps me with that stuff.

Rob Auffrey: This is another tangent, but I just heard you talk about some things that I recognize as the things that Veterans struggle with, like, "I'm okay, I don't need any help. Don't you dare tell anybody," that, sort of, attitude.

Craig Rosen: Yeah. There's a real parallelism between the military, and for firefighters, and populations like that where you want, you want people to know that you know you have their back . You're good to go, they can rely on you. And to be anything less than a hundred percent at my best makes people worry.

 And there's a stigma around that, and having ways to be able to talk about, "I'm still solid, but I also need a little, I need to do a little self-care." We need to look out for each other to keep ourselves in the game. There's that same parallel piece in helping professions whether it's doctors, nurses, to psychotherapists of, "My job is to take care of everybody else and I'm fine." Having some space where you don't need to be perfectly fine. You can be having a rough day or you can be doing something where you may need a break or you may need a minute to put yourself together. And that's okay.

 And there may even be times where you need to negotiate something coming off your plate, that that's okay to talk about. And that's part of being human. And that's part of really sustaining your workforce. If we really want to have a workforce that's there to serve Veterans, then there has to be some level of put your own mask on first while you're then available to then be there for your patients.

Rob Auffrey: Thank you for indulging me in those interesting directions. You mentioned, you said, I don't remember the exact terms, but you said that the VA has been your intellectual home. I think that was the term.

Craig Rosen: Yes.

Rob Auffrey: How did that come to be and how's it been for you?

Craig Rosen: I came to the VA originally as a psychology intern. I came to the Palo Alto VA for that and was just learning about this field of health services research. But I knew I was interested in these pieces of how do we use data to help mental health care in the real world? I found myself in the Health Services Research postdoctoral fellow. And that was, sort of, my first, sort of the first grounding after being a psychology intern.

 And then, I ended up being hired into the National Center of PTSD as a Health Services researcher or scientist. I, sort of, was really part of both centers, but a Health Services researcher involved in how do we improve PTSD care? And the first one of the things I worked on as a postdoc was just understanding what practices people were doing that really…. At that point we did out of self-report survey data, of, "Tell me what you do with kinds of things you use with the patients that you're treating?" And help document that there is a huge gap between the things they're saying in practice guidelines and what most people do.

 A lot of my work since then has been how do we try to close that gap? One of the projects with the, it's called the PERSIST study, was looking at PTSD clinics, and seeing, what are the clinics that are really folding these practice and folding prolonged exposure and cognitive processing therapy as a big piece of what they do?

 That a substantial portion of their patients are getting those treatments. And what are clinics where it's a really, fairly small, marginal piece of what they do? And what's the difference in how these clinics are organized? What was different?

 It was a qualitative study. We started from the bottom up, had, really, the staff tell us what, how they work, and what was different. And that really helped identify some of the things in terms of how the policy defines the clinic. How the clinic defines its mission, kind of, where their role in the continuum of care?

 And do they keep patients forever? Do they have a, sort of, active phase of treatment and then step them down to a lower level of care? What was the leadership support like, as being really big factors in terms of how they operated? And then that's led to a study since of try to, how do we instill and establish those things more?

Rob Auffrey: Sounds like it's rewarding.

Craig Rosen: It can be, yeah. I think it's – I feel like there's a unique privilege in being a VA health services researcher of you have a seat at the table of a healthcare system that is interested in using research and data to improve itself. When I first got hired in, I asked my boss, "You're bringing in a health services researcher. They're going to say, how do we make things better?"

 That involves starting from the premise that things are not already perfect. Are you okay with people having data that says everything is not perfect? And, really, that was the mission, right? We know that there's always room for improvement.

 Let's use the data to find out where that is and drive that forward. And that involves being willing to document that we're gonna get data and take a look at ourselves. Not just say, "Well, I'm sure everything's fine," we've never looked.

Rob Auffrey: And that's refreshing compared to community care?

Craig Rosen: Well, first of all, I think community care has no infrastructure ability to do most of that. Most of psychotherapy, which is in private practice, isn't even in systems of care. Solo practitioners have very little incentive or reason to take a look at that. And they don't have any infrastructure for it. I'm just, I don't have any evaluation resources. I'm getting billed for every patient that I see.

 If patients came back, and I get new referrals, my program is a success. I think that generally mental health care as a whole field, there is not a lot of measuring and rewarding outcomes. I think VA is now, their work\_\_\_\_\_ [00:11:42] is through measurement-based care. And I think that Jake is now expecting that.

 Right now, we, a lot of the incentives are aligned about who gets seen how fast, and access, and wait times. And I think we also want to be talking about what are we doing that's helping people get better? But you have to have data on how they're, how much better they're getting for that to be a driver.

Rob Auffrey: Another tangent, I've only been here since 2017, but it occurred to me fairly early on that in my opinion, the VA system is the model by which American and universal care ought to be modeled. What's your opinion on that?

Craig Rosen: I think that, I think VA does a number of things better than most of healthcare. I think there's a bit of a philosophical piece, even to use the word universal care. VA is a single payer system for Veterans. They are community providers that VA pays for, but a lot of it is happening within. There's a shared medical record. It's a different animal than most of the U.S. healthcare.

 Whereas when I went to Sutter, they don't have what my other providers in my network have. They don't have a shared medical record even with each other. And I'm telling them which vaccinations I have. They don't know. I think VA is unusual in a fact that there is a system where the different disciplines involved in my care and the different providers have a way to have information about this.

 I think one of the challenges for VA is going to be how they build that with community providers now that they're doing more community care. I think that's a unique strength the VA has. I think there's some philosophical debates about whether people like having a fragmented system with lots of private sector players.

Rob Auffrey: Is there anything else that you'd like to talk about that we haven't, that I haven't brought up?

Craig Rosen: The two projects I'm working on now are, again, around what do we do to help tweak clinics so that we can do more of our effective psychotherapy? The psychotherapies that we've done research on assume you're going to see a patient for 60 minutes, sometimes 90 minutes, once a week. That's how the treatments were billed. And a lot of clinics are not really set up to have that temple of care.

 The work we did with VA clinics was really trying to see what was the difference between clinics that were able to do that and those that were not? And those that, sort of, put their resources to make sure that some patients got seen several times in a row so they get a sufficient dose of care, that you could do in our evidence-based treatments.

 Coming off of that, I am finishing up a project where we've been working with military treatment facilities and clinics on military bases with Department of Defense partners to try to come to the COIN lab and \_\_\_\_\_ [00:14:26] in that project. And trying to see what, if we can share some of what we've been doing in VA for a long time, and bring some of that into the DOD settings?

 And we've learned a bunch of things in that but we're still waiting for, to get our data back, but COVID also really, radically changed how those clinics got\_\_\_\_\_ [00:14:42]. I'm not sure if it was really able to see the full impact of that. And then some work we're doing now with QUERI funding, we try to bring approaches that have been used outside VA by, like, Greg Aarons, and Mark Bauer [PH], and their colleagues have done.

 How do I help train the first-line supervisors and leaders in clinics? And then, help get it aligned and up their chain of command to help them make changes in the clinic that improve care. And they've developed that outside VA. They're now trying to bring some of that into VA to help improve measurement-based care.

Rob Auffrey: That's a lot. It's a lot.

Craig Rosen: It's a lot.

Rob Auffrey: Yes.

Craig Rosen: Yeah.

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