Identifying variations to support national implementation of Behavioral Couples Therapy in VHA substance use disorder treatment programs

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Background

“One of the strongest factors that help warriors in their recovery is the level of support from loved ones.”¹

STATEMENT OF ANDREA SAWYER
WOUNDED WARRIOR PROJECT
BEFORE THE U.S. SENATE
COMMITTEE ON VETERAN AFFAIRS
JULY 14, 2011
Background

• Evidence-Based Psychotherapy Roll Outs
  – Increase the consistency of EBPT availability
  – SUD EBPTs

• What is Behavioral Couples Therapy?²
  – Version developed by O’Farrell and Fals-Stewart
  – Treats substance using patient and their partner simultaneously
  – Support for abstinence and to improve relationship functioning
  – Empirically supported
  – May have better outcomes than individual therapy
Our Project

- Identify practices to support national roll out – what works?
  - Positive deviance
  - Where is BCT implemented in VA?
  - Successful? Why?

Identify practices to improve the likelihood of successful scale up
Method Overview

• Mixed-methods study guided by PARiHS Framework

• Two Phases
  – Screen programs
  – In-depth interview and survey a smaller group of programs

• Screening
  – Outpatient Substance Use Disorder Specialty Clinic Programs (n=185)
  – Identified as using BCT (N=21) and/or Family Therapy (N=26)
    • National Survey
    • Word of Mouth
    • Medical encounter records
  – Narrowed down to 26 programs
Results: Screening Interview

• Screened all 26 sites (56 providers) over 4 months
  – Transcribed recorded conversations
  – Coded in an Access database
• Less BCT than we initially believed
  – Expected 21 sites – we found 6
  – Those 6 had varying degrees of experience
    • 4 sites have been doing it over a year
    • 3 sites have more than one person using it
• Providers were using other methods to involve families
  – Family Involvement: Family education, group education, phone consultations
  – Family Therapy: other structured family therapy, unstructured family therapy, and group family therapy
Methods: Survey and In-depth Interviews

- 6 BCT sites and 7 randomly selected non-BCT sites (n=13 programs, n=20 providers)
- Online survey (n=19 providers)
  - Demographics, ORCA
- Semi-structured, 30-60 minute in-depth interviews at
- Interviews transcribed and coded
  - 10% of transcripts derive initial concepts and themes
  - A 2nd sample of transcripts coded, codes were revised
  - 53 final codes
- Two coders for each transcript
  - Third coder for disagreements (4 pieces of text)
  - Atlas TI was used to code and organize the data
  - 1,294 coded pieces of text in 20 interviews
Results: Organizational Readiness to Change Assessment

Evidence
- Research
- Clinical Experience
- Patient Preferences

Context
- Culture
- Measurement
- Leadership
- Readiness for Change
- Resources
Results: ORCA Evidence

. . .rate the strength of the evidence based on how you think respected clinical experts in your...

. . .rate the strength of the evidence in your opinion
Results: ORCA Context - Culture

Staff members in your organization... 

- are receptive to change in clinical processes 
- are willing to innovate and/or experiment to improve... 
- cooperate to maintain and improve effectiveness of... 
- have a sense of personal responsibility for improving... 

Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree

0% 25% 50% 75% 100%
Results: ORCA Context - Leadership

Senior leadership/clinical management in your organization. . .

- promote communication among clinical services and...
  - Strongly Disagree: 18
  - Disagree: 29
  - Neither Agree nor Disagree: 18
  - Agree: 24
  - Strongly Agree: 12

- promote team building to solve clinical care problems
  - Strongly Disagree: 12
  - Disagree: 35
  - Neither Agree nor Disagree: 18
  - Agree: 18
  - Strongly Agree: 18

- provide effective management for continuous improvement...
  - Strongly Disagree: 6
  - Disagree: 24
  - Neither Agree nor Disagree: 29
  - Agree: 18
  - Strongly Agree: 24

- clearly define areas of responsibility and authority...
  - Strongly Disagree: 6
  - Disagree: 18
  - Neither Agree nor Disagree: 29
  - Agree: 29
  - Strongly Agree: 18
Results: ORCA Context - Resources

We have the necessary support in terms of . . .

