

**Educating and Evaluating Readiness for Implementation of MDMA-Assisted Psychotherapy for PTSD at  
a VA Residential Treatment Program**

Kayla M. Kinsman, BAP, BSN, MS, RN, PMHNP-BC

Oregon Health & Science University School of Nursing

NURS 703B: DNP Project

Spring Term, 2023

Submitted to: Dr. Kasey McCracken

This paper is submitted in partial fulfillment of the requirements for  
the Doctor of Nursing Practice degree.

## Abstract

**Background**-Post-traumatic stress disorder (PTSD) is one of the most commonly diagnosed mental health disorders amongst veterans in the United States (U.S. Department of Veterans Affairs, 2022).

**Local Problem**-Currently, there are many treatment options available that can be effective, however, there are still many veterans who are treatment resistant. This indicates a need for more PTSD treatment options at the VA.

**Methods**-This Doctor of Nursing Practice (DNP) project focuses on a VA residential treatment program for PTSD where employees were educated on MDMA-assisted psychotherapy as a novel treatment for PTSD. The goal of this educational presentation was to increase employee awareness and open-mindedness in bringing the treatment to the program upon FDA approval. A pre- and post-survey was distributed to staff before and after the presentation to assess the intervention.

**Intervention**-A presentation was given on MDMA-assisted psychotherapy, evidence of its efficacy, training options, and methods for bringing the therapy to TRP upon FDA approval.

**Results**-After the training, staff were more likely to report that they had heard of MDMA-assisted psychotherapy, that they believed it could help veterans with PTSD, and that they would be open to bringing it to the program as a new treatment option.

**Conclusion**-This data supports future efforts to bring MDMA-assisted psychotherapy to the Trauma Recovery Program (TRP) as a treatment for veterans with PTSD which would eventually expand access and options for PTSD treatment.

## **Educating and Evaluating Readiness for Implementation of MDMA-Assisted Psychotherapy for PTSD at a VA Residential Treatment Program**

### **Problem Description**

PTSD is one of the most common mental health diagnoses among veterans in the United States (U.S. Department of Veterans Affairs, 2022). PTSD occurs after witnessing or experiencing trauma; symptoms include hypervigilance, low self-esteem, depressed mood, intrusive memories of past trauma, recurring nightmares related to the traumatic event(s), flashbacks, poor concentration, dissociation, irritability, alterations in memory, anhedonia, isolation, and avoidance of situations that may serve as reminders of past trauma (5<sup>th</sup> ed.; DSM-5; American Psychiatric Association, 2013). Approximately 6% of the general U.S. population is diagnosed with PTSD at some point in their lifetime but the occurrence among veterans is much higher. The statistics of veterans with PTSD are broken down into time periods; the Department of Veterans Affairs (VA) estimates that between 11-20% of veterans that served during the Operations Iraqi Freedom era suffer from PTSD, approximately 12% of Gulf War Veterans, and about 30% of Vietnam veterans have or have had PTSD during their lifetime (U.S. Department of Veterans Affairs, 2022). Currently, research into new treatment options at the national level has shown efficacy in treating PTSD, and it is important to be ready to implement these options at a local level.

One such program is at a VA in the Bay Area, CA called the Trauma Recovery Program (TRP). This program has both residential and intensive outpatient program options available. TRP offers different treatment options including cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), prolonged exposure therapy (PE), cognitive processing therapy (CPT), and psychiatric medication management; however, approximately 71-75% of veterans complete the program (Menlo Park VA, 2022), implying that expanding the program to include additional treatment options could be beneficial to increase the completion rate. Recent research shows the efficacy of MDMA-assisted psychotherapy for treatment of PTSD (Mitchell et al., 2021). Currently, MDMA is still listed as a Schedule I substance

under the Drug Enforcement Agency (DEA) guidelines and has not yet been approved by the U.S. Food and Drug Administration (FDA); however, it is available in research settings and based on current research findings, the FDA may consider approval as early as 2023 (American Chemical Society [ACS], 2022). Although there are gaps in knowledge about MDMA-assisted psychotherapy, and research is still somewhat limited, TRP may benefit from expanding it as a treatment option for veterans with PTSD. To be prepared for the upcoming FDA approval, TRP employees need to be educated on MDMA-assisted psychotherapy to implement it in the future.

