

DEPARTMENT OF VETERANS AFFAIRS



Congressionally Mandated Final Report:

**Study and Feasibility and Advisability of Offering
the Parenting STAIR Program at all
Department of Veterans Affairs Medical Centers
(Required by P. L. 116-315 § 5403(c)(2))**

December 2023

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Introduction

Section 5403(c)(2) of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*, P.L. 116-315 (January 5, 2021) requires the Department of Veterans Affairs (VA) to submit a final report on its mandated study on “the feasibility and advisability of expanding the Parenting STAIR program as part of care for military sexual trauma for affected members and former members of the Armed Forces”.

STAIR refers to the Skills Training in Affective and Interpersonal Regulation program focused on helping Veterans who have experienced military sexual trauma (MST). It is a 12-session intervention intended to teach skills for managing strong emotions and building healthy social and interpersonal relationships. An optional parenting module is available if needed for Veterans after they complete the 12-session STAIR program. In VA, this optional module is referred to as the parenting STAIR module. The parenting STAIR module is not a standalone program, but optional supplemental skills training aimed to further improve the Veteran’s emotion regulation skills specifically related to parenting, if indicated.

VA submitted the interim report to Congress, required by § 5403(c)(1), on January 5, 2022. This is VA’s final report required by § 5403(c)(2). In its final report, VA is required to report or provide updated information on the following:

- The results of the study conducted under § 5403(a) on the feasibility and advisability of offering Parenting Skills Training in Affective and Interpersonal Regulation (“Parenting STAIR”) at all VA medical centers (VAMC), and to include the requirements set forth in § 5403(b):
 - staffing needed to offer the Parenting STAIR program at all medical centers of the Department;
 - any additional infrastructure or resources (such as childcare during the program) needed for the expansion of the program; and
 - such other factors relevant to the expansion of the program as the Secretary considers appropriate.
- An update on how many Veterans have used the Parenting STAIR program since its development in fiscal year (FY) 2017, disaggregated by year, including the locations in which Veterans have used such program.
- A determination on the feasibility and advisability of expanding the Parenting STAIR program to all VA medical facilities offering care for MST.

Results of Study Conducted Under 5403(a)

In conducting the study, VA included a systematic review of the scientific research literature related to parenting interventions for persons who have experienced MST to assess areas of need and best practices, considered input from clinicians who provide care to Veterans with MST and have been trained in the optional parenting STAIR

module, reviewed data on recruitment of clinical providers for training in the delivery of the optional parenting STAIR module, and considered provider use of the module. In addition, current services, and resources available for to Veterans with MST were reviewed as well as existing parenting resources available.

Review of Research Evidence

VA's Evidence Synthesis Program (ESP) of VA's Quality Enhancement Research Initiative was engaged to conduct a systematic review of the relevant published research. In consultation with subject matter experts, the systematic review aimed to (1) understand whether and in what ways parenting skills training programs can effectively support parents who are at increased risk for stress due to parental history of sexual trauma in adulthood and, if so, (2) clarify characteristics of effective parenting skills training programs.

Initially 5,394 articles were identified and evaluated for full text review using the predetermined inclusion and exclusion criteria, which yielded 110 articles for full-text review. None of the articles identified pertained to parenting needs of adults with a history of sexual trauma in adulthood. Overall, the finding is that, despite the substantial number publication on parenting skills, no published research was identified that examines the parenting STAIR module or any other skill training intervention for parents with a history of adult sexual trauma.¹

Key Takeaway: Currently there is no evidence to support the use of the parenting STAIR module, nor is there evidence to support use of any other skills training intervention for parents who have experienced adult sexual trauma.

Additional Sources of Information

VA began training clinicians who had completed the STAIR training program in the parenting STAIR module in 2017. Training data indicate:

- Only 72 VA mental health clinicians have completed parenting STAIR module training since 2017.
- Of the 72 VA mental health clinicians who completed training in the Parenting STAIR module, only 54 remain with VA.
- Only 11% of the 630 clinicians eligible for the training have participated between 2017 and 2021.

