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# What Do Veterans with Posttraumatic Stress Disorder Experience in Receiving Care in Appalachia

Brittany L. Thomas  
*East Tennessee State University*

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What Do Veterans with Posttraumatic Stress Disorder Experience in Receiving Care in  
Appalachia

By

Brittany Thomas

An Undergraduate Thesis Submitted in Partial Fulfillment  
of the Requirements for the  
Midway Honors Scholars Program  
and the  
Honors-in Nursing Program  
College of Nursing  
East Tennessee State University

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Brittany L. Thomas, Author                      Date

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Frances W. Sills, Thesis Mentor                      Date

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Patricia A. Harnois-Church, Reader                      Date

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Dr. Karen Kornweibel, Reader  
Date

## TABLE OF CONTENTS

Abstract .....	3
Introduction .....	4
Review of Literature .....	5
Methods .....	11
Results.....	14
Conclusion.....	22
References .....	25
Appendix A (Interview Questions).....	27
Appendix B (Interview Transcriptions).....	28
Appendix C (Email to Veterans) .....	52
Appendix D (Flyer) .....	53

## Abstract

This qualitative research study explores what veterans living in the Appalachian region experience in receiving care for Posttraumatic Stress Disorder through personal interviews. These interviews will give insight into how veterans in Appalachia perceive their care through specific questions pertaining to healthcare for Posttraumatic Stress Disorder.

A convenient sample of veterans attending the specific study site was used for this study. An email, which contained information about the background and nature of the study was used for participant recruitment of veterans. In addition, flyers with the same information were posted throughout the study site. This study will highlight specific details of veterans' care for Posttraumatic Stress Disorder that will help to accumulate information on the care given to veterans in Appalachia. The Appalachian region is described by the Appalachian Regional Commission as "a 205,000 square mile region that follows the spine of the Appalachian Mountains from southern New York to northern Mississippi"(The Appalachian region- Appalachian Regional Commission, n.d.).

## Introduction

### Background • Significance • Research Question

Posttraumatic Stress Disorder (PTSD) is a disease that has affected at least 10% of veterans from each of the four most recent wars of the United States (Vietnam, Gulf War, War in Afghanistan, and Iraqi War) (National Institute of Health, 2009.) A prevalent barrier associated with PTSD is receiving care for this disorder. Tanielian and Jaycox (2008) found that only 30% of veterans with the disorder actually seek out help for PTSD. This leaves the other 70% of affected veterans to suffer in silence from this disorder. Many veterans who suffer from PTSD fail to seek care for a variety of reasons including: not comprehending how to use services that are offered (Military OneSource), negative consequences for careers through the seeking of PTSD care in the military, a breach in confidentiality leading to stigma, and the problem of seeking care affecting security clearance (Tanielian and Jaycox, 2008.). The stigma placed on mental health disorders can be the biggest deterrent to seeking care for PTSD that these individuals face. However, once veterans choose to seek healthcare for PTSD what do they experience?

The significance of this study is to understand from a veteran's point of view of how they experience care of PTSD in Appalachia. By looking into the personal stories of veterans with PTSD, it gives insight into the specific care that veterans experience in Appalachia. This study displays possible changes in Appalachian healthcare for the treatment of PTSD to create a better quality of life for veterans. Through this research, improved evidence-based

practices and healthcare changes could be possible. The research for this study revolves around one question: What do veterans experience in receiving care with posttraumatic stress disorder in Appalachia?

Personal interviews were obtained to discover the type of care veterans received for PTSD and how they personally perceived this care through the answering of specific questions. Two objectives of this research study include gaining personal knowledge of stories about veterans healthcare related to PTSD and having firsthand accounts of how veterans with PTSD from Appalachia view their healthcare.

This study examines the healthcare of veterans with PTSD in Appalachia through their eyes. The study highlights how veterans view their healthcare of PTSD and if proper resources are available to help them in Appalachia.

