



CASAA

Grant Writing Seminar

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Seeking Extramural Research: Grant mechanisms And Processes

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Initial Steps: You have a clear research idea

Identify Possible NIH institute (www.nih.gov)

Use CRISP data base to identify related funded research and investigators

Identify review panels and panel members

Find current and past RFA, RFP, and PA's for the selected NIH Institute.

UNM Home Page:

Research option

- Access the Midas databases of funding Sources
 - Choose data source
 - Electronic Funding Publications
 - NIH Guide
 - Forms
 - Announcements (bi-weekly)

NIH Grant Mechanisms:

R Series: R13, R21, R03, R01, ...

K Series: K01, K02, K23, K24, ...

U Series: Collaborative research

F Series: Training grants

Good initial mechanisms:

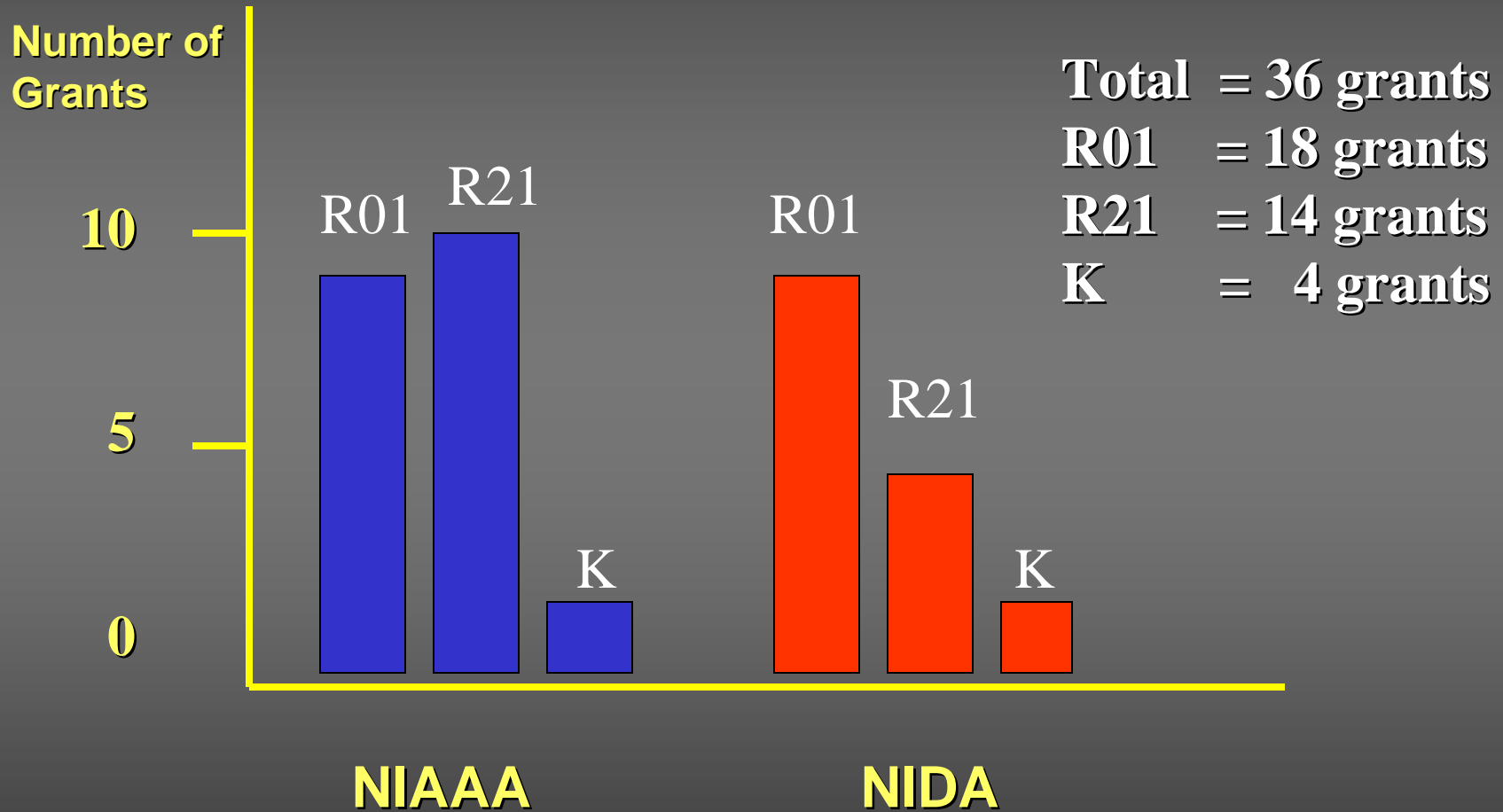
R01: Stage 1, 2, and 3 studies

R03: Pilot study, 2-year 50k per year

R21: Development studies

K's: Investigator development.

