

Vietnam Era Veterans with PTSD: Barriers, Facilitators, and Preferences for Treatment Engagement

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Significance

According to Veterans Health Administration data, an estimated 18% of Vietnam era Veterans have posttraumatic stress disorder (PTSD), making PTSD the 4th most common diagnosis for these Veterans (behind the aging-related conditions of hypertension, diabetes, and arthritis).¹ Even more Vietnam era Veterans have clinically significant symptoms of PTSD, but do not meet full diagnostic criteria. PTSD is associated with poorer functional status and quality of life in Veterans.^{2,3} Scant literature exists on the topics of Vietnam era Veterans' beliefs about PTSD⁴ and barriers and facilitators to these Veterans' PTSD treatment initiation.⁵

The Study

Data for this poster are drawn from a qualitative pilot study with Vietnam era Veterans who were recently engaged with a trauma-focused treatment program at a VA Medical Center. Veteran participants (n=12) took part in a two-interview series about their beliefs, conceptualizations, and expectations about treatment and recovery in PTSD. The first interview took place around the start of each Veteran's engagement with the treatment program; the second interview was scheduled for approximately 4 months later. Transcripts were analyzed using a team-based, inductive coding approach. This poster presents some of the barriers and facilitators to treatment engagement identified by these Vietnam era Veterans, as well as their expressed preferences for treatment. Viewpoints of Vietnam era Veterans who had previously engaged with some treatment and those who were completely new to treatment are included.

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References/Notes

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6. All names are pseudonyms.

Facilitators

Provider rapport

A good relationship with mental health and PTSD providers was identified as important by Veterans.

I can't afford to feel not comfortable where I'm trying to get treatment. That's the utmost importance, you know. –Orlando⁶

Provider recommendation

A provider's recommendation or referral to trauma-focused care was key to some of these Veterans seeking help.

My Primary Care provider suggested that I participate in the PTSD program because of the nightmares I have been having... –Glenn

Group engagement as a gateway to individual treatment

For some Veterans, engagement with a group was seen as preparation for engaging with individual treatment in the future.

...I think I'll be doing [individual treatment] before too long. I'm just taking baby steps, I guess. [...] I'm just not comfortable enough to be, I'll just say on the hot seat, I guess. I'm not ready to make myself that vulnerable. –Elliot

Supportive family and friends

Veterans generally said that the support and encouragement of their family and friends was an important facilitator for them engaging in treatment.

Plus my two children was after me for – to go get help. I have a son and a daughter. My son is grown – both of them are grown but my son was after me because he stayed with me the longest and he knew something was wrong. –Vernon

Veteran comradery

The opportunity to interact with other Veterans in treatment was a facilitator for many Veterans in our study.

[It] really just brings back the comradery that you had when you were in country, you know. When I leave there, I feel good about being with the guys and then when I get back in society it's like my guard is back up. –Edwin

My therapy is my fellow brothers. Fellow Veterans is my therapy. –Travis

I feel that if I'm gonna be in a group setting with other Veterans, maybe they can understand all of what I'm going through and then collectively we, you know, can swap information and share information to help each other rise above. –Jerome

Preferences

Wariness about medication

Veterans were wary about medication assisted treatment, but were generally willing to try it as long as it didn't have undesirable side effects.

I'll take whatever medication, but if it makes me zombie-like, I'm not gonna do that deal. –Elliot

I told 'em I'm not taking no more medication that I am gonna walk around like a zombie at night. No! You know, I take the medication but I don't have them kind that was like that. –Travis

Preference for groups

Some Veterans preferred groups for the comradery and shared understanding they found with other Veterans.

It's easier to talk to someone...when you're there with someone that's been through what you've been through.... But that one-on-one, they don't really know what I've been through. –Glenn

[Group] seems to be the way I can associate with other people who have similar issues and they're Veterans and they understand a lot more about me than the normal person walking down the street. –Russell

Preference for individual treatment

Other Veterans shared a strong preference for individual treatment, saying that they were more comfortable sharing their problems in a one-on-one setting.