## **Review of Literature**

### **Definitions**

According to Random House Webster's College Dictionary (1992), a veteran is defined as "a person who has served in a military force, especially during a war" (p.1483). This study uses the definition of posttraumatic stress disorder from the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition:

A history of exposure to a traumatic event that meets specific stipulation and symptoms for eight categories numbered by A-H:

- A. Stressor,
- B. Intrusion,
- C. Avoidance,
- D. Negative alterations in cognitions and mood,
- E. Alterations in arousal and reactivity,
- F. Duration,
- G. Functional significance, and
- H. Exclusion

In criterion A: stressor, the person must have one of four requirements including: direct exposure, witnessing in person, indirectly, or repeated or extreme indirect exposure to aversive details of event. In criterion B: intrusion symptoms, the traumatic event must be persistently re-experienced through one of these five ways: recurrent, involuntary, and intrusive memories; traumatic nightmare; dissociative reactions such as flashbacks; intense or prolonged distress after exposure to traumatic reminders, marked physiologic reactivity after exposure to trauma-related stimuli. In criterion C: avoidance, the person must meet one of two avoidances through persistent effortful avoidance of trauma-related stimuli including trauma-related thoughts of feelings or trauma-related external reminders. In criterion D: negative alterations in cognitions and mood, the person must experience two negative alterations that began or worsened after the traumatic event including: inability to

recall key features of the traumatic event, persistent negative beliefs and expectations about oneself or the world, persistent distorted blame of self or others for the cause of the event, persistent negative trauma-related emotions, markedly diminished interest in activities that were of interest before the event, feelings of alienation from others, and/or persistent inability to experience positive emotions. In criterion E: alterations in arousal and reactivity, the person must experience two out of six alterations that began or worsened after the traumatic event including: irritable or aggressive behavior, self-destructive or reckless behavior, hypervigilance, exaggerated startle response, problems in concentration, and/or sleep disturbances. In criterion F: duration, the person must experience symptoms of criteria in B, C, D, and E for more than one month. In criterion G: functional significance, the person must experience significant symptom-related distress or functional impairment. Lastly, in criterion H: exclusion, the person must not have any of these disturbances related to medication, substance use, or other illness. Full diagnosis of posttraumatic stress disorder is not met until at least six months after the trauma occurred even if symptoms occur immediately (U.S. Department of Veterans Affairs, n.d.).

### **Stigma of mental health**

The literature about posttraumatic stress disorder, veterans, and their barriers to care is limited leading to a small amount of literature about the stigma of PTSD and veterans. Castro et al. (2004) found that the stigma for reaching out for care was greater in veterans



who screened positive for a mental disorder over others who screened negative. The barriers that Castro et al. (2004) found included the perception of veterans by their peers and by the leadership in the military. The study stated many implications that could address the problems of stigma related to PTSD through outreach, education, and confidentiality. Through reducing the perception of this stigma, the barriers of care to PTSD can be removed to give veterans the personal opportunity to seek care without fear of stigmatization by others (Castro et al. 2004).

Results reported by Alder et al. (2009), indicate that positive leadership and unit cohesion showed a reduced perception of the stigma of mental health compared to that of a lower rating of closeness between leadership and units. This can lead to the observation that the closer relationship the veteran affected with PTSD has to others the more likely that the stigma of PTSD and mental health is reduced.

Goldstein (2009) found that between veterans who tested positive for psychiatric disorders versus veterans who tested negative had a higher perception of perceived stigma. The study also found that barriers most associated with this stigma were embarrassment, fear of being viewed as weak, and not knowing where to go for help. It suggests that more education and teaching is needed for veterans and their families to understand that these responses are normal in situations dealing with PTSD and should not be seen as psychopathology. Unit cohesion was another theme that correlated to an increase or decrease in perception of stigma to psychiatric disorders, particularly PTSD, in this study as well.

Fitt et al. (2011) discovered that veterans rated two different categories of barriers differently when dealing with the effects of PTSD personally. Stigma related barriers were seen as slightly to moderately problematic; whereas institutional factors ranked lower in the problematic range. According to this study, future research needs to be conducted to combat barriers that prevent veterans seek treatment. Education and research are the leading forefronts for helping to reduce the stigma of mental health and increase the usage of mental healthcare.

## **Perceptions**

Vogt (2011) researched the personal perception of mental health disorders and treatment in veterans. She found that public stigma was a major deterrent for seeking treatment. Mental health beliefs are a modifiable factor that can be changed through reducing the barriers of care as well as change the attitudes of mental health disorders.

