

DEPARTMENT OF VETERANS AFFAIRS



Congressionally Mandated Report: Interim Report on the Feasibility and Advisability of Offering the Parenting STAIR Program at All Veterans Affairs Medical Centers

December 2021

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Introduction

On January 5, 2021, the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*, Public Law (P.L.) 116-315, was signed into law. Section 5403 of the law requires the Secretary of the Department of Veterans Affairs (VA) to “conduct a study on the feasibility and advisability of expanding the Parenting Skills Training in Affective and Interpersonal Regulation (STAIR) program to all medical centers of the Department of Veterans Affairs (VA) and including such program as part of care for military sexual trauma for affected members and former members of the Armed Forces.” This Interim Report outlines the number and locations of all VA facilities that currently offer the Parenting STAIR program (section 5403(c)(1)(A)) and the number of Veterans served by the Parenting STAIR program in the most recent fiscal or calendar year for which data is available (section 5403(c)(1)(B)).

STAIR is an 8-12 session, cognitive-behavioral trauma therapy that teaches skills for managing strong emotions and building healthy social and interpersonal relationships. Regulating emotions, good social support and healthy relationships are important areas of functioning that can be highly disrupted in individuals with histories of severe interpersonal trauma, including military sexual trauma (MST) (i.e., sexual assault or sexual harassment during military service).¹ STAIR has been delivered to Veterans receiving VA care in various formats, including face-to-face and virtual telehealth modalities.

Similar to many skills-based therapies, STAIR is strongly grounded in well-accepted cognitive-behavioral principles. At this time, however, research evidence supporting the use of STAIR is limited and the current VA/Department of Defense (DoD) Clinical Practice Guideline for Posttraumatic Stress Disorder (PTSD) (<https://www.healthquality.va.gov/guidelines/mh/ptsd/>), published in 2017, rated the evidence for STAIR as insufficient.² More recently, a randomized controlled pilot study of STAIR demonstrated effectiveness associated with improved regulation of emotions and social/interpersonal functioning and decreased PTSD and depression symptoms.³ It is not possible to know if inclusion of this newer evidence would have changed the rating of STAIR in the current clinical practice guidelines. However, rating changes are typically informed by large randomized controlled trials and not pilot studies (<https://bestpractice.bmj.com/info/us/toolkit/learn-ebm/what-is-grade/>). It therefore seems unlikely that the PTSD treatment guideline recommendation on STAIR will change until more definitive research is conducted.

Parenting STAIR is an extension of the core STAIR protocol. The Parenting STAIR intervention builds on the foundation of STAIR, and directly targets regulation of emotions and interpersonal functioning in the parenting domain. Within VA, it has been implemented as an additional 4-5 sessions following administration of the core 8-12 session STAIR treatment. This Parenting STAIR protocol was specifically designed for Veterans who have completed the STAIR trauma treatment and continue to have trauma-related reactions that negatively impact their parenting and parent-child relationships.

Parenting STAIR differs from “standard” parenting programs in that it identifies parenting difficulties that emerge specifically from trauma versus more general parenting issues. In addition, while most parenting interventions identify the child as having symptoms or problems, Parenting STAIR recognizes the parent’s trauma and its impact on both the parent-child relationship and on parenting skills.

The effectiveness of Parenting STAIR is unknown. No evaluation of Parenting STAIR has yet been published. One in progress study is evaluating a more intensive Parenting STAIR protocol paired with a parent-child intervention called Parent-Child Interaction Therapy. This study is being conducted in a civilian sample of mothers referred by child welfare services because they are deemed at risk for repeated child maltreatment (https://reporter.nih.gov/search/KVISvM1zXUiaaYk6V_n1hQ/project-details/10211237). Neither Parenting STAIR nor the briefer protocol developed for use in VA (STAIR + 4-5 sessions) has been studied in the Veteran population. Nor, to our knowledge, is a study of Parenting STAIR in a Veteran sample in progress or planned. The Parenting STAIR protocol used in VA was developed in 2016 and initially offered at a single VA medical center. Since 2017, the Office of Mental Health and Suicide Prevention (OMHSP) has offered expert-led training in Parenting STAIR to Veterans Health Administration’s (VHA) mental health clinicians who have already completed basic and advanced training in the core STAIR protocol. Each Parenting STAIR training cohort receives didactic training followed by biweekly clinical consultation calls as clinicians begin to implement Parenting STAIR in their practices. VHA clinicians implementing Parenting STAIR can also access expert consultation via optional monthly consultation calls.