Currently Funded NIH 12-Step Research: CRISP



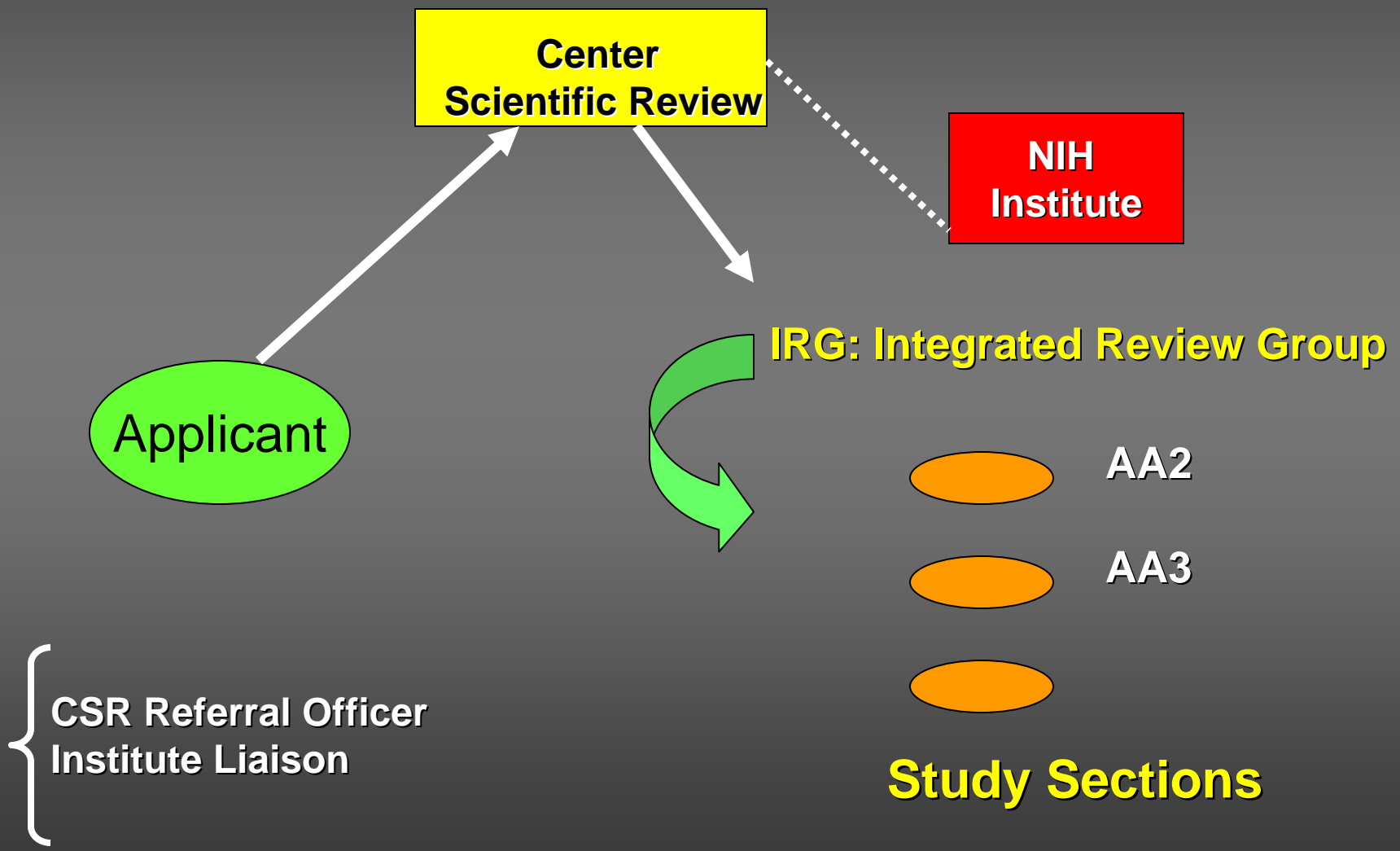
What do these Acronyms Mean?

