

Brief family treatment intervention to promote aftercare among substance abusing patients in inpatient detoxification: Transferring a research intervention to clinical practice[☆]

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Abstract

Two earlier studies showed that a brief family treatment (BFT) intervention for substance abusing patients in inpatient detoxification increased aftercare treatment post-detox. BFT consisted of meeting with the patient and a family member with whom the patient lived to review aftercare plans for the patient. A phone conference was used when logistics prevented an in-person family meeting. Based on the earlier research results, we trained a newly hired staff person to continue providing BFT. We monitored key process benchmarks derived from the earlier research studies to ensure ongoing fidelity in delivering BFT. This method proved successful in transferring BFT from delivery in a research study to ongoing delivery in routine clinical practice after the research ended. It also ensured that a high proportion of patients had their families contacted and included in planning the patients' aftercare.

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1. Introduction

Meta-analytic reviews indicate that involving the family in the patient's treatment generally is an effective means to promote recovery from alcoholism and drug abuse (O'Farrell & Fals-Stewart,

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2001; Stanton & Shadish, 1997). However, most empirically supported family treatment methods are relatively lengthy and intensive (O'Farrell, 1993). Although still relatively untested, some of the most potentially widely applicable family treatment methods involve brief intervention with family members at key times in the patient's addiction treatment to promote continued use of treatment.

Family assessment interviews to aid treatment planning in inpatient substance abuse treatment programs have been shown to improve patient outcomes in correlational and program evaluation studies (Bale, 1993; Peterson, Swindle, Phibbs, Recine, & Moos, 1994). A family meeting to convey family concerns about the patient's drinking and their desire for abstinence improved aftercare attendance following inpatient alcoholism treatment as compared with a non-randomized comparison group who did not get the family meeting (Ino & Hayasida, 2000).

Based on these earlier studies, we have been conducting a treatment development project to develop and pilot test a Brief Family Treatment (BFT) intervention to promote continued aftercare by patients receiving inpatient detoxification. This project follows the stage model of behavioral therapies development research proposed by Onken, Blaine, and Battjes (1997). An earlier report (O'Farrell, Murphy, Alter, & Fals-Stewart, 2007) described Stage 1a of this project in which we developed the BFT treatment manual, treated an initial group of substance abuse patients with BFT, and compared outcomes of BFT patients with a matched, non-randomized treatment as usual (TAU) comparison group. BFT consisted of meeting with the patient and a family member with whom the patient lived to review and recommend potential aftercare plans for the patient. A phone conference was used when logistics prevented an in-person family meeting. This earlier quasi-experimental pilot study found BFT, as compared with TAU, had greater aftercare participation. The magnitude of these difference favoring BFT over TAU was midway between a medium and a large effect size.

A second report (O'Farrell, Murphy, Alter, & Fals-Stewart, *in press*) described Stage 1b of this project in which we conducted a small scale, randomized pilot study of BFT. Results showed that alcoholic patients who received BFT, as compared with a randomized TAU comparison group that did not, were significantly more likely to enter an aftercare program after detoxification. The magnitude of the difference favoring BFT over TAU was midway between a medium and a large effect size, very similar to our earlier non-randomized pilot study of BFT.

Although BFT proved effective when delivered in the context of a research project, we wondered whether BFT could be applied successfully in ongoing practice outside of a research context. Researchers often assume but frequently do not test whether treatment methods that are effective in a research study can be successfully implemented in the “real world” of routine clinical practice settings (Institute of Medicine, 1998). The present study demonstrates how we successfully transferred BFT in inpatient detoxification from delivery in a research study to ongoing delivery in routine clinical practice after the research project ended. Briefly, we trained a newly hired staff person to continue providing BFT in the same detoxification unit where the research was done and monitored key process benchmarks derived from the research project to ensure ongoing fidelity in delivering BFT.

2. Method

O'Farrell et al. (2007, *in press*) provide detailed descriptions of the detoxification (detox) unit setting and the BFT intervention which are summarized here.

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