### **Available Knowledge**

In recent years, several studies have been conducted to determine the efficacy of MDMA-assisted psychotherapy for PTSD treatment. So far, these studies have produced meaningful effects, indicating the treatment can be effective, sometimes so much so, that some of the participants no longer met the criteria for PTSD (Barone et al., 2019; Feduccia et al., 2020; Gorman et al., 2020; Jerome et al., 2020; Mithoefer et al., 2019; Ot'Alora et al., 2018; Penn et al., 2019; Wagner et al., 2017). Currently, training options for delivering MDMA-assisted psychotherapy are limited in part due to the legal status but also because of limited knowledge.

Three separate meta-analyses found similar results when determining the effects of MDMA-assisted therapy on patients with PTSD (Feduccia et al., 2020; Gorman et al., 2020; Jerome et al., 2020). Results indicated that significantly more participants in the active (MDMA-dosed) groups experienced PTSD symptom reduction than those in the control groups (placebo). Of these participants, approximately just over half no longer met the criteria for PTSD (Gorman et al., 2020 & Jerome et al., 2020). Limitations of these studies include a lack of diversity amongst participants, with the vast majority of participants identifying as Caucasian. Researchers also reported that both participants and therapists were able to correctly guess whether they were in the control group or the active group, which could have contributed to bias in results.

Several randomized controlled trials concluded similar results, finding that MDMA-assisted psychotherapy effectively treats PTSD (Mithoefer et al., 2019; Ot'abora et al., 2018; & Wagner et al., 2017). Clinicians used CAPS-IV (Clinician Administered PTSD Scale IV) scores to determine results and they found that CAPS-IV scores were significantly lower at endpoint than at baseline. Wagner et al. (2017) focused specifically on how the treatment affected openness and neuroticism, finding that it increased openness and decreased neuroticism significantly. Qualitative data (Barone et al., 2019 & Penn et al., 2019) for this treatment is also available and reinforces the above quantitative results (Mithoefer et al., 2019; Ot'abora et al., 2018; & Wagner et al., 2017) also concluding MDMA-assisted psychotherapy is a successful treatment option for patients with PTSD.

At TRP, little is known about MDMA-assisted psychotherapy. Only one optional educational training has been offered and out of 35 TRP employees, only one attended the training. A non-profit organization called MAPS (Multidisciplinary Association for Psychedelic Studies) was the first to establish an MDMA-assisted psychotherapy training program; however, the program is challenging to get into because there are not enough available openings (MAPS, 2021). There are also several different types of companies that have recently understood the need for this training, and it is being offered at different companies globally. This can make it challenging to know the most effective training options, highlighting the need for internal employee training for places like the VA. TRP staff have not been assessed regarding their thoughts and attitudes surrounding MDMA-assisted psychotherapy and they have limited knowledge of it as a PTSD treatment option.

### **Rationale**

The framework used for this project is called the Organizational Readiness for Change Theory (ORC) and it is focused on the idea that organizational readiness should be treated as a shared psychological state (Weiner, 2009). This allows the members of the organization to work together to feel more motivated, confident, and committed to the proposed change. Weiner emphasizes the importance

of change valence, where the organizational members can see the potential benefits and value of the proposed change. The theory discusses the importance of motivation towards a change that will lead to positive effects for all involved. Change efficacy is another important element of Weiner's theory, more specifically, task demands, situational factors, and availability of resources. Knowledge of these three components will allow employees to feel readiness for proposed changes. Weiner also includes contextual factors as part of his ORC theory and discusses how the organizational culture can impact readiness for change among its employees (Weiner, 2009). Completion of this project via ORC Theory will assist in determining whether VA employees will readily accept the proposed treatment in an effort to bring MDMA-assisted psychotherapy as a new treatment option for veterans with PTSD.

### **Specific Aims**

This project aimed to increase openness and awareness of MDMA-assisted psychotherapy as a novel treatment option for PTSD among employees at the VA Trauma Recovery Program. Primary objectives included conducting a presentation on the topic and then administering a pre- and post-survey and one optional qualitative question as secondary objectives. The specific aims of this project are: by March 31<sup>st</sup> of 2023, after participating in the training, staff will be more likely to have heard of MDMA-assisted psychotherapy; be motivated to bring MDMA-assisted psychotherapy to TRP; and believe that MDMA-assisted psychotherapy can help veterans with PTSD.

