

EDITORIAL COMMENT

Special Section: Dissemination: Transforming Lives Through Transforming Care

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In the past decade, we have learned a great deal about recovery following traumatic events and the helpfulness of interventions for those with persistent trauma-related disorders such as posttraumatic stress disorder (PTSD). However, the extent to which this knowledge has transformed the way we intervene with those who experience traumatic events is limited. The focus on dissemination in this series of articles highlights the need of our field to spread widely the knowledge we have gained through years of systematic research and accumulated experience. This focus is intentionally broad. Dissemination, for example, includes translational research, bridging the gap between basic research and clinical practice toward developing new treatments or improving the treatments we provide. Dissemination also includes research that builds on efficacy questions such as, “Does it work?” to begin to address effectiveness questions such as, “What works for whom and under what circumstances does it work?” In addition, dissemination addresses questions with broad public

health implications such as, “How and when do we utilize early interventions to help prevent chronic problems in both military and civilian populations?” Finally, dissemination includes systematic study of dissemination methods themselves. How do we facilitate trauma survivors seeking help, if needed, after traumatic events? What sorts of interventions are preferred? How do we best enhance access to services in remote locations where helping professionals are rare? And, very importantly, how do we best train providers of mental health services (professionals, lay people, graduate students) to provide quality state-of-the-art care?

The following series of articles seek to address some of these important questions. They are a compilation created from a set of featured symposia at the 21st annual meeting of the International Society for Traumatic Stress Studies in Toronto, Canada, November 2005. This series was supported in part by a grant from the National Institute of Mental Health (NIMH) to bring together leading

The following set of articles is from a series of featured symposia on the topic of dissemination at the 21st annual meeting of the International Society for Traumatic Stress Studies (ISTSS), November 2–5, 2005, in Toronto, Canada. These symposia were sponsored in part by the National Institute of Mental Health (NIMH). Four symposia were featured: “Translational Research,” Michael Davis, PhD (chairperson), “Dissemination of Early Interventions Following Trauma,” Jonathan Bisson, MD (Chairperson), “Dissemination of Treatments that Work for PTSD,” Edna Foa, PhD (Chairperson), and “Methods of and Issues Related to Dissemination,” Wayne Katon, MD (Chairperson).

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scholars in concordance with NIMH's Dissemination and Implementation Research Program. This initiative's goals include contributing to the development of a sound knowledge base on the effective transmission of mental health information to multiple stakeholders and better understanding the processes by which efficacious interventions can be adopted within clinical settings. Accordingly, the primary goal of these papers was to generate a dialogue with those who study dissemination within the traumatic stress community and with those who study broader dissemination efforts outside of our community.

The first article in the series (Davis, Barad, Otto, & Southwick, this issue) concentrates on translational research. Consistent with NIMH's bench-to-bedside emphasis, this paper focuses on understanding the pathophysiology of stress, anxiety, and fear and translating current behavioral science and neuroscience advances into innovations in clinical care. The authors highlight the limitations (e.g., modest effects and risk of relapse) of traditional combination treatments for anxiety disorders. In addition, they discuss the potential enhancement of treatment outcome for PTSD by using pharmacotherapy to try to prevent or erase the formation of traumatic fear memories, or to enhance exposure-based cognitive-behavioral therapy (CBT). Given that a significant minority of individuals do not respond to well-tested interventions for PTSD, enhancing outcomes is an important goal. The authors review preclinical studies in rodents and humans that investigate the relationship between catecholamines and memory for emotional events. They then discuss clinical studies aimed at trying to prevent the formation fear memories, and end with an emphasis on enhancing exposure-based cognitive-behavioral therapy (CBT) using pharmacological agents, which have been effective in enhancing fear extinction in rodents.

The second article in this series (Bisson & Cohen, this issue) focuses on dissemination efforts immediately following trauma exposure. With recent national and international experiences of widespread trauma exposure, issues related to the prevention of chronic psychiatric or psychological effects of trauma exposure are paramount. It is crucial that when large-scale disasters in particular strike

there are clear guidelines for how, with whom, and when to intervene. The authors address these important questions by highlighting what we know about risk factors and early intervention research in children and adults. It is clear, for example, that we still know very little about optimal intervention with children immediately after potentially traumatic events, even though we know a fair amount about factors that put children at risk for the development of trauma-related psychopathology. With regard to large-scale dissemination efforts, the United Kingdom's National Institute of Health and Clinical Excellence (NICE; National Collaborating Centre for Mental Health [NCCMH], 2005) treatment guidelines are discussed as one model for developing and disseminating clear, empirically based guidelines for early intervention following trauma. Notably, dissemination efforts of this vital information across a variety of levels are addressed, including international organizations, governments, local health organizations, and individual practitioners.

The third article in the series (Cahill, Foa, Hembree, Marshall, & Nacash, this issue) highlights dissemination of one of the well-established psychosocial treatments for chronic PTSD, prolonged exposure (PE). Presently, the efficacy of various pharmacological and psychological interventions for individuals with chronic PTSD has been well established (e.g., Bradley, Greene, Russ, Dutra, & Westen, 2005; Yehuda, Marshall, Penkower, & Wong, 2002). Yet, the broader effectiveness of these interventions in wider contexts beyond well-controlled randomized trials has only recently begun to be explored, and the adoption and utilization of these interventions across the mental health community lags far behind our current knowledge base. Specifically, the authors chronicle early efficacy research, barriers in the dissemination of PE, research on its dissemination to community clinics focusing on models of training, and finally broader dissemination efforts following terrorism. These advances highlight important next steps needed not only with PE but also with other efficacious interventions.

Finally, this special section concludes with examples of methods and issues related to dissemination (Katon, Zatzick, Bond, & Williams, this issue). Efforts to

disseminate current knowledge often fail partly due to their poor fit with the target audience or setting. This final article focuses on the science of dissemination itself, that is, research on how mental health care interventions are developed, transmitted, and interpreted among important audiences and settings. Notably, this last article moves beyond the traumatic stress arena and examines models of dissemination across other major mental disorders. Four specific dissemination examples are presented. By systematically examining successes and failures of methods of dissemination in these other arenas, the case examples presented here are hoped to spark our own thinking to replicate or expand this work within the traumatic stress community.

It is our hope that this set of articles focused on various aspects of dissemination will stimulate discussion in our field about how to continue to move forward providing evidence-based treatment for patients, evidence-based training and intervention models for providers, and in using basic research to ultimately improve treatments for PTSD. As we consider how to effectively transform lives and care systems through dissemination, we also must think ultimately about broader levels of intervention, focusing not only on individuals, but also on families, cultural groups, communities, and nations. Many nations use clinical guidelines for the delivery of best practice medicine (NCCMH, 2005; Woolf, Grol, Hutchinson, Eccles, & Grimshaw, 1999). However, such guidelines do not necessarily change practice or improve outcomes for patients. Similarly, while practitioners in the field of traumatic stress do cite lack of training as a barrier to implementing evidence-based treatment such as exposure therapy (Becker, Zayfert, & Anderson, 2004), methods that we often use to spread knowledge, such as lectures and brief workshops, do not appear to effectively lead to improved outcome for patients (Davis, Thomson, Oxman, & Haynes, 1992). As the authors of several articles in this section noted, we must also involve “stakeholders” in the dissemination process, or our efforts may be destined to have short-term impact on

care systems. We must also continue to study new methods for improving treatment, but we must also simultaneously study methods to disseminate this information to translate into more effective treatment in the trenches.

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