In the creation of the Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> Edition, the manual that describes mental health disorders in psychiatry, military leaders urged to change the name of posttraumatic stress disorder to “posttraumatic stress injury”. The reasoning behind the desire for this change was that the word “disorder” deterred soldiers from seeking help; whereas, the word “injury” sounded more in the language of troops and would help to reduce stigma encourage veterans to and seek help for their symptoms. However, others believed that the military environment needed to change their thoughts on stigma rather than to change of the name of the disorder so that mental

healthcare would be more accessible by soldiers. The overall outcome is that the DSM-5 continues to classify posttraumatic stress disorder as a disorder (American Psychiatric Publishing, n.d.).

Ajzen, Stecker, Fortney, and Hamilton (2007) explored in their study the factors that influenced veterans' decisions to seek treatment for mental health disorders. Half of the sample population reported that talking to someone about their symptoms was an advantage for seeking treatment. However, the primary disadvantage to seeking treatment was again stigma. Participants feared being labeled "crazy" and feared consequences at work. High-ranking military officers feared perceptions that they could no longer lead others and that the deaths of subordinates would be their fault. Non-ranking officers reported the fear of becoming nondeployable or not receiving promotions if they sought care for mental health. The most commonly reported barrier to receiving care was their personal beliefs (Ajzen et al., 2007). Ajzen et al. (2007) reported that the "respondents stated that their own belief that they 'ought to handle it on my own' or 'didn't want to believe I had a problem' prevented their seeking treatment". Although free mental health care programs were available for all returning soldiers, only 25% of the participants in Ajzen's study sought help for their mental health care. This study found that the access to mental health care was not an issue for seeking treatment but that the barriers to care were psychosocial (Ajzen et al., 2007). They suggest that developing interventions pinpointed to cognitive beliefs to change behavior should be made to increase veterans seeking care for mental health issues (Ajzen et al., 2007).

## Methods

### Design

This study used the phenomenology method of qualitative research that focuses on the lived experiences of several individuals receiving healthcare for posttraumatic stress disorder to link themes among participants. Participants were interviewed using a set list of questions that related to their healthcare for PTSD. Basic demographic information related to the branch of military service they served in, the war(s) that they were involved in during their time in the military, and gender were also obtained.

### Sample and Population

This study used a convenience sample collected from the specific study site chosen. Participants were recruited by contacting the ROTC program and Student Veterans Association on campus. Organizations were selected due to the nature of their population – veterans. Emails and flyers were posted as advertisements for this study. Email conversations and a personal meeting were set up with the ROTC program and the Student Veteran Affairs to locate perspective participants.

After the meeting with the Student Veteran Affairs, an email (Appendix C) was constructed that included information related to the study on how to participate and an informative flyer was sent to all veterans on campus. According to the Student Veteran Affairs Advisor, the email was sent to all 500 veterans that attended this specific university.

The inclusion criteria for this study were English-speaking veterans over the age of 18 diagnosed with Posttraumatic Stress Disorder while serving in the United States military. Any participant that fell into this category had an equal opportunity to participate in the study. There was no discrimination on the basis of sex, race, or disability. Participants for the study were contacted by either a mass email sent out by the Veterans Affairs office with information about the study; as well as, on how to enroll in the study or by personal interest through flyers that contained study information hung up in specific buildings on the specific campus the study was taking place.

### **Instrument**

The instruments used in this study included the Principal Investigator and open-ended question survey (Appendix A). An interview was conducted to collect the personal experiences of veterans and their experiences in receiving care for PTSD. The questions that were created helped to pinpoint information about the veteran's use of healthcare for PTSD and their experiences.

### **Data Collection**

Data was collected through an open-ended question survey consisting of seven questions. These questions were created based on pinpointing information that would lead to understanding the healthcare practices of veterans with PTSD. Basic demographics such as gender and branch of military service were also collected. Each interview was coded through

a particular system to protect confidentiality as shown in Figure 1. Codes were created using a system by numbering the interviews either 01 or 02 depending on when the participant interviewed. The second section of the code identified the participants as students (St), staff (S), or faculty (F). The third section of the code depended on the involvement of the particular wars the veteran served in. Operation Iraqi Freedom and Operation Enduring Freedom was coded as follows: Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Interviews were recorded using an Olympus DM-420 voice recorder. The interviews were conducted at a mutual location. This helped to create a comfortable environment for each participant and allowed for a more open environment to talk about PTSD. After interviews were completed, transcription began. After transcribing each interview, the recordings were deleted per protocol for the voice recorder.