## **Methods**

### **Context**

The Menlo Park VA's Trauma Recovery Program is a 30-bed residential treatment facility for veterans with PTSD. TRP employs 35 people total with one program director, 3 psychologists, 3 psychology interns, 2 social workers, one psychiatrist, one psychiatric mental health nurse practitioner, one family nurse practitioner, 2 recreation therapists, one nurse manager, 2 nursing assistants, and 18 nurses. Currently, due to the COVID-19 pandemic, some of these employees work remotely, some are

physically present, and some work a hybrid schedule. All group therapy sessions are conducted via telehealth and individual therapy sessions are conducted either via telehealth or in person, depending on the preference of the veteran.

### **Intervention**

In February of 2023, 16 employees at the Trauma Recovery Program at the Bay Area, CA VA were assessed for their readiness for change. Participants were recruited by sending out an email to all TRP staff notifying them of the date and time the presentation was to be given and asking them to attend if able. Attendees included 3 psychologists, 4 therapists, 2 social workers, 4 RNs, 1 psychiatrist, and 2 nurse practitioners. A 30-minute didactic Power Point presentation was given via Microsoft Teams, educating staff on MDMA-assisted psychotherapy, evidence of its efficacy, training options, and methods for bringing the therapy to TRP upon FDA approval.

### **Study of the intervention**

The study of the intervention included surveying TRP employees before and after the presentation. Data were collected between February through March 2023. An anonymous online pre-survey was distributed to nurses, social workers, medical doctors, psychologists, nurse practitioners, and nursing assistants at TRP. The survey was based on guidelines by The ORC Theory consisting of 5 items on a Likert scale. This provided quantitative data on TRP employee readiness for change and knowledge related to MDMA-assisted psychotherapy. Surveys were distributed via Microsoft Teams chat, and the survey took between 5-7 minutes to complete. After pre-survey completion, a Power Point presentation was given on MDMA-assisted psychotherapy via Microsoft Teams.

A post-survey consisting of the same items and Likert scale as the pre-survey was distributed via the same method of Microsoft Teams chat after the presentation. This was to determine quantitative data related to TRP employee readiness for change after being educated on MDMA-assisted

psychotherapy. One optional qualitative feedback question was also delivered after the presentation for qualitative data.

### **Measures**

The ORC theory was used to design the specific aims and measures of this project. The primary outcome measures included measuring changes between pre and post survey responses. Survey questions were as follows: 1) I believe it is a good idea to expand PTSD treatment options at TRP, 2) I am open to learning about new and effective treatment options for PTSD that are not currently being offered at TRP, 3) I have heard of MDMA-assisted psychotherapy, 4) I am motivated to bring MDMA-assisted psychotherapy to TRP, and 5) I believe MDMA-assisted psychotherapy can help veterans with PTSD. These questions were answered on a Likert scale with five response options including “strongly agree,” “agree,” “neither agree nor disagree,” “disagree,” and “strongly disagree.” The optional qualitative feedback question was included in the post survey as follows: “What barriers do you anticipate and/or what ideas do you have in moving forward with bringing MDMA-assisted psychotherapy to TRP?” Voluntary qualitative feedback from the post-survey was also recorded and taken into consideration as secondary outcome measure.

### **Analysis**

Results were summarized as frequencies of the Likert scale responses. These were recorded in bar graphs to support interpretation of the data with regard to effectiveness of the educational intervention. Differences in staff knowledge, thoughts, and readiness for change regarding MDMA-assisted psychotherapy were considered. Qualitative responses on the post survey were coded for common themes and recorded on a table.

### **Ethical Considerations**

Ethical considerations for this project include maintenance of anonymity in staff survey responses. This was done by sending a link to the surveys via Microsoft Teams chat, where the



responses were recorded anonymously. TRP employees were informed that their individual responses could not be seen and their identities were protected. Clinician distress was also considered as TRP employees took time out of their regular schedules to fill out pre and post surveys and attend a presentation. Data analysis was carefully interpreted as results could indicate readiness for change regarding bringing MDMA-assisted psychotherapy as a new treatment option for PTSD at the VA. It was also important to consider that the population of veterans with PTSD at the VA would potentially be influenced by the project results. Lastly, this project discussed a very new treatment option for PTSD that includes psychedelic medicine, which is not covered in most educational institutions; therefore, there is a lack of knowledge surrounding psychedelics. Additionally, there may be negative social stigma surrounding MDMA as it is currently known by most people as a recreational drug by the name of “Molly” or “Ecstasy” which could lead to alterations in staff survey responses. It was important to carefully analyze pre and post survey data to decrease participant bias. This project has been submitted to the Institutional Review Board at OHSU (study #00025195) and was deemed not to be research and did not require further review.

