



Treatment of active duty military with PTSD in primary care: A follow-up report



Jeffrey A. Cigrang^{a,*}, Sheila A.M. Rauch^b, Jim Mintz^c, Antoinette Brundige^c,
 Laura L. Avila^d, Craig J. Bryan^e, Jeffrey L. Goodie^f,
 Alan L. Peterson^{c,g,h}, the STRONG STAR Consortium^{**}

^a Wright State University, Dayton, Ohio, USA

^b Emory University School of Medicine and Atlanta VA Medical Center, Atlanta, Georgia, USA

^c University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA

^d San Antonio Military Medical Center, Joint Base San Antonio–Fort Sam Houston, Texas, USA

^e National Center for Veterans Studies and University of Utah, Salt Lake City, Utah, USA

^f Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

^g South Texas Veterans Health Care System, San Antonio, Texas, USA

^h University of Texas at San Antonio, San Antonio, Texas, USA

ARTICLE INFO

Article history:

Received 31 July 2015

Received in revised form

25 September 2015

Accepted 8 October 2015

Available online 22 October 2015

Keywords:

PTSD

Military

Primary care

Trauma

Treatment

ABSTRACT

First-line trauma-focused therapies offered in specialty mental health clinics do not reach many veterans and active duty service members with posttraumatic stress disorder (PTSD). Primary care is an ideal environment to expand access to mental health care. Several promising clinical case series reports of brief PTSD therapies adapted for primary care have shown positive results, but the long-term effectiveness with military members is unknown. The purpose of this study was to determine the long-term outcome of an open trial of a brief cognitive-behavioral primary care-delivered protocol developed specifically for deployment-related PTSD in a sample of 24 active duty military (15 men, 9 women). Measures of PTSD symptom severity showed statistically and clinically significant reductions from baseline to posttreatment that were maintained at the 6-month and 1-year follow-up assessments. Similar reductions were maintained in depressive symptoms and ratings of global mental health functioning.

© 2015 Elsevier Ltd. All rights reserved.

* Corresponding author at: Wright State University, School of Professional Psychology, 221 Ellis Human Development Institute, 9N Edwin C. Moses Blvd Dayton, OH 45402-8470, USA. Fax: +1 937 775 4323.

E-mail addresses: jeffrey.cigrang@wright.edu (J.A. Cigrang), sheila.a.m.rauch@emory.edu (S.A.M. Rauch), mintz@uthscsa.edu (J. Mintz), brundige@uthscsa.edu (A. Brundige), laura.l.avila.civ@mail.mil (L.L. Avila), craig.bryan@utah.edu (C.J. Bryan), jeffrey.goodie@usuhs.edu (J.L. Goodie), peterzona3@uthscsa.edu (A.L. Peterson).

** The STRONG STAR Consortium group authorship list includes (alphabetically): Juan Carlos Aguilera, University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA (aguileraj@uthscsa.edu); Brian A. Creasy, Warrior Resiliency Program, Southern Regional Medical Command, San Antonio, Texas, USA (brian.a.creasy.civ@mail.mil); Edna B. Foa, University of Pennsylvania, Philadelphia, Pennsylvania, USA (foa@mail.med.upenn.edu); Brett T. Litz, VA Boston Healthcare System and Boston University School of Medicine, Boston, Massachusetts, USA (brett.litz@va.gov); Jennifer A. Mitchell, Joint Base San Antonio–Randolph, San Antonio, Texas, USA (jennifer.mitchell.8.ctr@us.af.mil); Stacey Young-McCaughan, University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA (young1@uthscsa.edu).

1. Introduction

Although trauma-focused therapies such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are effective for military-related posttraumatic stress disorder (PTSD), substantial numbers of veterans who could benefit never seek treatment, refuse treatment when offered, or drop out of treatment prematurely (Steenkamp & Litz, 2013). This limited reach may be due to the significant time commitment (e.g., 8–15 weekly sessions of 60 or 90 min each) required with traditional trauma-focused therapies and to the fact that these therapies are usually available only in specialty mental health clinics from specially trained clinicians. In addition, drop out from PTSD treatment in specialty mental health also impacts reach. Clinical trials and standard care in Veteran Affairs settings have reported rates between 20 and 40% (Foa et al., 2005; Eftekhari et al., 2013). The primary care (PC) setting has been shown to be an ideal environment for expansion of mental health treatments (Price, Beck, Nimmer, & Bensen, 2000; Richardson et al., 2014), and it is likely to enhance the reach of care

of veterans and service members, especially when considered as a stepped-care model of intervention (Bower & Gilbody, 2005; Engel, 2005).