	Number	campus status ST = student S = staff F = faculty	War Involvement OIFOEF = Operation Iraqi Freedom/ Operation Enduring Freedom	Branch of Military	Gender
Participant 1	01	ST	OIFOEF	Navy	Male
Participant 2	02	ST	OIFOEF	Army	Female

## **Data Analysis**

Data was collected through the seven open-ended question surveys with two separate interviews. Each question was asked in its entirety. Some questions led to a deeper discussion or path to a different topic. Interview times were approximately 45 minutes for participant 1 and about 15 minutes for participant 2. Once each interview was complete, transcription began immediately into a Microsoft Word document to keep the topics and possible creations of themes fresh. Interviews were transcribed verbatim, including the use of explicit language, but eliminating any reference to locations of places of the participants to protect confidentiality, to help illustrate the raw feelings and experiences that these veterans had during their care for PTSD.

After transcription was completed, deeper analyses of the interviews were conducted to pull out themes that were evident. Three themes were discovered: entitlement, fear, and access to care. Three sub themes were ascertained within access to care: money issues, lack of facilities, and issues related to PTSD. Participant 1's interview contained themes of entitlement and access to care; whereas, participant 2's interview contained the themes of fear and access to care.

## **Results**

Two participants were interviewed for this study. Although only two interviews were obtained, diversity of the population was apparent from Figure 1 (p. 13). A gender difference

allowed for an observation of both male and females view of healthcare for veterans. This difference was apparent in the themes found during transcription. Two different branches of service were recognized during the recording of demographics – Navy and Army. The difference in genders and branches of service for the interviews may have helped to lead to a more diverse population with a shared thought process of healthcare of PTSD.

The results of this study revolve around three specific themes: entitlement, fear, and access to care, with three sub themes related to access to care: money issues, lack of facilities, and issues related to PTSD. The finding of these themes during the interviews has helped to create a map of what veterans faced during their healthcare with posttraumatic stress disorder.

### **Entitlement**

The theme of entitlement was found in participant 1's interview. Entitlement revolves around the concept that the Veterans' Affairs Hospital where this participant sought care should be very specific, individualized to each veteran, and provide quality care. Further research could potentially confirm that anyone that seeks care will expect these parameters.

When asked to tell about the experiences in receiving care for Posttraumatic Stress Disorder, Participant 1 made many statements about the inadequate care practices he believed the specific hospital used where he sought care. "To be polite about it – shitty. . . . I got out in March of last year and I went to the VA within a month or two of being out . . . I



couldn't get seen by them for over a year." This comment shows that this veteran's first reaction to the specific facility was negative. He continued to say, "I went to mental health . . . saw a psychologist who said 'I've got 30 minute appointment with you, you need to tell me as much as you can in 30 minutes.' That is pretty much how she said hello to me." The need for a more personal meeting is evident.

Participant 1 made many comments about his care providers and the need for better healthcare. Many statements were made about the feeling of being "blown off" throughout the interview and having his care dumped onto another healthcare member rather than having a primary care provider treat him. He went on to state, "She said well if you decide you want to be on medication, you, let me know what medications you want to try . . . and if you need any care beyond that, you can go to the vet center and here's their number". Another incident of being blown off occurred during his meeting with a psychologist, "He came and talked to me and he was just trying to get me out of there as quickly as possible and was like 'what's going on with you'; was like 'you're depressed' . . . he goes 'If it walks like a duck, talks like a duck, it's a duck, you're depressed, here's a prescription, see you in three months'". During the interview participant 1 showed feelings of wanting a clear-cut treatment and not wanting to being asked what he needs, "I'm the patient; I'm not a psychiatrist . . . Why should I be telling you what medications". The feeling he has a right to better healthcare because of his veteran status related to entitlement may come from the statement "When I was in active duty . . . I was seeing two different psychiatrists and three

different psychologists.” Why should he see someone on a lower level of clinical expertise when during his active duty the people he believed were the ones who should be caring for him were seeing him? He states, “Like I said the psychologist and psychiatrist, I had a team of them, and you know now they are telling me you can go see a social worker. Excuse my language, but fuck your social worker. I need more than that.” Being active duty he had the proper care he needed; now as a veteran, he sees his healthcare as being less than adequate after being told that a social worker would care for his PTSD.

