

1-1-2015

# Explorative Study of Barriers to Care for Post Traumatic Stress Disorder Among Combat Veterans from Operation Iraqi Freedom and Operation Enduring Freedom

Joshua Smith

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### Background

According to the Department of Veterans Affairs, PTSD occurs when “The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.” PTSD symptoms include intrusion symptoms, avoidance behavior, negative alterations in cognitions and mood, and alterations in arousal and reactivity<sup>1</sup>.

### Methods

Study design and interview questions were influenced by previous works<sup>2,3</sup>. Using one-on-one interviews, common themes were identified for barriers to accessing care in domains of Institutional and Logistical concerns, as well as stigma related concerns. Stigma was differentiated into domains of Social, Occupational, and Institutional stigma. Inclusion criteria will be Combat Veterans from Operations Iraqi/ Enduring Freedom that attend Boise State with diagnosis or self report of Post Traumatic Stress Disorder, regardless of age, gender or ethnicity.

### Discussion

While motivations for timing and ultimately the decision to seek care varied among participants, one common pattern emerged from the data. The participants began with feelings of guilt, shame and confusion regarding their personal experience with PTSD. Once the participants engaged in care of one form or another for PTSD, these feelings were almost entirely mitigated, not by modalities of treatment, but by simple education regarding what PTSD is and how it works. While PTSD symptoms remained, these negative feelings, which directly contributed to avoidance of seeking care for PTSD, were alleviated. Further research should focus on the mitigating factor of education on PTSD among this cohort, while employing a larger sample. Providing education en mass to returning service personal may prove to be a cost effective method for increasing treatment rates for PTSD among current combat Veterans.

## Barriers to Care for Post Traumatic Stress Disorder Among Combat Veterans from Operation Iraqi Freedom and Operation Enduring Freedom

INTERVIEW FINDINGS				
<i>Institutional Issues</i>	<i>Occupational Stigma</i>	<i>Social Stigma</i>	<i>Logistical Issues</i>	<i>Institutional Stigma</i>
Time and again, Veterans stated that they preferred to seek help from organizations outside the VA medical complex, such as the Vet Center.	Participants all expressed the desire to keep a diagnosis of PTSD from those they served with while still in the Military. The reasons for keeping a PTSD diagnosis secret ranged from fear of loss of promotion opportunities, fear of separation from the Military or being seen as unstable by superiors or subordinates alike.	While participants universally expressed concern about being seen negatively by their immediate social circle, participants all expressed an almost separate identity, in which they become ambassadors for those with PTSD in which they would openly speak about their experiences with PTSD, but only with those that were strangers.	Due to the geographic location and population make up, there were no reported logistical issues in this sample.	Participants were divided evenly regarding if they were concerned about Government Institutions discovering their PTSD diagnosis would result in possible negative outcomes in their personal lives. This fear seemed to be positively correlated with job type while in the service. Direct combat personal feared institutional reprisal, while support personal did not.
Participants repeatedly stated that the ability to speak with fellow Veterans was of greater concern than working with trained clinical mental health providers. Participants felt that clinical staff would not be able to truly understand the magnitude or context of the experiences they were speaking about.	Participants report fear of a PTSD diagnosis would lead to difficulty in the work place due to being seen as their diagnosis, and not an individual, who also has PTSD. Participants report fear of not being able to attain employment, inter-personal difficulties or being passed for advancement as a result of a PTSD diagnosis.	Participants universally stated that fear of social stigma arose from being seen as possessing the stereotypical PTSD symptoms. Participants felt that lack of public understanding would result in others viewing them as unstable, violence prone individuals. Participants all stated the wish for PTSD to be seen as a continuum instead of a preconceived idea.	<p>“I feel comfortable generally getting care at the VA. I’m still kind of hesitant on who, mainly because at the Vet Center I feel more comfortable there because the counselor is a combat Vet himself. I know some there that do direct patient care that don’t have a background of serving in the military or not having any combat experience, so it’s harder to relate certain things...it’s hard to explain some of the things you’ve been through when their only point of reference is something they read in a book.”</p> <p>“If I’m going to talk about that stuff, it’s going to be with a combat Veteran....I just don’t feel comfortable talking about some of the stuff we went through. You weren’t there, you don’t know what it was like to get blown up and watch one of your best friends disappear in a bomb blast. There is no way you can understand.”</p>	

#### References

- 1) [http://www.ptsd.va.gov/professional/PTSD-overview/dsm5\\_criteria\\_ptsd.asp](http://www.ptsd.va.gov/professional/PTSD-overview/dsm5_criteria_ptsd.asp)
- 2) Sayer, N., Friedemann-Sanchez, G., Spont, M., Murdoch, M., Parker, L., Chiros, C., and Rosenheck, R. (2009). A Qualitative Study of Determinants of PTSD Treatment Initiation in Veterans. *Psychiatry: Interpersonal and Biological Processes*: Vol. 72, No. 3, 238-255. doi: 10.1521/psyc.2009.72.3.238
- 3) Ouimette, P., Vogt, D., Wade, M., Tirone, V., Greenbaum, M., Kimerling, R., Laffaye, C., Fitt, J., Rosen, C. (2011) Perceived barriers to care among veterans health administration patients with posttraumatic stress disorder. *Psychological Services*, Vol 8(3), 212-223. <http://dx.doi.org/10.1037/a0024360>