

# Putting Research to Work for Military Families



**Focus:**  
Multiple  
Branches

## A Randomized Controlled Trial to Evaluate the Veterans' In-home Program for Military Veterans with Traumatic Brain Injury and Their Families: Report on Impact for Family Members

Moriarty, H., Winter, L., Robinson, K., Piersol, C. V., Vause-Earland, T., Iacovone, D. B., ... Gitlin, L. N. (2016). A randomized controlled trial to evaluate the veterans' in-home program for military veterans with traumatic brain injury and their families: Report on impact for family members *PM&R*, 8(6), 495-509. doi:10.1016/j.pmrj.2015.10.008

**SUMMARY:** Traumatic brain injury (TBI) creates challenges for both patients and their family members, yet few intervention programs have taken the needs of the whole family into consideration. This study examined the effectiveness of the Veterans' In-home Program on family member's well-being. Findings suggested that compared to traditional care programs, Veterans' In-home Program was better at increasing family members' well-being.

### KEY FINDINGS:

- Compared to controls at follow-up, family members in the Veterans' In-home Program group had fewer depressive symptoms and lower caregiver burden.
- The family member satisfaction scores did not differ between the experimental and control groups.
- Family members had high acceptance of the Veterans' In-home Program intervention.

### IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide additional support to Service members with TBI and their family members
- Develop classes for Service members to help them understand TBI and how to work together with family members to overcome challenges caused by TBI
- Offer support groups for non-Service members that promote healthy coping and family well-being

### IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to offer support to Service members who were diagnosed with TBI
- Encourage awareness campaigns regarding the importance of both patients' and family members' psychological well-being
- Recommend professional development courses for providers to educate them about the unique challenges faced by civilian family members

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## METHODS

- Participants were recruited from a Veteran Affairs (VA) outpatient polytrauma program, and they were randomly assigned to the Veterans' In-home Program experimental condition or the traditional care control condition.
- The study included a baseline interview, intervention, and a follow-up interview; of the 81 family members, 63 completed the follow-up interview.
- Family members' well-being was assessed in three domains: depressive symptoms, burden, and satisfaction.

## PARTICIPANTS

- The sample included 81 Veterans with TBI and a family member for each of them.
- The average age for family members was 42 years ( $SD = 12.51$ ), and 94% were women.
- The family members were predominantly White (59%), followed by Black (33%) and Hispanic (8%).

## LIMITATIONS

- The results of the study could not be generalized to civilians with TBI or Veterans who do not use the Veterans Health Administration (VHA) services.
- The intervention effect observed in the study might simply be due to the intervention group having more interactions with the facilitators than the control group.
- The sample is small and the retention rate of the sample is low, therefore generalizability of the study is limited.

## AVENUES FOR FUTURE RESEARCH

Future research could:

- Recruit a larger sample of families that include civilians with TBI and Service members with TBI from non-VHA settings
- Collect longitudinal data to examine the impact of the Veterans' In-home Program over a longer period of time
- Implement retention strategies (e.g., more flexible scheduling) to decrease family attrition

## ASSESSING RESEARCH THAT WORKS



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