¹Waldrop JB, Schechter JC, Davis NO, et al. The Effectiveness of Parenting Skills Training Programs for Parents with Histories of Sexual Trauma, Serious Mental Illness, or Military Service: A Systematic Review. Washington, DC: Evidence Synthesis Program, Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs. VA ESP Project #09-010; 2023. Full report available at this link <https://www.hsrd.research.va.gov/publications/esp/parenting-skills-training.pdf>.

- The number of mental health clinicians requesting the training has been small and has decreased over time.
- Only three mental health clinicians applied for the most recent training, offered in Quarter 4 of FY 2021.

Based on these results and the cost of training, including time away from patient care, VA training in the parenting STAIR module was discontinued in September 2021.

Once trained:

- Clinician utilization of the module is very low.
- Clinicians report that fewer Veterans need the additional parenting module than anticipated.
- Veterans infrequently opt to engage in the optional parenting STAIR module.
- Of the 172 VAMCs, current estimates suggest Veterans who have experienced MST are engaging in the optional parenting STAIR module at only 5% of the VAMCs.

Key Takeaways: Very few VA mental health clinicians request training in the parenting STAIR module. Once trained, clinicians infrequently use Parenting STAIR with their Veteran patients. And when offered, very few Veterans opt to engage in the module.

VA Services for Veterans Who Have Experienced MST

VA provides free treatment for any physical or mental health conditions related to experiences of MST and has a full continuum of health care services available to assist in recovery.

- Every VA health care system has a designated MST Coordinator who serves as the local point person for MST-related issues and can help individuals access MST-related services and programs.
- Outpatient MST-related services are available at every VA health care system and outpatient MST-related counseling services are also available through VA's community-based Vet Centers.
- For individuals who need more intensive and/or acute treatment and support, VA has mental health residential and inpatient treatment programs.
- Evidence-based interventions to strengthen emotion regulation, interpersonal functioning and coping skills are widely available. For instance, to help Veterans learn new skills to manage strong emotions, cognitive-behavioral and mindfulness-based approaches are available, such as Dialectical Behavioral Therapy, Acceptance and Commitment Therapy and Mindfulness Based Cognitive Therapy, all of which are supported by research.

Key Takeaway: VA provides a robust continuum of treatment resources to address MST-related health and mental health problems.

VA Parenting Resources

In support of Veterans' mental health and well-being, services are also available that address problems in couples and family relationships, including parenting.

Psychoeducational and self-help parenting resources are widely disseminated, including a web-based parenting training (Veteran Parenting Resources) that helps Veterans learn healthy parenting skills and manage parenting challenges. VA also partners with community-based organizations to develop resources for Veteran and military families, such as Sesame Street Workshop-Military Families).

VA's National Center for posttraumatic stress disorder (PTSD) develops evidence-informed mobile apps and web-based applications for Veterans and their families. For example, PTSD Family Coach is for family members of those living with PTSD. The app includes tools to build healthy coping skills to manage stress, difficult thoughts and emotions, and strengthen social networks. Recent updates include content for families, such as "Talking to Kids about PTSD" and "Parenting Tips". To date, PTSD Family Coach has been downloaded nearly 900,000 times.

Key Takeaway: VA provides resources for Veteran parents and families, including tools to help trauma survivors strengthen parenting skills.

Study Elements Required by Section 5403 (b)

Requirements for the final report set forth in § 5403(c)(2) also include specified elements in § 5403(b) which are:

- Staffing needed to offer the Parenting STAIR program at all medical centers of the Department.
- Any additional infrastructure or resources (such as childcare during the program) needed for the expansion of the program.
- Such other factors relevant to the expansion of the program as the Secretary considers appropriate.

As to staffing and infrastructure or resource needs, as explained herein, VA does not judge the expansion of the parenting STAIR module to be feasible or advisable and sees no need for staffing or additional infrastructure or resources. As to such other factors relevant to the expansion of the program as the Secretary considers appropriate, VA encourages clinicians to provide psychosocial interventions that have evidence of effectiveness. In general, VA national initiatives to promote routine delivery of a psychosocial intervention are reserved for interventions with the strongest evidence of effectiveness. VA notes that there is no supporting evidence for the effectiveness of the optional parenting STAIR module.

