A mixed methods study on returning veterans experiencing a holistic therapeutic program

FY 2009 Quality of Life Grant
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- **Why QOL?**
  - Serious problem not only affecting residents of Broward County but nationwide providing opportunity for project expansion and external funding

- **Community Partner**
  - Broward County Commission Elderly and Veterans Services Division
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NSU Collaboration

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Current US Conflicts

- **Operation Iraqi Freedom (OIF)**
  - 2003-Present

- **Operation Enduring Freedom (OEF)**
  - 2001-Present
Statement of Need

- It has been suggested that approximately one in six servicemen and women returning from deployment in Iraq will be in need of mental health services as a result of their experiences (Robinson, 2004).
Several potential consequences to combat exposure, including:

- posttraumatic stress disorder (PTSD)
- depression
- substance abuse
- health problems/Traumatic Brain Injury (Hoge et al., 2004)
Those with untreated PTSD are further at risk for
- alcohol and substance abuse
- domestic violence
- unemployment
- homelessness
- incarceration
- suicide
- health problems
Statistics

- CBS investigation found 6,256 veteran suicides in 2005 (Keteyian, 2007)
- New York Times (2008) reported 121 OEF/OIF veterans charged with murder upon return from deployment
Unique to OIF and OEF

- 360 degree battle space
  - Compared to linear battle field in previous conflicts

- Improvised Explosive Devices (IED)

- Multiple Deployments
What does this mean for returning soldiers?

- 360 degree battlespace results in maintained heightened level of arousal creating sustained high anxiety and hypervigilance outside of combat.
- IEDs- highest number of amputees returning since the Civil War.
- Frequent and lengthy deployments take their toll not only on the soldier but family members and friends, as well.
VIDEO

Alive Day Memories: Home From Iraq
Impact on Family

Over 700,000 children with at least one parent deployed (Rutledge, 2007)

Instantly becomes one-parent household

Anxiety and depression in children and spouse of deployed serviceman/woman

Ambiguous Loss

• Family member returns- is there but not there
Domestic Violence

According to DeAngelis (2008), domestic violence is up to three times more likely to occur in veterans with PTSD than among those without the disorder.

Over 33% of Vietnam veterans diagnosed with PTSD engaged in intimate partner violence over a one year period.
Barriers to Accessing Services

Stigma associated with mental illness and concern regarding how the soldier/marine would be perceived among peers and superiors was identified as the primary barrier to provision of needed mental health services to military servicemen and women (Hoge et al., 2004)
Programmatic Needs

- The Department of Defense (DOD) has adopted several programs to assist with adjustment following deployment, such as:
  - Courage to Care
  - Military One Source
  - Project DE-STRESS (Delivery of Self Training and Education for Stressful Situations)

- These efforts are helpful for individuals who actively seek these services out; however, what appears to be missing is a centralized proactive program to facilitate patient to provider care (Robinson, 2004).
Objective

• Alleviate the negative impact mental health issues of returning veterans have on 3 levels
  1. individual
  2. family
  3. community

• We will aim to achieve this objective through provision of a “holistic” treatment program.
What will we do?

Holistic Treatment Program

- Intensive case management (Broward County Commission Elderly and Veterans Services Division)- 1 hour every two weeks
- Individual therapy (FSEHS)-1 hour/week
- Family/marital therapy (SHSS) 1 hour/week
- Group therapy (HPD/FSEHS)- 1 hour every two weeks
The holistic program will also include the use of a **peer mentor** to provide guidance and support, in order to reduce stigma and encourage the participant to access needed services.
The International Society for Traumatic Stress Studies (ISTSS) recently issued new practice guidelines for the treatment of PTSD, which the Veterans Administration/Department of Defense (VA/DoD) has adopted.
Several interventions were given a grade of “A“ through “E” based on the amount of empirical data to support them as proven to be effective in the treatment of PTSD (i.e., a treatment is given a grade of “A” if it has a high degree of support based on research outcomes) (DeAngelis, 2008).
Three such interventions which have received a grade of “A” by the ISTSS will be utilized in the current study.

