

# Putting Research to Work for Military Families



**Focus:**  
Multiple  
Branches

## Moving Effective Treatment for Posttraumatic Stress Disorder to Primary Care: A Randomized Controlled Trial With Active Duty Military

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**SUMMARY:** Due to perceived stigma, many Service members with posttraumatic stress disorder (PTSD) do not receive mental health treatment. This randomized clinical trial examined the efficacy of brief cognitive-behavior therapy in reducing PTSD symptoms when delivered in a primary care setting with Active Duty Service members. Results showed a marked reduction in PTSD severity and general distress.

### KEY FINDINGS:

- The brief cognitive-behavior therapy significantly reduced PTSD and co-occurring symptoms.
- Participants in the delayed treatment control group also showed marked reduction in PTSD and co-occurring symptoms after treatment was provided.
- At the six month posttreatment follow-up, results suggest that both the treatment and control groups maintained the reduction in symptoms.

### IMPLICATIONS FOR PROGRAMS:

Programs could:

- Enhance education, activities, and curriculum for Service members and their intimate partner on coping behaviors to manage PTSD symptoms
- Offer workshops during reintegration to help families and Service members adjust to the Service member's return, especially if the deployment included combat exposure
- Disseminate information regarding the symptoms of PTSD and where individuals and families can find help for those symptoms

### IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to support programs that address the unique challenges faced by Service members and their families when the Service member is experiencing PTSD symptoms
- Continue to recommend training of professionals to better identify Service members who experience PTSD symptoms and on how to encourage Service members to seek help for these symptoms
- Continue to provide support for programs that work to implement prevention and intervention strategies for PTSD

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## METHODS

- Participants were recruited from a population of primary care patients at two military treatment facilities in San Antonio, Texas.
- Participants were randomly assigned to either a treatment group or a delayed, minimal contact treatment control group. The control group was asked to not engage in trauma-related treatment for six weeks. The treatment group received brief, trauma-focused cognitive behavioral therapy using the primary care behavioral health model.
- Assessments were completed at baseline, posttreatment or postminimal contact control, and at eight-week and six-month posttreatment follow-up points.
- Researchers analyzed data to determine how effective the brief treatment was at reducing PTSD and co-occurring symptoms.

## PARTICIPANTS

- Participants were 67 Active Duty Service members who had previously been deployed in OEF, OIF, and OND.
- The sample included 50 men and 17 women and 85% of the participants were serving in the Air Force.
- The racial breakdown of the sample was 24% Black, 16.5% Latino, 55.5% White, and 4.5% other or unknown.
- The approximate ages of the treatment and control groups were 38.9 years and 41 years, respectively. Further, there was a higher representation of senior commissioned officers than lower ranking Service members.

## LIMITATIONS

- Most of the participants were serving in the Air Force, limiting generalizability of findings to other branches.
- Since there was a higher representation of senior-commissioned officers, generalizability to lower ranking Service members is limited.
- Participants may perceive a risk to their career if symptoms do not improve, and this may bias their self-reports of symptoms and the treatment efficacy results based on participants' reports.

## AVENUES FOR FUTURE RESEARCH

Future research could:

- Replicate the current study with Service members from all branches of the military
- Include more Service members from lower ranks of the military in order to determine if rank effects treatment efficacy
- Conduct a study comparing Active Duty Service members to civilian and Veteran populations to determine the effectiveness of the treatment with other groups

## ASSESSING RESEARCH THAT WORKS



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