Methodology

Basis for information reported in this document

To prepare for this report, in fiscal year (FY) 2021, OMHSP began quarterly tracking of VHA clinicians’ use of Parenting STAIR to: (1) establish the number and location of VHA facilities offering Parenting STAIR; and (2) determine the number of Veterans who receive Parenting STAIR each quarter.

The number and location of VHA facilities currently offering Parenting STAIR (Interim Report requirement #1) was derived from the number of VHA facilities at which:

- At least one clinician submitted quarterly tracking information in FY 2021; and
- At least one clinician who submitted FY 2021 tracking information indicated that they had provided Parenting STAIR to at least one Veteran during the past quarter.

As quarterly tracking was initiated in the second quarter of FY 2021 to comply with reporting requirements for P.L. 116-315 § 5403, all estimates presented in this interim report are based on a 6-month tracking period. To estimate the number of Veterans served by the Parenting STAIR program in the most recent fiscal year, the number of Veterans served during the 6-month tracking period was doubled.

Quarterly tracking processes

All VHA clinicians who had completed Parenting STAIR training were initially emailed in April 2021 (to query use of Parenting STAIR during the second quarter of FY 2021). Non-responders were recontacted up to three times. For each Veteran who received at least one session of Parenting STAIR in the preceding quarter, clinicians were asked to indicate the following:

- VHA Veterans Integrated Service Network (VISN) and VHA facility at which treatment was provided;
- Veteran gender (female, male, other);
- MST screening result (MST+, MST-);
- Age of child or children;
- Child or children's relationship to Veteran;
- Number of Parenting STAIR sessions completed;
- Use of telehealth for one or more sessions (yes, no);
- Treatment status (ongoing, or not ongoing);
- Treatment referral source;
- Reason for Parenting STAIR treatment;
- Treatment effect (per clinical judgement); and
- Treatment barriers experienced.

All Parenting STAIR trainees were emailed again in July 2021 (to query use of Parenting STAIR during the third quarter of FY 2021). Quarterly tracking will continue moving forward.

Not all data collected in quarterly tracking is included in the current report. This interim report presents descriptive information about the current locations at which VA clinicians are using Parenting STAIR and the Veterans to whom this care is provided. The final report will include analyses of process and implementation variables (e.g., referral source, average number of sessions) which will inform final recommendations about the feasibility and advisability of implementing Parenting STAIR at all VA medical centers.

Assessment of Parenting STAIR

Section A. Number and Locations of VHA Facilities Offering Parenting STAIR

Between 2017 and the present, 54 VHA clinicians at 49 facilities completed Parenting STAIR training. All were contacted by email and asked to complete a brief quarterly tracking instrument. Of these clinicians, 21 (39%) responded – only two of whom had been trained in Parenting STAIR prior to 2019. Given the very low response rate among those trained prior to 2019, the current report focuses on the cohort of 33 clinicians who completed training in Parenting STAIR during or after 2019. These 33 clinicians represent 15 VISNs and 30 facilities and their clinical disciplines include psychiatry, psychology, social work, marriage and family therapy, readjustment counseling and licensed mental health counseling.

Twenty out of 33 clinicians (61% response rate) from 19 facilities replied to the tracking inquiries; of these respondents, 10% (two clinicians) relocated or are no longer providing patient care. Across two quarters of tracking, nine clinicians at nine separate VA facilities indicated they had used Parenting STAIR with an average of two Veterans per quarter (see Table 1; sites at which clinicians reported using Parenting STAIR are highlighted in blue). Three of these clinicians were psychologists and six were social workers.

Interim Report Requirement #1: Results indicate that nine VA facilities in six VISNs offer the Parenting STAIR program.