Updated Number and Location of Veterans Who Have Used Parenting STAIR Module Since Fiscal Year 2017

Section 5403(c)(2)(B) requires updating the number of Veterans who used Parenting STAIR, disaggregated by years and location, since the provider training was begun in 2017. Quarterly tracking of VA clinicians’ use of Parenting STAIR began in Q2 of FY 2021. To optimize response rates, up to three requests for quarterly data were sent to all clinicians who completed Parenting STAIR training. Data collection was limited to current VA employees; response rate was ~40%.

Table 1 displays the number of Veterans treated with Parenting STAIR, by fiscal year since 2021 and the number of locations where a trained provider used Parenting STAIR with a Veteran.

Table 1. Number of Veterans Who Experienced MST Who Used Parenting STAIR Module and Number of VA Locations.

	FY 2021	FY 2022	FY 2023
Number of Veterans With MST Who Used Parenting STAIR	16	7	2
Number of Locations Where Provider(s) Reports Using Parenting STAIR	9	5	2

A listing of the specific facilities by year is provided in Table 2.

Table 2. Locations Where Parenting STAIR Was Used by Fiscal Year.

FY	Locations Where At Least One Provider Used Parenting STAIR with a Veteran who Experienced MST	Total Locations
2021	Boise VA Medical Center (Boise, ID) Des Moines VA Medical Center (Des Moines, IA) Edith Nourse Rogers Memorial Veterans' Hospital (Bedford, MA) George E. Wahlen VA Medical Center (Salt Lake City, UT) John D. Dingell VA Medical Center (Detroit, MI) Phoenix VA Medical Center (Phoenix, AZ) San Juan VA Medical Center (San Juan, PR) Yuma VA Clinic (Yuma, AZ) Loma Linda VA Medical Center (Loma Linda, CA)	9
2022	Fort Harrison VA Medical Center (Fort Harrison, MT) Edith Nourse Rogers Memorial Veterans' Hospital (Bedford, MA) John D. Dingell VA Medical Center (Detroit, MI) Phoenix VA Medical Center (Phoenix, AZ) Loma Linda VA Medical Center (Loma Linda, CA)	5
2023	Fort Harrison VA Medical Center (Fort Harrison, MT) West Texas VA Medical Center (Big Spring, TX)	2

Feasibility and Advisability of Expanding VA Parenting STAIR to All Medical Centers of the Department Offering Care for MST-Related Conditions

VA recommends against expansion of Parenting STAIR to all VAMCs offering care for MST-related conditions. This report summarizes mandated and additional relevant information used to develop this recommendation.

Feasibility

- Clinician interest in Parenting STAIR training is very low.
- Use of Parenting STAIR by clinicians who have completed training is very low. It is too low to conduct an internal program evaluation.
- The present estimate of locations where Veterans who have experienced MST are receiving Parenting STAIR is 5% or less of 172 VAMCs.
- VA provides a continuum of evidence-based treatments to address conditions associated with MST, including parenting skills training.

Advisability

- Parenting STAIR has not been studied and its effectiveness is unknown.
- The result of a systematic evidence review did not identify studies examining any other parenting skills training interventions for survivors of adult sexual trauma.
- Investing in programs with insufficient evidence is a questionable practice from both a clinical and fiscal perspective.
- VA widely disseminates transdiagnostic interventions for emotion regulation that are strongly supported by research evidence.

Conclusion

The information and recommendations present in this report reflect the culmination of work conducted by the Department to determine the feasibility and advisability of offering the Parenting STAIR program at all VAMCs, as required by § 5403(a) of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*. This work is informed by available Veterans Health Administration data, including a roster of national mental health clinicians who have been trained to use Parenting STAIR, quarterly tracking of utilization, and consideration of all other VA resources available to support MST survivors in their roles as parents.

This work is also informed by the results of an independent, systematic review of the relevant published research literature that was conducted by methodological experts with technical support from VA and non-VA national subject matter experts in parenting, child development, sexual trauma, and national clinical policy implementation. Large scale initiatives to disseminate and implement clinical programs across VA are generally reserved for interventions that are supported by strong research evidence. Based upon clinical utilization rates and reports from mental health clinicians, Parenting STAIR is not frequently clinically indicated.

Based on the totality of our findings, we conclude that it is not feasible or advisable to expand the training and implementation of Parenting STAIR to all VAMCs offering MST-related care.

**Department of Veterans Affairs
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