### **Results**

A total of 16 Trauma Recovery Program staff members attended the presentation on MDMA-assisted psychotherapy. One staff member showed up late and missed the pre-survey, therefore, 15 staff members completed the pre-survey and 16 staff members completed the post-survey with 3 staff members completing the optional qualitative survey question at the end of the presentation. Bar graphs show results of the pre- and post-survey as well as a stacked bar chart displaying a comparison of answers between the two surveys (please reference appendices E and F). After the intervention, 93% of pre-survey respondents agreed at some level (either “strongly agree” or “agree”) with the first item, “I believe it is a good idea to expand PTSD treatment options at TRP,” compared to 94% in the post-survey results for the same item. Of note, none of the respondents disagreed with the statement at either

timepoint. For item number two, “I am open to learning about new and effective treatment options for PTSD that are not currently being offered at TRP,” pre- and post-survey results indicated 100% of participants agreed with the statement. Pre-survey results for item number three, “I have heard of MDMA-assisted psychotherapy,” indicated 60% of respondents either strongly agreed or agreed, 27% neither agreed nor disagreed, and 14% disagreed with the statement. In comparison to the post-survey results for the same item, 88% agreed at some level which was a marked increase (46.6%) from pre-survey results. In the pre-survey, 33% of participants agreed with Item number four, “I am motivated to bring MDMA-assisted psychotherapy to TRP” compared to the post-survey results for item number four where 69% agreed with the statement (a 109% increase). Lastly, pre-survey results for item number five, “I believe MDMA-assisted psychotherapy can help veterans with PTSD” indicated 47% of participants agreed at some level, 53% neither agreed nor disagreed, and none of the participants disagreed with the statement compared to post-survey results which revealed 81% agreed, 6% neither agree nor disagree, and 13% disagreed.

There were three respondents for the optional qualitative feedback question, “What barriers do you anticipate and/or what ideas do you have in moving forward with bringing MDMA-assisted psychotherapy to TRP?” One participant stated, “Barriers: Slow VA process + moving forward: more discussion with other residential programs, inviting clinicians with experience with MDMA protocols, setting eligibility criteria and limits.” Another participant responded, “Getting local VA approval, finding a way to integrate this into the program. Discussing possible medication side effects.” The third participant stated, “The primary barriers I see may be 1) Logistical-getting approval/training resources from the facility 2) Education for veterans, 3) Complexity of patient population.”

## Discussion

### Summary

The purpose of this DNP project was to educate VA TRP employees on MDMA-assisted psychotherapy for PTSD and to assess and evaluate their thoughts, beliefs, and openness to bringing the treatment to the program as a new option for veterans with PTSD. The ORC Theory was used to collect quantitative and qualitative data between February and March 2023. Employees were educated and surveyed before and after presenting information on the treatment. The desired outcome of this project was to inform TRP staff on a novel treatment option for PTSD and to increase openness and awareness for bringing that treatment forward upon FDA approval. Results indicated that after being educated, TRP employees had more knowledge about MDMA-assisted psychotherapy, they were more open about implementing it as a new treatment option at TRP, and overall, they felt that it could help veterans with PTSD.

### Interpretation

Before implementing novel evidence-based treatments in a hospital system, it is important to assess employee readiness for change. Weiner's ORC Theory is valuable when assessing and evaluating employee knowledge, thoughts, beliefs, motivation, and readiness to implement that change is needed and was an effective method for this DNP project. MDMA-assisted psychotherapy is a very new and upcoming treatment being researched for PTSD and there is a lot of controversy that surrounds it because of the current legal status and social stigma that comes along when discussing MDMA. This can make it challenging to present as a new treatment option which is why it is essential to ensure people are properly educated on it before suggesting implementation. Although TRP employees were educated on the treatment, results of pre and post survey analysis did reveal some ambivalence. However, overall, the results indicated a readiness for change.