When asked if there was a special treatment option that he wished was available, he stated “I wish I was able to speak to a psychologist and a psychiatrist that wasn’t trying to shove me out of the door . . . if I could continue the therapy that I was doing when I was in active duty . . . that would be great”. There is a clear view of entitlement issues here. Again, he makes another statement about healthcare members, “Now I’m going to go to a low, I’m not going to, I don’t see the point in going to a lower qualified person to try to continue what I was doing here. That doesn’t make any sense.” He continued the need for the type of treatment and care he wanted and felt like he deserved “No, they wait for me to come to them . . . and then when I come in, I’m not even getting seen.” One of the last things participant 1 stated was “there’s no quality of care.” The care he seemed to have received is not satisfactory in his mind. It all revolves around the mindset of entitlement and wanting the best care that the facility should give to him.

## **Fear**

Fear was found in participant 2's transcription. The stigma of being labeled with PTSD was a barrier to wanting to receive the needed healthcare for this veteran. The need for healthcare for PTSD was apparent during the interview; however, the fear is paralyzing the decision to get proper care. Participant 2 mentioned possible detrimental effects to her job if diagnosed with PTSD. "I am a nurse . . . and so the stigma involved with some of these diagnoses and going for treatment would prevent me from being able to do my job." Participant 2 stated "I can do my job and have not had a problem doing my job, but I know that when you get these labels added on to you, especially at your work, then, then the nursing board would have to know and so." Her fear of being labeled and having this stigma weighing her down has made her choose not to seek the care she knows she needs. Fear of stigma is a problem not only found in this study, but also is found in many other studies of care for PTSD.

## **Access to Care**

Access to care was identified in both participants' interviews as a major deterrent to receiving care for Posttraumatic Stress Disorder. Three sub themes were recognized within the main theme of access to care: money issues, lack of facilities, and issues related to Posttraumatic Stress Disorder.

## **Money Issues**

Money related issues were present in participant 1 and participant 2's interviews as problems to accessing healthcare. Participant 2 stated "The only way at this time to get my treatment paid for is to drive that hour to the VA . . . I'm uninsured because I only work part-time, so if I was to choose to go somewhere locally I would have to just pay all of that out of pocket." This shows a relationship between access to care and the lack of being able to seek treatment outside of the VA due to issues related to payments. She goes on to state that there are only a select few places to go for counseling in her area and that they aren't geared towards PTSD. She previously stated that she was unable to seek out other treatment options outside of the VA system due to the inability to pay. Participant 1 stated, "In all honesty, I can get seen at the VA for free and psychiatrists run several hundred dollars an hour . . . I don't have time or the money to go pay 300 and some dollars an hour, you know." Again, money issues related to accessing other PTSD healthcare options are not made possible because of lack of funds to pay for the care.

## **Lack of Facilities**

Prevention in access to care also includes the lack of facilities that are unavailable to both of these participants. Question four on the interview refers to sufficient facilities to handle veterans in the Appalachian Region. This question pulls out information on the lack of facilities and what they believe would benefit the veteran population of Appalachia. Participant 1 answered question four with the following: "No not even close . . . We don't