Table 1. Characteristics of VHA Clinicians Who Completed Parenting STAIR Training, FY19 – Present by VISN, N=33

VISN	Facility Location (N=30)	Facility Number	Clinical Discipline	Response from Clinicians (N=20)	Using Parenting STAIR (N=9)
1	Bedford, MA	518	Psychology	Y	Y
1	West Haven, CT	689	Social Work	N	N
2	Brooklyn, NY	630	Social Work	N	N
4	Pittsburgh, PA	646	Psychology	Y	N
6	Charlotte, NC	659	Psychology	N	N
6	Richmond, VA	652	Marriage and Family Therapy	N	N
8	San Juan, PR	672	Psychology	Y	Y
9	Memphis, TN	614	Social Work	Y	N
10	Chillicothe, OH	538	Social Work	N	N
10	Cleveland, OH	541	Psychology	Y	N
10	Detroit, MI	553	Psychology	Y	N
10	Detroit, MI	553	Social Work	Y	Y
10	Indianapolis, IN	Vet Center	Social Work	Y	Y
10	Muskegon, MI	515GA	Psychology	N	N
10	West Lafayette, IN	583	Psychology	N	N
12	Chicago, IL	537	Social Work	Y	N
12	Tomah, WI	676	Social Work	N	N
15	Mayfield, KY	657GR	Psychiatry	Y	N
15	St. Louis, MO	657	Social Work	N	N

Table 1. Characteristics of VHA Clinicians Who Completed Parenting STAIR Training, FY19 – Present by VISN, N=33

VISN	Facility Location (N=30)	Facility Number	Clinical Discipline	Response from Clinicians (N=20)	Using Parenting STAIR (N=9)
17	Corpus Christi, TX	740GC	Marriage and Family Therapy	N	N
19	Montana, MT	436	Counseling	Y	N
19	Salt Lake City, UT	660	Social Work	Y	Y
20	Boise, ID	531	Psychology	Y	Y
20	Portland, OR	648	Psychology	Y	N
21	Martinez, CA	612GF	Social Work	N	N
21	San Francisco, CA	662	Psychology	Y	N
22	Loma Linda, CA	605	Psychology	Y	N
22	Phoenix, AZ	644	Social Work	Y	Y
22	Yuma, AZ	Vet Center	Social Work	Y	Y
23	Des Moines, IA	636A6	Marriage and Family Therapy	N	N
23	Des Moines, IA	636A6	Social Work	Y	Y
23	St. Cloud, MN	656	Social Work	Y	N
23	St. Cloud, MN	656	Social Work	N	N

Section B. Number and Characteristics of Veterans Who Received Parenting STAIR

Tracking data indicates that during the second and third quarters of FY 2021, nine clinicians treated 18 Veterans with Parenting STAIR at facilities located in six VISNs. Most Veterans self-identified as female (N=13; 72%) and 61% (N=11; female=9, male=2) screened positive for MST. Children’s ages ranged from one year old to mid-20s. Veterans’ reported relationships to the children for whom they were providing care included mother, stepmother, grandmother, father and stepfather.

Interim Report Requirement #2: Results indicate that 18 Veterans were served by the Parenting STAIR program during the 6-month tracking period (see Table 2 below). Therefore, an estimated 36 (2 x 18) Veterans were served during 2021, corresponding to the most recent 12-month fiscal year.

Table 2. Characteristics of Veterans Treated with Parenting STAIR During 2nd and 3rd Quarters, FY21, N=18

VISN	Clinician's Facility (N=9)	Veteran Gender (M/F/other)	MST+	Number of Child(ren)	Veteran's Relationship to Child(ren)
1	Bedford, MA	F	N	2	mother
1	Bedford, MA	F	Y	2	mother, grandmother
1	Bedford, MA	F	Y	1	mother
8	San Juan, PR	F	N	2	mother
8	San Juan, PR	F	Y	2	mother
10	Detroit, MI	M	Y	2	father, stepfather
10	Indianapolis Vet Center	M	N	1	father
10	Indianapolis Vet Center	M	N	3	father
10	Indianapolis Vet Center	M	N	unknown	father
19	Salt Lake City, UT	F	N	1	mother
19	Salt Lake City, UT	F	Y	1	mother
20	Boise, ID	M	N	1	father
20	Boise, ID	F	Y	4	mother
22	Phoenix, AZ	F	Y	3	mother, stepmother
22	Phoenix, AZ	F	Y	3	mother
	Yuma Vet Center	F	Y	1	mother
23	Des Moines, IA	M	Y	3	father
23	Des Moines, IA	F	Y	1	grandmother

MST+: "Y" = Veteran screened positive for military sexual trauma.