RFA

RFP

PA

Simplified Flow Chart of NIH Review





Critical Points:

Study section assignment

Streamlining

Institute representation at review

“Typical” Grant Reviewer

Demographics:

Modestly overweight
Requires Reading Glasses
Recognizes “Research Fads”
Mean Age, 48 (SD = 10.5)

Professional Interests:

Has Independent Funding
Always has Power Notebook
Critical but Fair
Field Reviewer for Many Journals



10 Common Pitfalls Research Applications

Failure to *understand* and *capitalize* on the process of the application review.

1. Pre-award activities, processes, and application assignment

2. Resubmission considerations

Pitfall #1: Visual presentation

Complex graphs do not scan well

Poor use of sub headings

1. Use subheadings to clarify logic
2. Sub-headings provide roadmap

DO NOT pack as much text on a page that is allowed, omitting blank lines between paragraphs, etc..

Avoid excessive use of acronyms, especially ones that vary by a single letter.

Pitfall #2: Abstract & Biosketch

Typically the last elements completed, often under extreme duress and sleep deprivation.

Abstract: Used for study section assignment *and* only portion of application many reviewers will view.

Biosketch: Carefully reviewed, forms deep impressions, concordance between biosketches

R01 Abstract (Tonigan, PI): A Transtheoretical Model of AA-Related Behavior Change

Little is known about how behavior change is mobilized and sustained in AA, and even less is known about how co-occurring psychiatric severity may mediate such changes. This is remarkable given that Twelve-step (TS) therapy is the prevailing alcohol treatment model in the United States and a majority of persons receiving alcohol treatment (TS and non-TS) will attend AA, if only for a limited time. Significant gains have been made in identifying the: (1) characteristics of people most likely to attend AA, and (2) understanding the nature and magnitude of benefits associated with AA exposure. What actually occurs in AA, and how these specific behaviors may predict improved functioning, however, remains poorly understood and rarely investigated. The overall aim of this study is to test a transtheoretical model of behavior change in AA, and to identify the specific AA-related behaviors that mobilize such change. This application proposes a 2-year longitudinal study (N = 300) of AA-exposed individuals, with participants recruited from AA and outpatient treatment. The study has five aims that prospectively test how prescribed AA-related behaviors mobilize AA-specific and non-specific change mechanisms, and how such mechanisms once mobilized predict reductions in drinking and other drug use. A theme in this application is to argue for ecologically sound AA studies, but not at the expense of sacrificing rigorously designed and executed science. To this end, AA-related behaviors, behavior change mechanisms, and substance use are each defined multidimensionally, using assessments with strong psychometric properties. New knowledge of the general and mediational processes of behavior change in AA is critical for improvement of TS-based therapy. Study findings will provide TS oriented therapies with evidenced-based feedback that is instrumental for improving intervention strategies.

Pitfall #3: Unnecessary, Tacit, & Unsubstantiated Advocacy (Background and Significance)