Current Department of Veterans Affairs/Department of Defense (VA/DoD) clinical practice guidelines for the management of PTSD in PC limit nonpharmacological treatment options to supportive counseling (Department of Veterans Affairs and Department of Defense, 2010). However, the successful integration of behavioral health personnel over the past 15 years (Hunter, Goodie, Dobmeyer, & Dorrance, 2014) has resulted in a small number of promising clinical case series reports (N ranged from 8 to 82 participants) of brief PTSD therapies adapted for the PC environment (Harmon, Goldstein, Shiner, & Watts, 2014; Possemato, 2011). Two pilot studies delivering treatment using content adapted from PE and CPT to active duty military members in two to six 30-min sessions found clinically meaningful improvements, e.g., ≥ 10 point mean decrease in PTSD Checklist scores, from pre- to posttreatment in PTSD symptoms as well as depression and quality of life (Cigrang et al., 2011; Corso et al., 2009). No follow-up was reported for either study. Pilot studies in the VA have found variable results. One study using a longer protocol (eight sessions lasting 45–60 min each) focused on behavioral activation and found meaningful improvement in completers that was maintained over three months (Jakupcak, Wagner, Paulson, Vara, & McFall, 2010). A second study using behavioral activation in a brief protocol of three 20–30 min sessions found non-significant results (Harmon et al., 2014). To date, no data have been published on longer-term outcomes for active duty military completing these brief PC-based protocols. Indeed, even the follow-up data within the VA PC clinic is based on a small sample and thus warrants replication and extension. As such, longer-term outcomes are not yet known and are critical to decisions about whether these protocols warrant dissemination on a wider scale. The DoD's model for integrating behavioral health providers in primary care has evolved strongly toward the use of brief interventions (Hunter et al., 2014). Thus, there is a clear value in having data on the long-term effectiveness of brief PTSD interventions with military in PC, even when the current maturity of the science is limited to clinical case series.

The purpose of this study was to determine the long-term outcome for a sample of active duty military treated in primary care with a brief Prolonged Exposure for Primary Care (PE-PC protocol) developed specifically for deployment-related PTSD. The study extends the findings of a previous report involving 15 active duty service members (Cigrang et al., 2011) by including nine additional participants and 6- and 12-month follow-up assessments for all 24 participants.

2. Method

Research approvals were obtained from the Institutional Review Boards at Brooke Army Medical Center and the University of Texas Health Science Center at San Antonio. The study was also reviewed and approved by the U.S. Army Medical Research and Materiel Command Office of Research Protections, Human Research Protection Office. The study was registered in the clinicaltrials.gov registry (NCT00974402) prior to the recruitment of research participants. In addition, a Data Safety and Management Board monitored the clinical trial as an expert committee, independent from the investigators and the sponsor of the trial, to periodically examine the safety data accumulated during progress of the trial and to ensure that the benefit/risk ratio remained acceptable for participating patients. The study was conducted as part of the STRONG STAR Multidisciplinary PTSD Research Consortium (STRONG STAR: South Texas Research Organizational Network Guiding Studies on Trauma And Resilience).

2.1. Participants

For these analyses, the outcomes of only the active duty participants were evaluated. For the larger study, an additional 11 Veterans were recruited from the local VA Primary Care clinic; however, only limited follow-up data were available for five (5) of these subjects due to no funding to support research staff at the VA site resulting in inadequate coverage and follow through. Because of these unique challenges representing research funding issues unrelated to the protocol or its utility, this manuscript will only report the outcomes of the 24 active duty military service members (15 men, 9 women; 15 Air Force, 8 Army, 1 Navy) seeking treatment for PTSD symptoms. All participants had previously deployed in support of Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF). The mean age was 38 ($SD=8.1$ years; range 21 years to 55 years) and the majority were married (63%). Participants were Caucasian (58%), Black (21%), Hispanic (17%) and Asian (4%). Twenty-one percent were commissioned officers, 27% were senior noncommissioned officers (E-7–E-9), 42% were mid-level noncommissioned officers (E-5–E-6), and 8% were junior enlisted (E-3–E-4). The average number of previous deployments was 1.9 ($SD=0.8$, range = 1–4). The majority of participants (67%) were not taking any psychotropic medications at the time of study enrollment. Two participants were taking a hypnotic (zolpidem), four were taking an antidepressant (citalopram, paroxetine, bupropion), and two were taking an antipsychotic (resperidone, quetiapine).

2.2. Procedure

Participants were recruited from the population of primary care patients referred to the integrated behavioral health provider (BHP) during routine clinical care. During the initial 30-min appointment, the BHP conducted a focused assessment of PTSD aided by the PTSD Checklist-Military Version (PCL-M; Weathers, Litz, Herman, Huska, & Keane, 1993). Active duty members with a score of 32 or higher on the PCL-M who expressed interest in primary care PTSD treatment were offered the opportunity to participate in a research study. Patients who agreed to research participation signed an informed consent document and were scheduled for a baseline assessment with an independent evaluator prior to the first treatment appointment. Participants were recontacted by the study team at 1 month, 6 months, and 1 year posttreatment and asked to complete a follow-up assessment with an independent evaluator. A more detailed description of the study procedures is available in the original report (Cigrang et al., 2011).

2.3. Treatment

Protocol content was consistent with emotional processing theory and drawn primarily from the PE model (Cahill & Foa, 2007) that would fit within the context of primary care appointments. At the first treatment appointment, participants were provided a "Confronting Uncomfortable Memories" activity workbook to be completed at home and brought back for use in subsequent appointments. The workbook asked the participant to write a first-person, detailed narrative of the deployment event associated with the greatest level of current distress and preoccupation, including recollection of personal thoughts, feelings, and physical reactions, and to answer emotional processing questions, e.g., "How has this event changed what you think about yourself?" and, "How has this event changed how you think about others?" Participants were instructed to write and then read the trauma narrative and their answers to the emotional processing questions for at least 30 min three times per week. During the second, third, and fourth appointments, participants were asked to read the narrative and their answers to the emotional processing questions out

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات