

Success and failure in family research: Trials and tribulations of involving Veterans' intimate partners

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Goals

- Discuss challenges of research that includes intimate partners
- Review examples of successful and unsuccessful partner inclusion
- Discuss underlying factors
- Present solutions

Poll Question #1

- What is your primary role in VA? (select 1)
 - student, trainee, or fellow
 - clinician
 - researcher
 - manager or policy-maker
 - Other

Challenges for partner inclusion

Challenges for partner inclusion

- Recruitment
- Scheduling
- Study retention

Recruitment challenges for partner inclusion

- Recruitment challenges are ubiquitous
 - Peak moment of getting a grant is getting the grant
- In VA, the Veteran is the most accessible point of recruitment, but may make partner-inclusion difficult
 - Gatekeeper effect, autonomy, VHA mission supports clinical Tx best
- Why is it a problem?
 - Adequate sample size
 - representativeness of the sample (more severe distress?)

Underlying factors for barriers to research involvement in family research

Poll Question #2

- For non-investigators: What has been your most important concern when considering research involving Veteran? (select 1)
 - May not help the specific participant
 - Is burdensome
 - May produce harm to the patient
 - Will not help most Veterans' health or treatment success of Veterans

Underlying factors for barriers to research involvement in family research

- Time demands (Spoth, 1996; Vachon et al., 1995)
 - Families are busy, participants have multiple roles
- Logistical issues (Spoth, 1996; Vachon et al., 1995)
 - Childcare, travel, scheduling
- Relevance to the family (Spoth et al., 1996)
 - if not at risk for the issue, motivation is low
- Distrust about research
- Burdensome symptoms (Phipps et al., 2005)

Example 1

- Family-based Educational Intervention (PI: Sayers)
 - Dyadic educational intervention for older Veterans with heart failure
 - Developed 1 hr., 3-4 session educational intervention working clinically; 15 dyads recruited easily
 - Research-based recruitment was 9 dyads of 90 Veterans approached
 - Factors in recruitment problems: Gate-keeper effect, partners and Veterans burdened with other roles, required face-to-face

Solutions to recruitment challenges for partner inclusion

Solutions to recruitment challenges for partner inclusion

- Minimize demands of partner
- When possible, align research goals with goals of participants
- Get buy-in from trusted authorities in the setting
- Develop partnerships in community health research-style collaborations

Solutions to recruitment challenges for partner inclusion

- Minimize demands of partner
 - Use online, telephone assessment
- When possible, align research goals with goals of participants, partners
 - Treatment studies
 - Incremental step toward Tx: despite stated no-Tx purposes, spouses want this involvement
 - Ensure study info is seen by partners

Example 2

- Engaging Caregivers in the Care of Veterans with Dementia (PI: Mavandadi)
 - 77 Caregivers (39 intervention, 38 UC), easily engaged
 - Telephone-based intervention to reduce burden
 - Factors in success: Tx study, telephone-based, low barrier, goals aligned with participants' goals

Solutions to recruitment challenges for partner inclusion

- Get buy-in from trusted authorities in the setting
 - Trusted health provider
 - Leadership in military
 - The most effective force is trust, not coercion, and shared sense of mission
 - Helps tap positive motivations, helping others like them, giving back

Solutions to recruitment challenges for partner inclusion

- Develop partnerships in community health research-style collaborations
 - Organizations can use systematic data on their members
 - Feedback can be summary and anonymous
 - Assistance in devising surveys

Solutions to scheduling and retention issues

- Ongoing relationships support retention/scheduling issues
 - Regular treatment, membership in group helps
 - Use of mail-outs, identification friend/family contacts, feedback from study
 - Assistance in managing issues and referrals
- Design issues
 - Addressing logistical issues important: telephone, online, babysitting offered

Example 3

- Assessment of National Guard members and partners (Paul Arbisi, Melissa Polusny & Chris Erbes)
 - Minnesota National Guard & spouse
 - Mailed surveys
 - Highly successful in recruiting first sample (NG member only) pre- (81%) to post-deployment (65.7%) of 522 deployed to Iraq
 - Second sample: NG + spouse, N = 862 (no data on post-depl as yet) (Erbes, Meis, Polusny, ISTSS 2012)
 - Factors: high support from NG Command, anonymous (coded & matched couples), sharing of summary results

Example 4

- Quantitative-Qualitative reintegration study of OEF-OIF Veterans and their partners (PI: Sayers)
 - Veterans and their spouses, goal 200+ couples
 - 2 or 3 interviews, 1 qualitative
 - Challenges in VA clinic-based recruitment:
 - Busy sample, interested in treatment, education, not research, difficult to access spouses
 - Other venues not productive (i.e., PA NG not convinced of benefits, media campaigns too expensive)
 - More recent success has come in partnering with providers (MH and primary care), flexibility in assessments plus babysitting

Summary

- Barriers to recruitment and retention issues are more complex, varied and difficult when involving spouses/family members
- Underlying factors range and intertwine
- Factors in success
 - Anticipate problems and test recruitment solutions
 - Look for many partners in clinical setting, partners in outside organizations
 - Address partners' and participants' needs from their perspective
 - Keep selling the overall value of research

Thank You!

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