It is important to note that there were 15 participants in the pre-survey and 16 participants in the post-survey, which could have mildly skewed the results and if that 16<sup>th</sup> participant did not attend the entire presentation, it is possible they would have answered differently than if they were present during the entire presentation. Prior to the training, all participants expressed some level of openness to learning about new and effective treatment options for PTSD. After the training, the participants were more likely to strongly agree with this survey item reflecting this attitude. After the presentation, participants were more likely to agree that MDMA-assisted psychotherapy could help veterans with PTSD and felt more motivated to bring the treatment to TRP.

As it relates to the common themes in the qualitative results, TRP employees expressed concerns about the complexities of the VA treatment approval process, communication, and education. These themes are important to consider moving forward with implementing MDMA-assisted psychotherapy as a new treatment option at the VA. Qualitative results suggest it will be essential to start the approval process at the VA as early as possible, it will be necessary to create an educational employee training on the treatment, and communication between employees, veterans, and interdisciplinary staff will be key in ensuring effective launching of MDMA-assisted psychotherapy.

### **Limitations**

Limitations of this project include that these results may not be generalizable to larger populations, even within the VA. The TRP program specifically treats veterans with PTSD, indicating that the staff are already knowledgeable on the disease and different ways to treat it. Presenting this treatment option to VA general mental health programs and clinics might yield different results as knowledge amongst providers would likely be different. Additionally, not all TRP employees were present during the presentation on MDMA-assisted psychotherapy, as not all TRP RNs work a regular schedule. Of note, when interpreting the results for pre and post survey item number 3 "I have heard of MDMA-assisted psychotherapy" there was one participant who answered "strongly disagree" despite

having just sat in on a presentation on the subject. This might indicate that the participant was not able to attend the entire presentation, they could have misread the question, or some other interference could have taken place. Lastly, MDMA-assisted psychotherapy is still being researched and is not yet FDA-approved which contributes to overall lack of knowledge related to the subject. Additionally, the negative social stigma of MDMA could very well be present before, during, and even after being educated on the treatment, which is another aspect that could affect the results.

### **Conclusions**

PTSD is a debilitating disease and is highly prevalent amongst veterans in the United States. there are several treatment options available to this population; however, some still do not find success in these currently available treatments. Implementation of this project was a first step in determining ways to go about bringing forth MDMA-assisted psychotherapy as a novel treatment. Overall, the aims of this project were met as results indicated that TRP employees were open to learning about new PTSD treatment options, they felt that bringing new PTSD treatment options to the program was a good idea, they were motivated to bring MDMA-assisted psychotherapy in as a new treatment, and they felt it could be beneficial to veterans in the program. As MDMA-assisted psychotherapy gains credibility and recognition as an effective treatment option for PTSD, the model of this DNP project can be used at other VAs and geared toward their own individual needs. Evidence-based treatment options for PTSD are needed amongst the veteran population and advocating for them is essential in implementing MDMA-assisted psychotherapy at TRP. Next steps would include lobbying for the treatment to leadership within the VA, encouraging further research in VA residential treatment settings, and training and educating VA employees on the subject.

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### Appendix A: Project Timeline

#### Project Timeline

	Dec	Jan	Feb	March	April	May	June
Finalize project design and approach (703A)	X						
Complete IRB determination or approval (703A)	X						
Complete presentation and survey material (703B)		X					
Pre-survey (703B)			X				
Presentation (703B)			X				
Post-Survey (703B)			X				
Final data analysis (703B)				X			
Write sections 13-17 of final paper (703B)					X	X	
Prepare for project dissemination (703B)							X

## Appendix B: Letter of Support

### Letter of Support from Clinical Agency

Date: 11/29/22

Dear Kayla Kinsman

This letter confirms that I, Tina Lee, allow Kayla Kinsman (OHSU Doctor of Nursing Practice Student) access to complete her DNP Final Project at our clinical site. The project will take place from approximately January 2022 to June 2022.

This letter summarizes the core elements of the project proposal, already reviewed by the DNP Project Preceptor and clinical liaison (if applicable):

- **Project Site(s):** Menlo Park VA, 795 Willow Rd. Menlo Park, CA 94025 buildings 350, 351, and 352.
- **Project Plan:** Use the following guidance to describe your project in a brief paragraph.