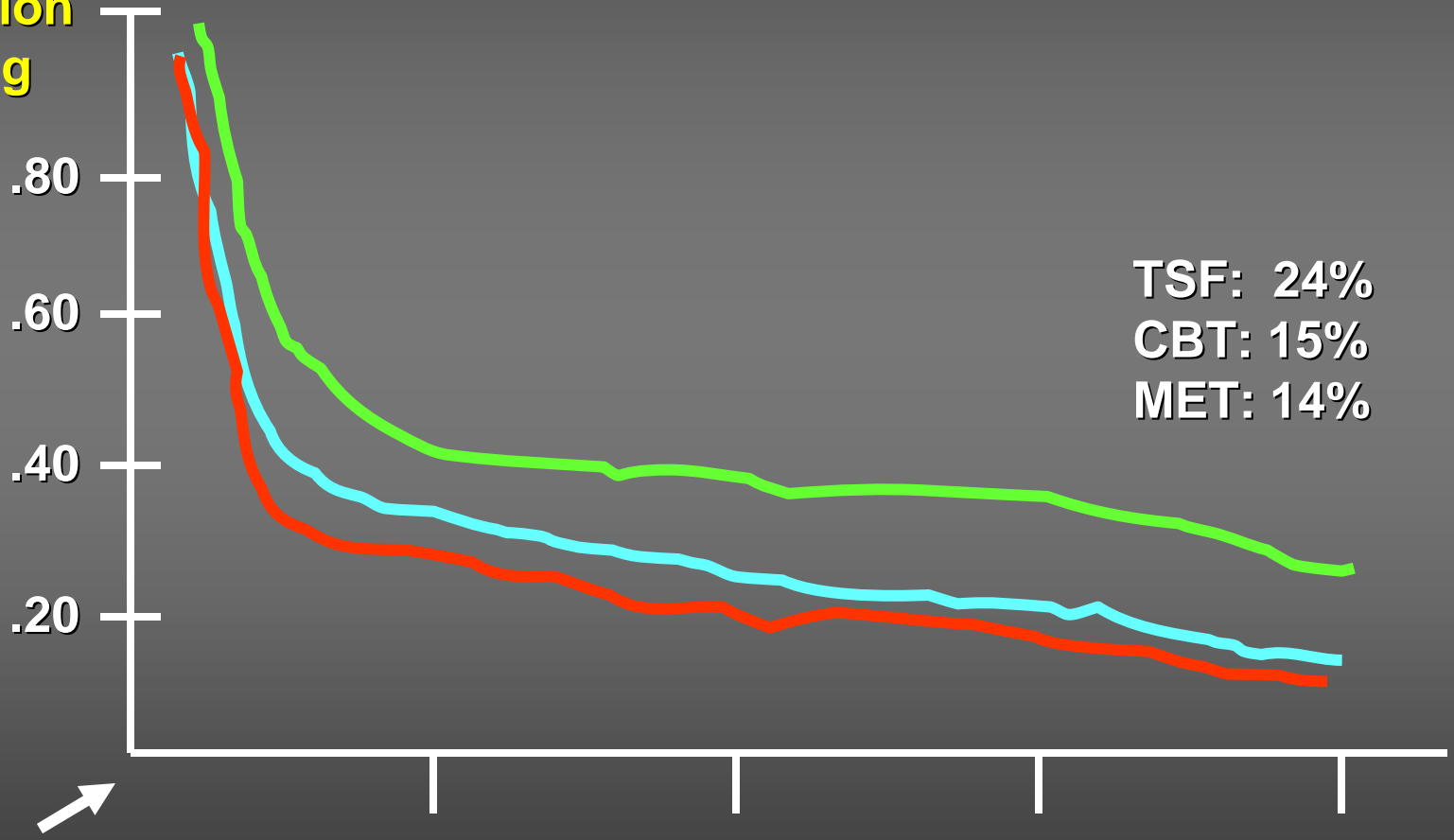
Forms of undesired advocacy:

1. Alcoholism is a big problem
2. MH exposure/ participation is unidimensional
3. Drinking behavior is unidimensional

Communicate *fairly* the extant MH Literature

Significant Delay in Days to First Drink For TSF Outpatient Clients

Proportion
Avoiding
First
Drink

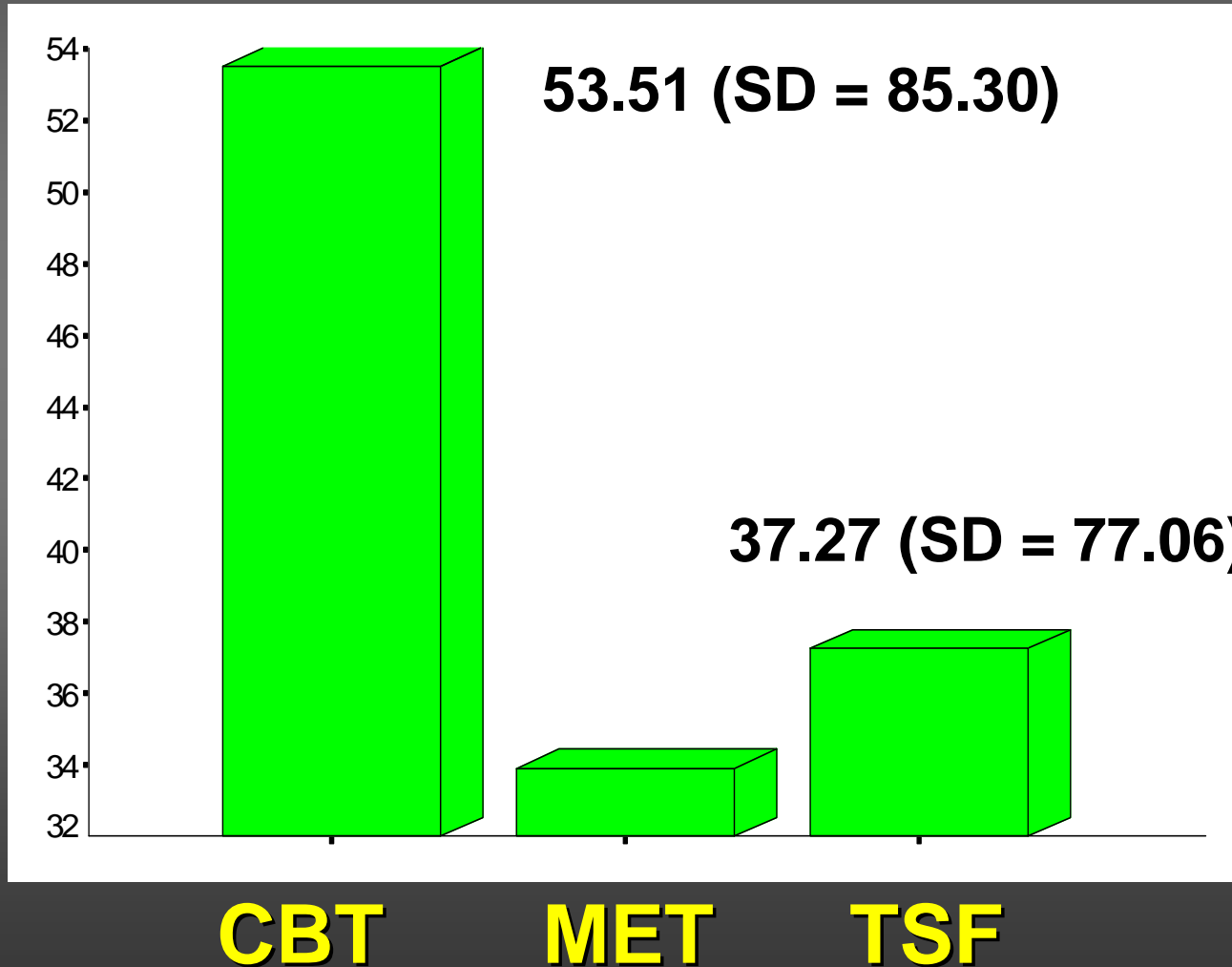


TSF: 24%
CBT: 15%
MET: 14%

End of Treatment 90 Days 180 Days 270 Days 360 Days

Number Days Between First Drinking Day And First Heavy Drinking Day

Latency To First Heavy Drinking Day



Pitfall #4: Boilerplate Letters of Support

Well intentioned efforts to ease the burden of indicating grant support, e.g., consultant, institutional support, by boiler plate letters communicates a lack of commitment.

Pitfall #5:

Failure to justify selected *Design* and *Sampling Procedures*, discussing why alternative choices were less desirable from the perspectives of external and internal validity.

Concordance between study aims and sampling procedures

Pitfall #6: Loose-to-Poor Linkage Between Study Aims and Statistical Analyses.

**Need a 1-to-1 correspondence between aims
and analyses.**

**Need a clear description of the measures in each aim,
and the assessments used to produce measures.**

Justification for the selected analytical approach.

Pitfall #7: Weak Plan re: Attrition, Spurious Results & Statistical Power

Especially salient concern with self-selected Participant research.

- 1. Internal and external validity and attrition.**
- 2. Type I error rate.**
- 3. Type II error: Study attrition, effect size estimates, and cell sizes associated with study aims.**

Your Application is Scored!

Reviewer Guidelines

50% applications unscored

1.0 to 1.9 (substantial strength,
minor weaknesses)

2.0 to 2.9 (strengths and
weaknesses)

3.0 to 5.0 (unscored)



**Pitfall #8: Decide not to resubmit,
Decide it is better to wait,
(Decide to change career).**

Known cases of 200-260 scored applications that were not resubmitted.

Time may increase the probability of different reviewers.

Scores can improve dramatically with re-submission, e.g., 210 → 124.

Pitfall #9: Thoughtless Response To Reviewer Comments

High responsiveness without recognition how revised changes may impact other, highly valued, aspects of the application, e.g., psychopathology and ethnicity.

Misunderstanding Reviewer Comments

- 1. Get feedback from Institute Rep.**
- 2. Post-it Technique**

Pitfall #10: Poorly Constructed 3-Page Letters of Response

Fail to acknowledge *theme(s)* of reviewer concerns, and how specific reviewer comments related to these themes.

Fail to explicate how responding to reviewer comments impacted other, highly valued, aspects of the application (and how this was dealt with).

Fail to concisely describe your response, and identify location(s) of revisions in application.

Conclusion

Avoiding described pitfalls will not salvage a weak application.

However, excellent applications that ignore these pitfalls are less likely to receive outstanding scores.