



# FOCUS ON RESEARCH

## **Behavioural Couples Therapy as an adjunct to opioid substitution therapy for drug dependent parents: a feasibility study.**

### **Researchers**

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### **Aim**

To test whether Behavioural Couples Therapy (BCT), a USA-developed evidence-based psychological therapy for the treatment of addiction, can be successfully delivered within NHS drug treatment services with drug-dependent parents who have children living in the home, and whether it is possible to collect outcome data on families for a future trial.

### **Project Outline/Methodology**

Mixed methods feasibility study comprising staff training in BCT, recruitment of couples from NHS addiction services and delivery of the 12-week out-patient programme. Inclusion criteria: one or both parents receiving Opioid Substitution Therapy (OST), caring for at least one child aged 0-16 years. Data collection: standard measures on substance use, couple relationship functioning, parenting, child welfare, administered before commencing BCT and after completion/drop out. Drug toxicology and breathalyser results, OST prescription data, child protection Social Work Scotland records, health economic data and fidelity testing were also included. Qualitative data was generated through interviews with BCT couples (n=13), other drug-dependent parents (n=11); BCT therapists (n=6), and five focus groups with referrers (n=24). Analysis focused on uptake, attrition and completion rates, acceptability of BCT, and barriers/facilitators to implementation.

### **Key Results**

Thirteen couples (out of a target 18), were enrolled in the study between June 2016–June 2017. Parents reported complex needs related to multiple co-morbidities. Only 7/13 couples engaged in the intervention following enrolment. None completed the programme. Session attendance for the cohort was 14%. Average number of sessions completed was 1.8 (3.4 by those who started the intervention). Barriers to implementation were multi-level and inter-related. They included patient, clinician, intervention, service,

operational and structural-level obstacles to acceptability, suitability, engagement, retention, and delivery of BCT. Strategies which facilitated implementation, as well as potential solutions to implementation problems, were identified. Reported benefits of BCT mainly related to improvements in couple relationships and indirect benefits on the caregiving environment and child wellbeing.

### **Conclusions**

Findings from this study suggest that a trial of BCT with this population is not feasible at this time. Barriers and facilitators to implementation need further consideration. Adapting the intervention and its mode of delivery may improve implementation. Adopting a proactive family-focused model of care in drug treatment services and closer joint working between adult and children's services could lead to improved accessibility, engagement and retention.

### **What does this study add to the field?**

This is the first UK study to evaluate the implementation of BCT in NHS drug treatment services, and the first to focus on the delivery of BCT as an adjunct to opioid substitution therapy for parents with children. Our findings demonstrate that a programme of UK-based research is required to lend support for Department of Health guidance on the delivery of BCT in relation to this population.

### **Implications for Practice or Policy**

BCT is a promising intervention, which has the potential to improve outcomes for children and families affected by parental opioid use. However, successful delivery of BCT requires strategic planning and close collaboration between adult and children's services to facilitate implementation.

### **Where to next?**

Further research should focus on modifications to the BCT model and mode of delivery for NHS patients; and strategies which facilitate greater accessibility, uptake, retention and completion of the programme for parents and families.

### **Further details from:**

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