The intention of this project is to educate TRP staff on expanding treatment options for PTSD at the Menlo Park VA. Evidence suggests MDMA-assisted psychotherapy is effective in treating PTSD. The design will be to hand out a pre-survey to interdisciplinary staff at the Menlo Park VA's Trauma Recovery Program (TRP) to assess their knowledge, thoughts, ideas, and openness regarding MDMA-assisted psychotherapy for treatment of PTSD. After the surveys are collected, a Power Point presentation will be given via Microsoft Teams to educated staff on the treatment and then a post-survey consisting of the same questions as the pre-survey will be given out to determine staff readiness for change in expanding PTSD treatment options to veterans. The aim is to carry out these methods by June 2023 and data analysis will be tracked using a run chart comparing pre and post survey response assessing any differences in staff knowledge, thoughts, and readiness for change regarding MDMA-assisted psychotherapy for treatment of PTSD. Site support will be reviewed and approved by DNP project preceptor as needed.

During the project implementation and evaluation, Kayla Kinsman will provide regular updates and communicate any necessary changes to the DNP Project Preceptor.

Our organization looks forward to working with this student to complete their DNP project. If we have any concerns related to this project, we will contact Kayla Kinsman and Kasey McCracken (student's DNP Project Chairperson).

Regards,

## Appendix C: IRB Approval



## IRB MEMO

Research Integrity Office

3181 SW Sam Jackson Park Road - L106RI  
 Portland, OR 97239-3098  
 (503)494-7887 irb@ohsu.edu

## NOT HUMAN RESEARCH

December 6, 2022

Dear Investigator:

On 12/6/2022, the IRB reviewed the following submission:

Title of Study:	Surveying and Educating TRP Employees on MDMA-Assisted Psychotherapy for PTSD Treatment at the Menlo Park, CA VA
Investigator:	<a href="#">Kasey McCracken</a>
IRB ID:	STUDY00025195
Funding:	None

The IRB determined that the proposed activity is not research involving human subjects. IRB review and approval is not required.

Certain changes to the research plan may affect this determination. Contact the IRB Office if your project changes and you have questions regarding the need for IRB oversight.

If this project involves the collection, use, or disclosure of Protected Health Information (PHI), you must comply with all applicable requirements under HIPAA. See the [HIPAA and Research website](#) and the [Information Privacy and Security website](#) for more information.

