

Telephone-Administered Cognitive Behavioral Therapy for Veterans Served by Community-Based Outpatient Clinics

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SUMMARY: The effectiveness of telephone-administered cognitive behavioral therapy (T-CBT) was examined for U.S. Veterans who screened positive for depression and were served by community-based outpatient clinics. A randomized controlled trial was used to determine differences between Veterans who received telephone-administered cognitive behavioral therapy and those who received treatment as usual (i.e., care through community-based outpatient clinics, but not formalized intervention or therapeutic plan).

KEY FINDINGS:

- Among veterans who received treatment, telephone-administered cognitive behavioral therapy did not result in significantly lower depressive symptoms over time.
- Veterans in the control group received little psychological care compared to the Veterans in the treatment group.
- There were no difference in the depressive symptoms of Veterans in the control group and those who received telephone-administered cognitive behavioral therapy.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Enhance education, activities, and curriculum related to coping behaviors and dealing with depressive symptoms
- Disseminate information regarding possible symptoms of mental health problems Service members may face after deployment and where individuals and families can find help for those problems
- Consider validated tele-health services and resources to reach Service members and their families who live far from installations or traditional resources (e.g., hospitals or clinics)

IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to support innovative research on interventions that are effective at treating depression among Service members and their families
- Promote reintegration programs that include attention to assisting Service members' family in adjusting to the Service member's return
- Recommend training for community providers to educate them about unique factors that contribute to depression for military couples

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METHODS

- Veterans were recruited from community-based outpatient clinics through Veterans Affairs (VA) hospitals.
- Veterans who screened positive for depression were randomly assigned to receive telephone-administered cognitive behavioral therapy versus treatment as usual.
- Veterans were assessed at baseline, 12 weeks, and 20 weeks (end of treatment).

PARTICIPANTS

- Eighty-five Veterans (41 in telephone-administered cognitive behavioral therapy and 44 in comparison group) with a mean age of 55.9 years participated in the study.
- The majority of participants were White (79%) and male (91%).
- Most participants were married or co-habitating (52%) and the average education level was 14.37 years (SD = 2.90 years).

LIMITATIONS

- Participants who chose to participate may differ in meaningful ways from those participants who did not participate, and this potential difference was not accounted for in the analyses.
- The small sample size limits the generalizability of the findings.
- The methodology included random assignment; while the researchers assessed differences between groups, this may not fully account for the possible effect of other factors such as co-morbidity (other than PTSD) and behavioral health history.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Replicate this study with a more diverse patient sample, including more women and racial/ethnic minorities
- Explore if telephone-administered cognitive behavioral therapy is effective among younger Service members and/or those serving in the current conflicts
- Examine factors that may contribute to Service members being less responsive to telephone-administered cognitive behavioral therapy compared to other populations



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