Veteran Peer-Assisted Computerized Cognitive Behavioral Therapy (cCBT) for Depression

In need of A.C.R.O.N.Y.M.

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Anticipated Impacts on Veterans Health:
Currently, Veteran patients diagnosed with depression have somewhat limited access to psychotherapy services; if just 50% of VA patients with depression diagnoses who require treatment prefer psychotherapy or require psychotherapy plus medications, approximately 237,000 VA patients per year would be in need of depression-focused psychotherapies. Although there are now, thanks to enormous efforts, 1,298 VHA therapists trained in evidence-based depression-focused psychotherapies, there are still clear difficulties in reaching and retaining VA patients. This research defines early efforts to improve depression treatment for Veterans by developing alternative approaches to providing care. Veterans can benefit from a treatment pathway that includes key psychotherapeutic concepts being delivered in a less costly and more accessible fashion with the option to progress to more intensive, traditional psychotherapy when needed; this research will help establish the groundwork for that pathway.

Project Background:
Although there are effective treatments for depression, many individuals with depressive disorders do not receive or continue with evidence-based treatments long enough to benefit. When treatments are provided to individuals with depression, antidepressant medications are most commonly used. However, adherence with antidepressant medication remains problematic. VA pharmacy data indicate that only 51% of VA patients with new episodes of depression receive enough medication to complete an adequate acute trial, and a smaller percentage likely take medication “on hand” in a manner that optimizes benefits. In-person therapist-delivered CBT is a gold standard psychotherapy treatment and is highly effective in reducing depressive symptoms among patients with major depression. Our team and others have shown that CBT can be successfully delivered to Veterans and others using mid-level professionals and alternative delivery modalities, such as the internet or Computerized Cognitive Behavioral Therapy (cCBT).

Project Objectives:
Our objectives are to better understand the efficacy, context, and process of PS-cCBT implementation as related to depression. Specifically, our interests include outcomes, barriers/facilitators to patient recruitment, integration of the peer specialist into the Primary Care-Mental Health Integration team, challenges and successes in maintaining contact with patients, and patient perspectives of peer specialist calls and cCBT content and helpfulness.

Study Design:
This will be a randomized controlled trial (RCT) of peer-supported cCBT (PS-cCBT) compared to enhanced usual care (EUC) among Veterans with new diagnoses of depression in primary care. Patient assessments will occur at baseline, 12 and 24 weeks following enrollment.

Potential Impact:
Stepped care options, like the process outlined in this study, beginning with lower intensity psychological interventions that are supported by peer specialists may increase initiation and adherence to evidence-based treatments for patients with depression. Starting treatments with PS-cCBT or other lower intensity psychotherapeutic interventions may prove to be a viable alternative to immediate referral to traditional in-person therapy. Additionally, this technology has the potential to treat a greater number of more adherent patients and significantly improve depression treatment on a national scale.

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Partners:
Partner #1
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