Study on the Benefits of Integrated Care to Veterans with Post-Traumatic Stress Disorder

As Required By
H.B. 3404, 84th Legislature, Regular Session, 2015

Health and Human Services Commission
February 2017
Executive Summary

House Bill (H.B.) 3404, 84th Legislature, Regular Session, 2015, directed the Health and Human Services Commission (HHSC) to conduct a study on the benefit of providing integrated care to veterans with post-traumatic stress disorder (PTSD) and submit a report containing the results of the study not later than December 1, 2016. This legislation did not receive funding and HHSC was unable to identify other available funding sources. However, HHSC completed a literature review to identify previous research on this topic.

Background

There are over two million veterans who served in the recent conflicts in Iraq and Afghanistan. Relevant data shows approximately 300,000 of those veterans currently suffer from PTSD and other co-occurring disorders. The cost of care for these veterans over two years is estimated to be between $4 billion and $6.2 billion. Interested parties note Houston and the surrounding area is home to approximately 370,000 veterans, of whom approximately 22,000 were deployed in the conflicts in Iraq or Afghanistan. In addition, Texas is home to more than 1.6 million veterans.

HHSC performed a literature review of published studies and reports in an effort to provide information similar to the study which H.B. 3404 directed to be conducted. The agency identified four studies relevant to the charge; specifically, studies using standardized comprehensive trauma and PTSD assessments to identify and target evidence-based treatment services to provide integrated care for veterans diagnosed with PTSD and involving family members in the treatment of the veteran.

1. A literature review by the Department of Veterans Affairs compared studies to determine the impact family involved treatments have on outcomes for veterans receiving mental health care. The review addresses the effectiveness of family involved interventions compared to other types of interventions. The review concludes family involved treatments for mental health conditions were as effective as or more effective than alternative therapies. The authors also indicate a need for an increase in high quality randomized controlled trials of family interventions for veterans with PTSD.

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2. The following article from the Journal of Rehabilitation Research and Development reviews couple/family clinical practice guidelines from the Department of Veterans Affairs (VA) and Department of Defense (DOD). The clinical practice guidelines offer recommendations about couple/family therapy for veterans with PTSD. Although the guidelines are not supportive of family therapy treatment for veterans with PTSD, the literature review authors are supportive and provide reasons why family therapy is an effective treatment.

The article also reviews the efficacy of couple/family interventions by type of involvement strategy, including couple/family therapy, partner-assisted interventions, and cognitive-behavioral conjoint therapy for PTSD. While access to an array of interventions has improved due to the Veterans' Mental Health and Other Care Improvement Act of 2008, the article concludes mental health clinicians and policy makers would benefit from more published research on best practices.


3. The research findings in the Department of Veterans Affairs resource below provide coping mechanisms for the stressors PTSD may place on veteran family relationships. Discussion topics include common relationship problems, partner mental health, caregiver burden, interpersonal violence, and treatment options for partners of veterans with PTSD. This resource provides additional information for caregivers of veterans seeking support services.


4. The following article examines outcomes of a multifamily group treatment study for veterans with PTSD and their family members. Veterans and family members participated in a multifamily group psychoeducation program, Reaching out to Educate and Assist Caring, Healthy Families (REACH). After participating in REACH for 9 months, veterans and family members showed significant improvement on measures such as empowerment, family problem solving and communication, relationship satisfaction, social support, knowledge of PTSD, and quality of life. The article concludes multifamily group psychoeducation leads to improved outcomes for veterans with PTSD and their family members.

Outcomes of Participation in the REACH Multifamily Group Program for Veterans With
Conclusion

H.B. 3404, 84th Legislature, Regular Session, 2015, was not funded by the Legislature and HHSC was unable to identify other available funding sources. In an effort to provide information regarding outcomes of similar research on the benefit of providing integrated care to veterans with PTSD, electronic links to these studies have been included in this report.