I don't want to hear somebody's opinion that's going through the same thing that I'm going through. It's – I tried it. It just doesn't work. –Isaac

I did not want a group. I just did not feel comfortable in a group to discuss what I had. –Wesley

I don't think the issues that I really have to deal with would probably be beneficial in a group, alright. I don't. And I'm not sure they would think so either. –Jason

Openness to try anything

A few Veterans had no strong preference for one type of treatment or another, instead expressing that they were willing to give anything a shot.

If I'm told I need to go into a group, that's what I'll do. [...] Whatever needs to be done, I want to do it. –Vernon

Barriers

PTSD “didn't exist” upon return from Vietnam

Veterans reported that there was no such thing as PTSD when they returned from Vietnam, and that the existing labels (e.g., “shell shock”) didn't fit their own situations. A lack of understanding among these Veterans about PTSD still exists today, with Veterans saying that when they first heard about PTSD they assumed it was something that applied to Veterans of more recent eras, but not to them.

When I left the military with PTSD in the '70s, they didn't have that title, so you were either shell shocked or you were, you know, from a combat situation or I don't know how else they would've categorized it, because they didn't have the term 'PTSD.' –Orlando

Well, they didn't have it labeled as PTSD. They always called it shell shocked, and I never considered myself – I mean I had my flashes and stuff, but I never considered myself as being down like dead down shell shocked crazy, you know. [...] But if I would have known earlier, I probably wouldn't have tried to carry this around by myself all the time that I had. –Edwin

Non-combat related trauma

A lack of Veteran awareness that non-combat PTSD exists and can be treated, as well as difficulties in accessing appropriate treatment for non-combat PTSD, was identified as a barrier by Veterans.

Because I never went to Vietnam, but I previously learned that you can have PTSD not even having been in a war. And I never knew that, you know. –Isaac

Military and Veteran culture discourage treatment seeking

The concepts of Veterans as warriors and of self-reliance can prevent some Veterans from seeking treatment. Also, some Veterans may feel shame, regret, or guilt over experiences in service, and a reluctance to discuss this with others.

My father was a Veteran. My grandfather was a Veteran, and my great-grandfather was a Veteran. And the only words I got of encouragement from my father was just to suck it up and deal with it. [...] It don't never get easier. You just gotta deal with it. And that's what I've done, you know, but I'm at a point where it's not working no more. I'm tired. –Elliot

But, a lot of times we as Veterans we don't say nothing about it because we ashamed. We think it's something we did but we're ashamed and then we may not say nothing about it until 30 or 40 years later, but you let all that anger build up in all those years. Now your trauma – you showing up traumatized. –Travis

Stigma of PTSD (and mental illness in general)

For some Veterans, the stigma of having a mental health diagnosis can be a barrier to treatment engagement.

I'm starting to accept my PTSD and the feelings and the different things. As compared to in the past, I was ashamed, I was gonna, tried to hide it, because they make fun of us because we have it. –Lawrence

Discussion

This poster presents some of the barriers and facilitators for Vietnam era Veterans in becoming and staying engaged with treatment for PTSD and other trauma disorders, as well as their preferences for engagement. Many Vietnam era Veterans have been coping with symptoms of PTSD on their own, to varying degrees of success, for over 40 years. As these Veterans engage with treatment, they may have different needs compared to Veterans of more recent service eras. In order to fulfill the VA's mission to serve those who have served, it is important to gain a better understanding of different groups of Veterans' needs and priorities for treatment.

Analysis of the data from this pilot study is ongoing. We aim to gain an understanding of Vietnam era Veterans' conceptualizations of treatment and recovery in PTSD, including their goals, expectations, and beliefs. Further analysis will also include examining if and how the history of Veterans' interactions with the VA shape their current conceptualizations of PTSD and recovery. Our goal is to identify possible recommendations for providers to help tailor treatment for Vietnam era Veterans.