

An Exploratory Study of Barriers to Care for Post-Traumatic Stress Disorder Among  
Combat Veterans from Operation Iraqi Freedom and Operation Enduring Freedom

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After more than a decade of combat in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), over 2 million American military personnel were sent overseas to serve in these conflicts (“The Veterans Health Administrations,” n.d.). Of these American Service members, an estimated 11-20% will return with Post Traumatic Stress Disorder, or PTSD (“PTSD: National Center,” n.d.). To address this issue, a significant amount of research has been done to determine effective modalities for treatment of PTSD. While important, equal effort should be put forth to determine methodology for increasing Veteran engagement in such programs. This study was conducted to address barriers to accessing care, real or perceived, for PTSD amongst combat Veterans from OEF/OIF.

This paper will provide a brief Literature Review which examines two synthesized findings from previous research on barriers to care for PTSD amongst the target population. Specifically, these findings include the effects of social stigma on treatment rates, as well as the need to tailor outreach programs to Veteran populations. Next, a Methodology section will examine the study design, recruitment process, participants and procedures used for this study. A Results section will identify the three major findings for this study. These findings include the effect that social stigma has on Veterans socio-cultural and personal social environment, the importance of psychoeducation and finally, how stigma related concerns affect the decision of where and from whom to receive care. These findings will then be further elaborated, and a brief discussion of the possible implications will be provided in an Analysis and General conclusions section. The Limitations of this study, including small sample size and population, along with

selection process and lack of statistical analysis, will then be examined. The need for future research utilizing a Likert-type scale designed to reach a more diverse population which focuses on stigma related barriers will be established. Finally, this paper will be concluded by providing a brief synthesis of the paper.

### Literature Review

Two previous studies (Sayer et al. 2009 & Ouimette et al. 2011) examining barriers and facilitators to accessing care for PTSD amongst combat Veterans were used to determine the environment of previous findings. These studies were used to identify the need for future research, shape study design and in the development of qualitative interview questions. These studies used a fixed-response Likert type scale and in-depth qualitative interviews, respectively. Although the study designs differed between these studies, similar findings were generated.

#### Stigma as a barrier

Both previous studies identified the domain of social stigma as a salient barrier to accessing care (Sayer et al. 2009 & Ouimette et al. 2011). This perceived barrier to care was experienced by many combat Veterans, both in and out of treatment. Ouimette et al. (2011) found that stigma related issues were more likely to act as a barrier to care than issues of institutional or logistical related difficulties. Sayer et al. (2009) also discussed the importance of stigma related barriers. The authors of Sayer et al. (2009) discuss the importance of examining the interplay between fear of stigma in domains of social networks as well as socio-cultural environments. Both studies state the need for future research to study the effects of stigma related barriers to care for seeking treatment for PTSD.

#### Increasing treatment through tailored outreach

These studies drew their populations from both Veterans of Vietnam as well as OEF/OIF, and ensured that females were included in their population. These groups were further stratified as having been in treatment, and not having received treatment. After examining the data from these groups, these studies state that while the effect size for individual barriers are similar across groups, there exists variation across variables of gender, age, ethnicity and conflict with which the Veteran served (Sayer et al. 2009 & Ouimette et al. 2011). Both studies state the need for specific tailoring of outreach and treatment modalities designed to reach these subsets of the overall Veteran population. While individual VA locations may have a homogenous population demographically, there is variation in these populations across VA sites nationally. These authors of these studies state the need for individual VA sites to tailor PTSD programs to reach their particular population.

#### Methods

The primary source of data for this study was through qualitative, in depth one-on-one interviews with Veterans from OEF/OIF. Interview questions were developed through a Literature Review of previous studies. Interview questions focused on barriers to care, real or perceived, in domains of Institutional Concerns, Logistical Issues, and Stigma related issues.

#### Procedures

For this study, particular emphasis was given to the examination of the role stigma has as a barrier to care. For this reason, stigma was delineated into domains of Social, Occupational and Institutional stigma barriers. Participants were drawn from the Wyakin Warrior Foundation, a student Veteran organization from Boise State University. Recruitment information was emailed to this population. Inclusion criteria were listed as any Combat Veteran from Operations Enduring/ Iraqi Freedom that attends Boise State University, regardless of age, gender or

ethnicity that self report symptoms or diagnosis of Post Traumatic Stress Disorder. No exclusion criteria were used in this sample due to limited number of potential participants. Additionally, as this study differed from previous research in that it did not have access to VA or DoD medical records, it would be impossible to verify traditional exclusion criteria of current substance use or active psychosis.

Participants were asked to participate in a one-on-one interview regarding perceived barriers to accessing care for PTSD. Interviews took place in the Boise State Veteran Services office in a closed room to ensure confidentiality of participants, and their responses. Interviews were expected to last about one hour, and had a mean run time of  $M=60.98$  minutes. Informed consent was obtained prior to start of data collection. Immediately prior to the interview process, demographic information was obtained. Study design was approved and oversight provided by the Boise State Institutional Review Board. Interviews were conducted by a 4<sup>th</sup> year undergraduate student, who also served as Co-PI for this study, and the primary author of this paper.

### Sample

The sample size for this study was  $N=4$ . This small sample was used due to time and population constraints. This sample was predominantly male, white and Veterans of Operation Iraqi Freedom,  $N=3$  in all cases. The median age was  $M=36.75$  years of age. Two participants had served in the Army, with one year from the Marine Corp and Navy. Three participants self listed as White, with the remaining one participant identifying as Other. All participants reported that they were not from Hispanic, Latin or Spanish Origin.

### Data Analysis

Data was analyzed by means of Thematic Analysis. Findings were isolated by identification of common themes or phrases.

### Results

Through analysis of the qualitative data, a number of barriers to accessing care were identified in all domains, with the exception of Logistical issues. This may be due to the geography and demographic make-up of the population. Due to the large amount of data collected, three major findings will be explored in this paper. Further analysis and interpretation of the findings from this data set will be pursued in a follow on paper.

A number of the findings were also identified in previous research (Sayer et al. 2009 & Ouimette et al. 2011), specifically, the role of fear of perceived stigma as a barrier to care for PTSD, as well as the importance of psychoeducation for the reduction of stigma barriers to treatment. However, while these findings share similar domains as previous research findings, the implications for these items acting as barriers were different for this population. This study has focused on the ways that fear of social stigma kept Veterans from treatment, and how stigma influenced individuals to seek care once treatment was determined to be needed. Additionally, this study will examine the implications for psychoeducation in the reduction of feelings of personal shame.

The first major finding for this study was how fear of perceived stigma kept Veterans from seeking care for PTSD. All participants in this study stated that initial fear of preconceived notions from their social and socio-cultural environments kept them from seeking care, or even admitting that they had PTSD.

Next, the issue of psychoeducation was identified as an important aspect of coming to terms with PTSD for all participants. Receiving psychoeducation was related to reduction in feelings of personal shame, a stigma related barrier.

A final stigma related barrier was identified in who participants chose to speak to about their PTSD, which ultimately affected their decision on how and from whom to receive treatment for PTSD.

#### Analysis/General Conclusions

Participants stated they felt that current portrayals in the media of Veterans with PTSD would result in those around them viewing the Veteran as violent, unstable, or “crazy”. One participant stated that for the general population, *“What they hear about PTSD is watching Law and Order and seeing some guy kill a bunch of people and stuff like that and it is very tight cast and they think PTSD is just like it is (shown), just you freaking out and hurting people and I know a lot of guys that are dealing with PTSD and I do not think any of us have the same issues.”* This sentiment was shared by all participants in this study. The universal conscience was that these Veterans wished that PTSD could be seen as a continuum like many other mental health issues. Participants felt that if the socio-cultural environment was aware of the range of PTSD symptoms, they would have felt fewer feelings of personal shame or fear in seeking treatment for their PTSD. This finding is similar to that of previous research in terms of how fear of stigma from socio-cultural and personal social environments acted as a barrier to care.

While the importance of psychoeducation has been found in previous research, this study differed in type and effect of psychoeducation material. Previous research (Ouimette et al. 2011) found that psychoeducation about the potential benefits of treatment helped to reduce Veteran reticence in help seeking. This study found that psychoeducation about the nature of PTSD from

a biological approach helped to reduce feelings of personal shame. When Veterans learned how and why PTSD develops, it helped them to feel as if their PTSD diagnosis was not a personal short coming, a commonly held belief in the sample population. One participant stated, *“Once I knew the—I do not want to say the enemy, but once I understood the diagnosis then the world opened up a bit more. You know? I may have a diagnosis but the diagnosis does not have me.”* This finding has interesting implications on the possibility for increasing treatment rates in this population. This type of psychoeducation could potentially be a simple, cost effective way of circumventing this barrier for care if added to post-deployment debriefings for American service personnel.

One finding that seemed to emerge from this data has not been previously explored in the literature. The population of this study each stated at some point that they did not feel comfortable speaking about their experiences with non-Veterans, including clinicians. This finding seemed to stem from the area of social stigma, in the belief that those who had not experienced combat could not truly understand what they were going through because they could not truly understand the experiences that these Veterans had experienced. This population felt that even well-meaning clinical staff could offer little more than text book responses to their plight. It was for this reason that every participant in this study stated that they felt more comfortable in seeking care from the Vet Center, and would not seek help from the VA medical complex. One Veteran stated, “I am still kind of hesitant on who, mainly because, well the Vet Center, I feel more comfortable there because the counselor is a combat vet himself. And I know that there is some that do direct care for combat Veterans at the Vet Hospital, that they do not have a background of either not serving in the military, or not having any combat experience so it is hard to relate certain things...., it is hard to explain some of the things you have been through



when the person you are talking to, well, their only point of reference is something they read out of a book.” This finding has implications for the tailoring of care designed to connect combat Veterans with care for PTSD. This finding would seem to suggest that Veterans would be more likely to seek care if there was more access to clinical staff that was drawn from the population of Combat Veterans.

#### Limitations/Need for Further Research

This study had a number of limitations. First, due to the limited population, this study had a very small sample size. Additionally, due to the small sample size and study design that utilized thematic analysis, no statistical analysis is available to examine prevalence or effect size of identified barriers. This study population was also predominantly White, and drawn from a population with higher average education (Boise State University). This could mask effects of barriers to lower income or minority Veterans. This study also utilized Veterans who self-selected to participate in the research process, introducing the possibility for non-response bias. Additionally, this population was derived from the Wyakin Warrior foundation, a group dedicated to assisting injured or ill Veterans to be successful in higher education. As such, the sample population had all received care of some kind at one time or another. There may be potential effects which were not identified which act as barriers for Veterans who have yet to engage in treatment for PTSD.

Future research is needed in this area, and should focus on a number of factors. Future research should attempt to recruit a larger sample population, as well as attempting to include a Veteran population that is more diverse in terms of ethnicity and SES. Veterans who have yet to receive care of any kind should also be included in future research. Further research should

develop a Likert-type scale model which could allow for statistical analysis of identified barriers. Barriers to care in the areas of stigma should continue to be examined, particularly how fear of stigma affects a Veterans socio-cultural and personal social environments. Also, in addition to barriers to care, future research should focus on factors which served to increase treatment rates in this population.

While much research has been and continues to be studied regarding the development of appropriate, cost effective treatment modalities for care of combat Veterans, there remains a need for research designed to assist these Veterans with circumventing the barriers which may keep them from receiving this care in the first place. While there are a number of barriers to care regarding shortcomings in the VA medical complex, as well as logistical issues, the issue of stigma continues to be especially salient for Veterans. Stigma is a complex issue which may be influenced by gender, age, ethnicity or any number of variables.

The data set derived from this study has found that stigma plays a role in Veterans reticence to seek care for fear of social repercussions, as well as from whom Veterans are willing to receive care from. Psychoeducation has been found to play a positive role in the reduction of feelings of personal shame in Veterans with PTSD, and further research should be given to exploring the cost/benefit ratio for utilizing this finding to increase treatment rates. To better understand how these issues affect treatment for PTSD among Veterans, further research should be conducted which specifically explores the issues related to how perceived stigma acts as a barrier to treatment.

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