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Evaluation of a Brief Marriage Intervention for Internal Behavioral Health Consultants in Military Primary Care

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Background

• Military couples face significant challenges to their relationships including demanding schedules, multiple deployments, and frequent moves.
• Despite the high costs of chronic marital distress, very few military (or civilian) couples seek marriage therapy.
• The military services and the VA system have implemented collaborative care models in primary care where internal behavioral health consultants are integrated into primary care.
• Integrated primary care can reduce the stigma of behavioral health services and may increase the odds that couples would seek help earlier.
• There are no established couple interventions designed for use in primary care.
• The purpose of this presentation is to describe a program of research focused on adapting and validating The Marriage Checkup (MC) for use in an integrated primary care clinic.

The Pilot Study

• From 2013 to 2014 we conducted a pilot study of the MC at two military primary care clinics in San Antonio.
• A total of 17 active duty Air Force couples and one individual enrolled in an open trial and completed all three MC appointments.
• Relationship satisfaction (B=.54, p=.003, B=.55, p=.004), distress (B=.75, p < .001, B=.58, p=.003), and intimacy (B=.43, p <.017, B=.47, p=.014) were significantly improved from baseline to 2 weeks post-treatment and at a 2-month follow-up period. Effect sizes were medium to large.

The Marriage Checkup

• The original MC was created by Dr. James Cordova to be the relationship equivalent of an annual dental or physical health checkup (Cordova et al., 2005).
• The civilian version of MC requires four to five hours to administer. In 2013 we adapted the MC to fit into three 30-minute appointments so that it could fit in the fast-paced environment of primary care.
• Appointment One: Relationship history interview and assessment of couple’s perceived strengths
• Appointment Two: Understanding couple’s relationship concerns and factors that serve to maintain them.
• Appointment Three: Feedback session to review strengths and concerns and offer a list of individually-tailored options for couple to consider as ways to actively nurture their relationship.
• At the conclusion of the MC couples are provided a hardcopy report that summarizes their results and suggested options for improving their relationship.

Ongoing RCT

• Based on our promising pilot study results, in 2015 the DoD awarded us a $887K grant to conduct a randomized clinical trial of the MC for military primary care.
• Over the next three years the study will randomly assign 250 active-duty couples to either an MC treatment condition to a 7-month waitlist condition.
• The effects of MC on relationship health will be evaluated at 2-month and 6-month follow-up assessments.
• Four Air Force clinics are participating in the RCT:
  – Wilford Hall Ambulatory Surgical Center, Lackland AFB, San Antonio
  – 359th Medical Operations Squadron, Randolph AFB, San Antonio
  – Malcolm Grow Medical Clinics and Surgery Center, Andrews AFB, Maryland
• The first couple was enrolled in the study in Feb 2016.

References