- Cognitive Therapy,
- Exposure Therapy, and
- Stress Inoculation Therapy
Family Therapy

- Family/marital therapy will be provided to address marital and/or family issues which may arise as a result of the client’s mental illness and/or the stressors associated with the repeated or prolonged deployment of a family member.
Family Therapy

- Significant reductions in domestic violence recidivism have been shown with individual couple therapy intervention (Stith, Rosen, McCollum, and Thomsen, 2004)
Brief Strategic Family Therapy

- Family is part of a larger social system

- Focus on relationships within the family, as well as within contextual framework (i.e., school, work, neighbors, etc.) and how these contribute to the development or maintenance of problem
Brief Strategic Family Therapy

- Among the most widely used empirically supported treatments of child and adolescent behavior problems, and substance abuse (Santisteban et al., 2006)
Group Therapy

Group therapy will also be provided as a means of engaging other servicemen and women to provide support and encouragement through the often difficult adjustment of returning to civilian life, and will encompass:

- Employability
- Social Skills
- Community Engagement
High Fidelity Human Patient Simulators

- Full body computer controlled mannequin that simulates real life experiences, environments, and situations.
- For healthcare providers, allows one to experience situations considered too high risk to engage in.
- Simulation allows participants to practice and debrief situations in a safe environment while doing no harm to real
“... the American public questions whether quality health care can be delivered under the existing health care system” (Greiner & Knebel, 2003, p. 19)

To Err is Human and Crossing the Quality Chasm also encourage the development of new educational strategies to improve patient safety. (Kohn, Corrigan, & Donaldson, 2000) (Committee on Quality Health Care in America: Institute of Medicine [IOM], 2001)

Public policy white paper stated healthcare must adopt simulation as means of researching patient safety and outcomes (2005).
History of Simulation

- Simulation has an impressive track record
- Utilized extensively in aviation, defense, maritime, and the nuclear energy industries
  - Chess probably represents one of the earliest attempts at war gaming
  - The real modern roots of simulation can be found in the aviation industry
    - Captain Sully!
Simulated Environments
How Does Human Patient Simulation Fit?

- There is nothing in the literature found utilizing simulators within a therapeutic environment.
- However, used in various military training exercises (i.e., The Combat Trauma Patient System (CTPS))
- The clients can interact with the simulator as if it is a real person, real time.
- Reduces the personnel needed to interact with the client.
Assessments

The instruments that will be administered are as follows:

- Detailed Assessment of Posttraumatic Stress (DAPS),
- Family Environment Scale (FES)
- Family Environment Scale: Children’s Version, and
- Quality of Life Inventory (QOLI)
Assessments

- An interview will also be used to investigate how the soldiers experience a therapeutic holistic program.

- The participants will be administered each instrument prior to the intervention, during the mid-point of the intervention, and post-intervention to track symptom reduction and program efficacy, via improvement in each participant’s overall quality of life.
Research Questions

• (1) How do returning soldiers experience a holistic therapeutic program?

• (2) What intrapersonal, interpersonal, familial, demographic, and military service factors influence their experience of the holistic therapeutic program?

• (3) Will the holistic therapeutic program affect participants’ level of psychological symptomatology, family functioning, and quality of life?
Participant Recruitment

- Convenient sampling will be used to target 10 veterans between the ages of 18-40 years of age who have served during OIF and OEF for participation in the program.

- The participants will be recruited through referrals from the Broward County Commission Elderly and Veterans Services Division.
A mixed-methods approach will be used to investigate how the returning soldiers experience a holistic therapeutic program consisting of the services delineated above.
The goal of this research project is to gather rich descriptions and a depth of understanding of the soldier’s experiences of the holistic therapeutic program.

- **Quantitative** (Dr. James Pann)
- **Qualitative** (Dr. Ron Chenail)
In order to determine if the participants experience any changes on the outcome variables (see Research Question 3) a series of repeated measures ANOVA’s will be utilized to determine if there is a change on the outcome variables from pretest to mid-intervention to posttest.

If the assumptions of their statistical test are not satisfied (probably due to the small sample size) then an appropriate non-parametric test will be utilized.
A phenomenological approach will be used to analyze this data, which is the most effective method for this particular study.

A phenomenological approach examines life experiences, provides richness to a study, and allows one to hear the voice of the subjects (Creswell, 1998)
The Colaizzi (1973) method will be used to analyze the data by reading participant descriptions; extracting significant statements; formulating meaning based on these statements; clustering any emerging themes, labeling them, and then exhausting them; formulating descriptions, structuring them, and then attaching them to meaning; and validating the findings.
Ensuring Trustworthiness

Several approaches will be employed to ensure trustworthiness including the audio taping and transcribing of all qualitative interviews.
Ensuring Trustworthiness

- First, one graduate student will conduct the interview.
- Second, two additional graduate students will read the transcription and extract themes.
- Third, the transcriptions will be checked against the initial recorder for accuracy.
- Fourth, themes will be compared with the initial interpretation.
- Fifth, the PI and Co-PI will review the themes that were extracted along with the transcript and give feedback on how to organize the categories. Finally, themes will be presented to participants for verification and accuracy of data (Creswell, 1998).
References


References