Summary

OMHSP began systematic tracking VA clinicians' use of Parenting STAIR in the second quarter of FY 2021. Based on initial tracking results, this interim report summarizes the current reach of Parenting STAIR within the VA health care system and provides descriptive information about Veterans who have received Parenting STAIR. Since 2017, 54 VHA clinicians have been trained in Parenting STAIR. Among clinicians who recently completed Parenting STAIR training, approximately nine (one in four) provided Parenting STAIR to 18 Veterans during the six-month tracking period (2 x 18 = 36 Veterans per 12-month period). Veterans who received Parenting STAIR during the tracking period were predominantly female and more than half reported the experience of MST during routine VHA screening. **Based on these results collected over a six-month timeframe, at least 9 VHA facilities offer Parenting STAIR and an estimated 36 Veterans in the most recent fiscal year received Parenting STAIR.**

Quarterly tracking of Parenting STAIR use is ongoing. Next steps to be initiated in FY 2022 include examination of implementation barriers and strategies to mitigate identified barriers. In consultation with subject matter experts, the evidence and suitability of other parenting interventions will also be examined.

**Department of Veterans Affairs
December 2021**

References

1. Suris, A., & Lind, L. (2008). Military sexual trauma: a review of prevalence and associated health consequences in veterans. *Trauma, Violence, & Abuse, 9*, 250–269.
2. Department of Veterans Affairs and Department of Defense. (2017). *VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder*. Washington, DC: Author.
3. Jain, S., Ortigo, K., Gimeno, J., Baldor, D. A., Weiss, B. J., & Cloitre, M. (2020). A randomized controlled trial of brief Skills Training in Affective and Interpersonal Regulation (STAIR) for veterans in primary care. *Journal of Traumatic Stress, 33*(4), 401–409.

A	B	C	D	E	F	G
Short Title of Report:	CMR: Study on Feasibility and Advisability of Offering Parenting					
Report Required by:	P.L.116-315 § 5403(c)(1)					

Section 1 - Manpower Estimate

<u>Grade Level</u>	<u>Hourly Rate¹</u>	<u>Benefits Percent</u>	<u>Salary + Benefit Rate</u>	<u>Approx. Number of Hours²</u>	<u>Subtotal (DxE)</u>
GS-13, Step 7	\$59.82	32.99%	\$79.56	14	\$1,113.84
GS-14, Step 7	\$62.82	32.99%	\$83.54	14	\$1,169.56
GS-14, Step 8	\$64.56	32.99%	\$85.86	16	\$1,373.76
GS-15, Step 2	\$71.60	32.99%	\$95.22	3	\$285.66
GS-15, Step 7	\$120.43	32.99%	\$160.16	10	\$1,601.60
Subtotal - Manpower				57	\$5,544.42

¹ Calculate this by dividing the annual salary rate by 2,080 hours.

² Include all effort required to prepare the report. Once it moves forward in the supervisory chain for review and signature, do not include any of this effort in the cost.

Section 2 - Contract Costs

<u>Type of Contract</u>	N/A	<u>Cost</u>
		\$0.00
Subtotal - Contract(s)		\$0.00

Section 3 - Other

Identify: NA	<u>Cost</u>
	\$0.00
Subtotal - Other	\$0.00
<u>Total Estimated Cost to Prepare Report:</u>	<u>\$5,544.42</u>

ENCLOSURE

Short Title of Report: CMR: Study on Feasibility and Advisability of Offering
Parenting STAIR Program
Report Required By: P.L.116-315 § 5403(c)(1)

In accordance with 38 U.S.C. § 16 , the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Manpower Cost:	<u>\$5,544.42</u>
Contract(s) Cost:	<u>\$0.00</u>
Other Cost:	<u>\$0.00</u>
<u>Total Estimated Cost to Prepare Report:</u>	<u><u>\$5,544.42</u></u>

Manpower Costs were calculated by using the methodology noted: The hourly rate was calculated by dividing the annual salary rate by 2,080 hours; 32.99% was used for benefits. When the report was moved forward to the supervisory chain for review and signature, that effort was not included in the cost. This report required 14 hours of GS-13 time for Step 7, 14 hours of GS-14 time for Step 7, 16 hours of GS-14 time for Step 8, 3 hours of GS-15 time for Step 2 and 10 hours of GS-15 time for Step 7. The total estimated cost to prepare the report is \$5,544.42.