have the facility here at the VA to do that, we don't do that kind of therapy, go to the Vet Center. Well the Vet Center would have to be huge and have way more than just licensed clinical social workers . . . You need a profound amount of, of providers." This answer addressed the lack of healthcare professionals as well as appropriate facilities to handle the healthcare needs of veterans that with PTSD in this region. He goes on to state exactly what he feels would benefit veterans "They need a shit load more of them . . . I would say you need at least more psychologists to do the therapy. You could get by with not as many psychiatrists if they are doing mostly medication management and minimal therapy. The patient care is, is, is terrible and to some degree I understand that because they don't have the facilities they need, they don't have the, the personnel they need" and "A profound amount more psychologists and psychiatrists, a profound amount more and even social workers and psych nurse practitioners that would work too." There is an obvious need, according to participant 1, to have increased facilities and personnel to take on the amount of care of veterans with PTSD. Participant 2 mentioned a lack of appropriate services offered by healthcare facilities in the area in which she lives has created her barrier for care as related to question 4 on the interview survey. As previously mentioned she made a statement that the mental health facilities in her area are not equipped to deal with PTSD. Her nearest VA is an hour drive from her location. She states "Just the services in general. I mean if I go to the VA in . . . , they have plenty of wonderful services, but for veterans that don't live in . . . then there's really nothing here for us." She also reiterates the lack of facilities in her area's that lack of connection, "I can go the VA in . . . and they have tons of yoga and acupuncture

and all kinds of great things, but again it's driving, it's, you know, an hour to get there, about 55 minutes." The location barrier causes problems for access to receive care for participant 2.

### **Issues Related to PTSD**

Participant 2 stated "Part of my PTSD is that I get very anxious driving especially on the highway. So when I go to an appointment, someone else has to take me and I am just not willing to ask. I feel like that I am inconveniencing someone because, course they want me to go two or three times a week and this is an hour drive there, waiting on an appointment, an hour home and so that has been the biggest reason to prevent me from going." Participant 2 clearly stated the biggest reason to accessing the needed care for PTSD stems from driving issues related to PTSD. When asked if there was a special treatment option that she wished was available, she went on to state, "I wish that the VA would allow this to be something that could be out sourced. Because not just me, a lot of people that are PTSD, especially serving in Iraq with IEDs and other things, driving is an issue for us and yet the only way at this time to get my treatment paid for is to drive that hour to the VA." Her inability to receive proper healthcare for PTSD results from her lack of ability to drive herself to appointments. The pressure of relying on others causes her to seek care rarely. "I go there once or twice a year and so I just, my husband's off on Thursdays so I make those appointments on Thursdays so he can take me." She stated that she initially required care two to three times a week; however, she is only able to receive care one to two times annually. That is a huge gap of care due to the inaccessibility to care for PTSD.

## **Conclusion**

### **Discussion**

Interviews with both participants created multiple themes related to their experiences in receiving care for Posttraumatic Stress Disorder in Appalachia. Three major themes were identified that helped to understand the barriers and issues of receiving care. Correlations were made between the two interviews, as well as, differences in each theme per interviewee. The literature review supported the themes that were apparent in this study, especially stigma of mental health disorders.

The completion of this study helps to reveal the need for greater education, research, and the reduction of stigma in mental health, specifically for posttraumatic stress disorder. Nursing research should be geared to creating a more patient-centered care towards healthcare for PTSD because of the personal views of the participants' accounts of their healthcare.

### **Recommendations**

The need for more facilities and personnel to treat veterans with PTSD is apparent. Both interviews expressed the need for greater treatment facilities and options. By increasing the number of facilities with treatment options and hiring additional mental healthcare providers, more veterans with PTSD can receive the care that they so desperately need. Stigma of mental health issues need to be addressed. Creation of educational programs to

teach about PTSD and the affects towards individuals could be helpful in destroying the stigma that has been created in society. Future research should be geared towards the development of destroying barriers to care and the ways to treat already existing barriers. If barriers can be eliminated then more access to care for veterans will become available. An increase in evidence-based practice with knowing how to communicate with veterans and their needs should be addressed. Increased knowledge about PTSD and veterans reactions with this disorder can help to improve the adequacy of their healthcare.