- **budget or financial resources**
  - Strongly Disagree: 35
  - Disagree: 29
  - Neither Agree nor Disagree: 18
  - Agree: 12
  - Strongly Agree: 6

- **staffing**
  - Strongly Disagree: 29
  - Disagree: 35
  - Neither Agree nor Disagree: 18
  - Agree: 12
  - Strongly Agree: 6

- **facilities**
  - Strongly Disagree: 24
  - Disagree: 41
  - Neither Agree nor Disagree: 12
  - Agree: 18
  - Strongly Agree: 6
In-depth Interviews: Coding Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient characteristics or actions</td>
<td>• Background, Availability</td>
</tr>
<tr>
<td>Treatment characteristics</td>
<td>• Therapy content, structure, evidence base</td>
</tr>
<tr>
<td>Therapist characteristics or actions</td>
<td>• Level of FT knowledge, how they attempt CSO involvement, address resistance, maintain involvement, apply treatment</td>
</tr>
<tr>
<td>Program characteristics or actions</td>
<td>• Resources, orientation, openness to new treatments, environment, and organizational context including leadership, structure, and policy</td>
</tr>
<tr>
<td>Training</td>
<td>• Past experience, suggestions and preferences</td>
</tr>
</tbody>
</table>
Patient Characteristics

• Complex cases: PTSD, unstable housing/finances
• Transportation
• Younger Veterans
• Work hours
• Recruitment and engagement of partners

“Well one of the first things I did was bring in a toy box because if we’re dealing with OEF/OIF vets they’re inevitably going to show up with their kids because they don’t have childcare”
Treatment Characteristics of BCT

- Adaptation: Used with other therapies

“The... after the first 5 or 6 meetings, I just found myself naturally veering off the protocol, and weaving in more traditional couples therapy interventions”

- Group based protocol

“It’s by far been one of the best couples experiences I’ve had, because you get the power of the group. It’s hard to sell it though... I think once they are in they become so cohesive, it’s very powerful, much more than individual.”
Therapist Characteristics or Actions

- Knowledge and comfort about working with couples

“I think I would be if I had more knowledge about [working with couples], more education, and more practice... I feel unsure of it just because in my past experience, when I’ve done a little bit of couples therapy, and sometimes things get loud or out of hand”

- Look for opportunities to engage CSOs

“Typically we would make an initial phone call before the first session, with the Veterans permission, to talk with the partner and ask the partner if they’re willing to come in for that initial appointment to learn more about our program and we answer questions on the phone and encourage and motivate the partner to come in for that initial meeting.”
Program Characteristics

• Family treatment varies as a priority

“Well at our meetings, we talk about how we can integrate families into treatment. It’s actually a policy and one of our stated goals.”

• Look for opportunities to collaborate with other services

“…we’ll do a full mental health intake that will complete the requirement for the mental health service line, and those people don’t even need to be seen in the mental health service line by an intake person. And so we’ve reduced the number of mental health intakes by 30%.”
### Engaging Veterans

- How are couples/families entering treatment?

<table>
<thead>
<tr>
<th>Engagement Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully Integrated Program</td>
<td>7%</td>
<td>93%</td>
</tr>
<tr>
<td>Outside Referral</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>During Tx Plan or Initial Entry</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>Clinician Invitation</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>Veteran Request</td>
<td>45%</td>
<td>55%</td>
</tr>
</tbody>
</table>
Training

• Large interest in future training
• Limited resources – time, funding, spots
• Non-LIPS often excluded
• Individual protocols emphasized, reality is more group work

“the orientation to learning new treatment models far exceeds the ability to get the learning accomplished”
Relative Advantage
Integration of relationship & SUD treatment goals helps stabilize patients with relationship distress. Provide ongoing motivation & support to sustain recovery.

Simplicity
Highly structured exercises and protocol easy to follow. Materials may need some improvements (language, graphics).

Adaptable
Structure enhances flexibility. Group format.

Compatible
Behavioral approaches. Couple's treatment often not part of standard care. Not every provider will be interested in doing couple's treatment - skills & support needed.

Trialability
Most felt it requires specific and high quality training to treat couples, although a few report self-training using BCT book/manuals.
Conclusion: Successful scale-up requires attention to multiple factors...

- Therapist Factors: *Accept mission to include partners, Knowledge/comfort with couples treatment, Skillfully engage Veterans and Partners*

- Intervention Factors: *Compatible with AA/medication/behavioral treatment but questions about compatibility of couples treatment, SUD focus not relationship therapy, Adaptability*

- Resource Factors: *Group protocol*

- Patient Factors: *Evening and weekend hours, Integrated care*

- Program/Leadership Factors: *Priorities, Coordination with other programs*

...and CONTEXT MATTERS!
Conclusion

• Limitations
  – Small sample
  – Focused on programs interested in family therapy

• Next Steps
  – National Behavioral Couples Therapy Roll-Out
  – Evaluation of patient and facility level predictors
References