Sincerely,

The OHSU IRB Office

## Appendix D: Surveys

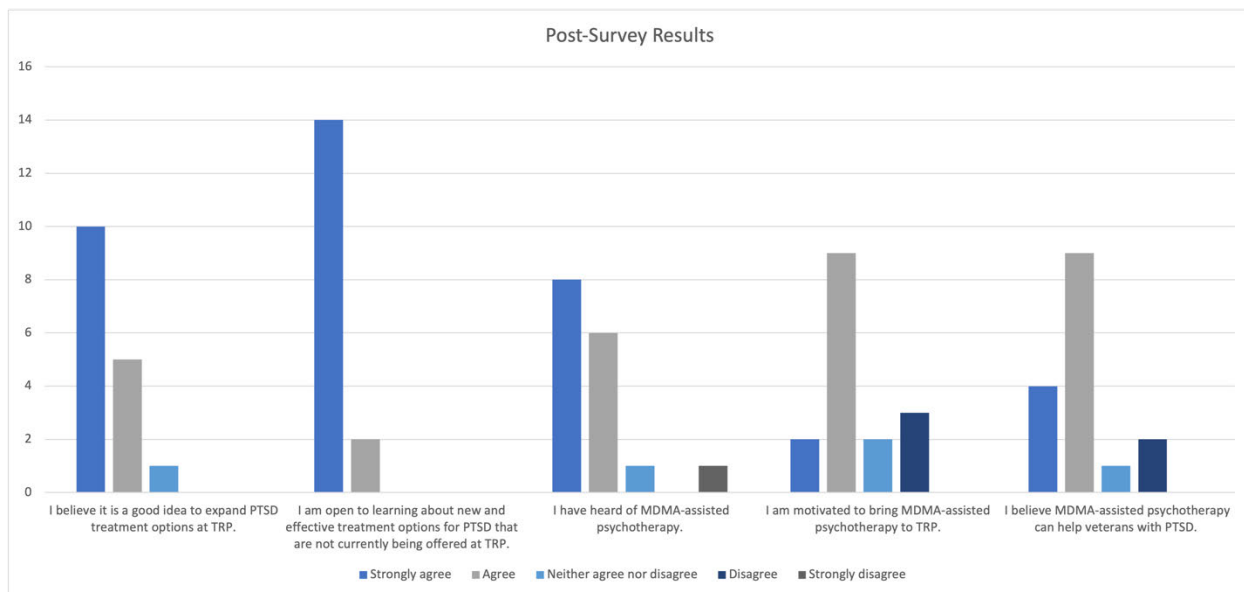
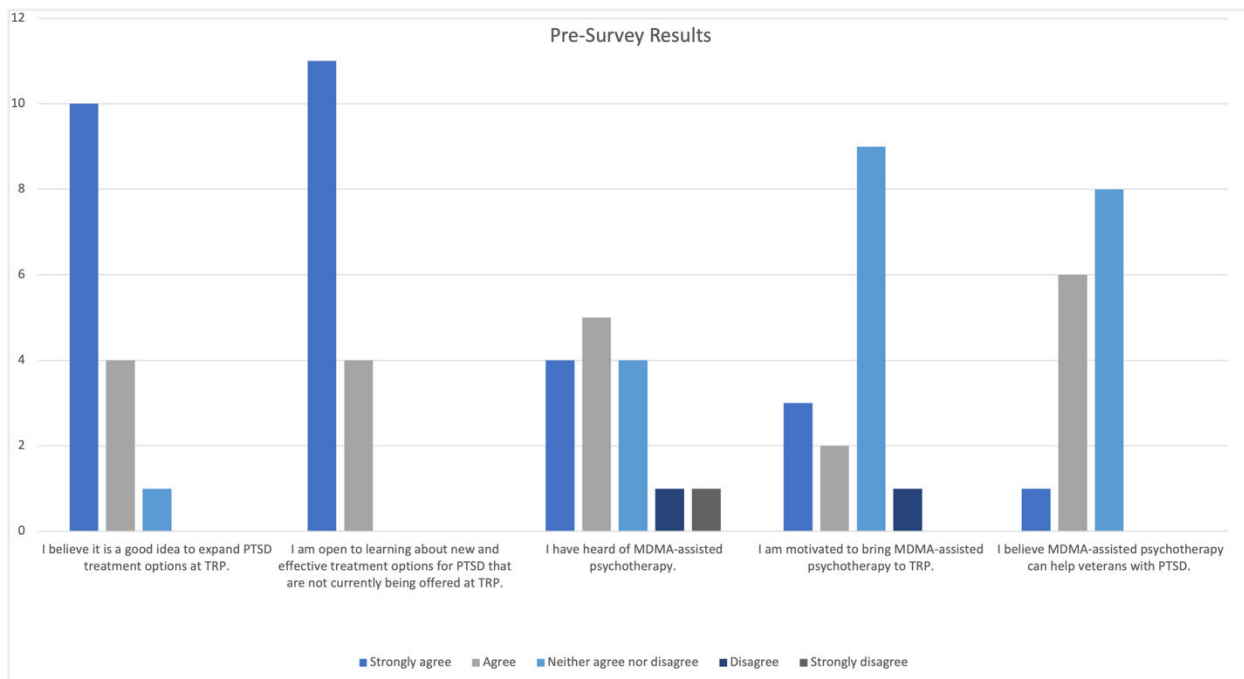
### Pre and Post Survey

**Directions:** Please rank each item on the scale below by placing a checkmark in the chosen box.

Question	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I believe it is a good idea to expand PTSD treatment options at TRP.					
2. I am open to learning about new and effective treatment options for PTSD that are not currently being offered at TRP.					
3. I have heard of MDMA-assisted psychotherapy.					
4. I am motivated to bring MDMA-assisted psychotherapy to TRP.					
5. I believe MDMA-assisted psychotherapy can help veterans with PTSD.					

**Optional Qualitative Post-Survey Question:** What barriers do you anticipate and/or what ideas do you have in moving forward with bringing MDMA-assisted psychotherapy to TRP?

### Appendix E: Pre and Post Survey Responses



### Appendix F: Comparison of Pre vs Post Survey Responses