### **Limitations**

The limitations of this study are related to the methodology of this study, the sample size, and the open-ended question survey. Because this study uses phenomenology, the lived experience of a person, this study cannot relate to a general population. In addition, the qualitative nature of this study makes it difficult to relate this study outside of the Appalachian region since all participants are located in this region as well as receiving healthcare located in Appalachia. The sample size is also a limitation to this study. Only two participants were obtained in this study, making it relatively hard to generalize what the veterans of Appalachia feel about their healthcare. Approximately 500 emails were sent out to veterans on campus asking for participation in this study. Out of 500, nine veterans responded to the initial email with interest in participating; however, only two veterans committed to the interview. This created a major limitation in being able to generalize in this area. The two participants also served in the same wars – Operation Iraqi Freedom and



Operation Enduring Freedom. Since no other interviews were conducted, the themes of this study may only correlate to that of veterans affected with PTSD from OIF-OEF. After analysis of the open-ended question survey and the discovery of themes, a direct question should have asked if the participant actively searched for PTSD care outside of the VA rather than that answer being an indirect response from conversation and previous asked questions during the interview. The answer to this question could have helped to see if there was a closer link in access to care.

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APPENDIX A  
(Interview Questions)

Post Traumatic Stress Disorder Interview Questions

1. Have you been diagnosed with Post Traumatic Stress Disorder after serving in the United States Military?
2. Tell me about your experiences in receiving care for your Post Traumatic Stress Disorder.
3. Is there a special treatment option that you wish was available to help you with your Post Traumatic Stress Disorder care?
4. Do you feel that the Appalachian region has enough facilities to handle veterans with Post Traumatic Stress Disorder?
5. What do you feel is lacking in healthcare in the Appalachian region for veterans with Post Traumatic Stress Disorder?
6. What type of healthcare professionals have helped you with your post-traumatic stress disorder?
7. What do you feel would help the Appalachian region improve care for veterans with Post Traumatic Stress Disorder?

APPENDIX B

(Transcriptions)

(01STOIFOEF)

Brittany: Have you been diagnosed with Post Traumatic Stress Disorder after serving in the United States Military?

01STOIFOEF: Yes, technically I was diagnosed while still in.

Brittany: Okay, that's fine.

Brittany: Ummm, will you tell me about your experiences in receiving care for your Post Traumatic Stress Disorder?

01STOIFOEF: As far as since I've been out?

Brittany: Yes.

01STOIFOEF: Alright, ummm, to be polite about it – shitty. Ummm, uhhh, I went to, I got out in March of last year and I went to the VA within a month or two of being out and ummm I could never get my initial appointment with a general practitioner.

Brittany: Mmmhmm

01STOIFOEF: You have to get seen by them to get consulted to mental health. I couldn't get seen by them for over a year.

Brittany: Do you know why it took so long, did they ever tell you why?

01STOIFOEF: You know the whole VA ghost list?

Brittany: Okay.

01STOIFOEF: I was on that list.

Brittany: Ohh

01STOIFOEF: Umm, I didn't get seen by a general practitioner until May of this year. Umm, once I went to mental health, I actually got like seven consults out of that visit, just like that. So within a month I was able to go do my initial appointments everywhere else, which was, that was great. So I went to mental health, uh, and saw a psychologist who said "I've got a 30 minute appointment with you, you need to tell me as much as you can in 30 minutes". That is pretty much how she said hello to me. Okay that's pretty shit from go.

Brittany: Yeah.

01STOIFOEF: And then I told her as much as I could get out in thirty minutes you know, and, uh, and she said well if you decide you want to be on medication, you let me know what medications you want to try and, and I'll get you with a psychiatrist and we can make that happen, and if you need any care beyond that, you can go to the vet center and here's their number. That was it.

Brittany: Ummm, do you know what the person who had seen you when you talked about the medications, was that a nurse practitioner, a RN, a physician?

01STOIFOEF: She was a psychologist.

Brittany: Alright, okay.

01STOIFOEF: She didn't actually talk to me about medications. She said "If you know what medications you want to try, come back." And I'm like, I'm the patient; I'm not a psychiatrist. Why should I be telling you what medications, I want to try Dilaudid. Can we do that? You know what I mean? I was like that doesn't make any sense. And then that's, that's about it. That's really all I got from them. I went back in, uhhh, about a month ago, ummm, because I just felt like they pretty much just blew me off.

Brittany: Mmhmm.

01STOIFOEF: So I was like, what, what am I suppose to do. They said, "well we don't really offer services for that here at the VA." I was like okay, well what the hell am I suppose to do? Umm, I went back up there a month ago as I was, and I straight told her – yes I've been suicidal, I've thought about killing myself, I have plans, I have means. Ummm, and she was like "Call the vet center". And then when I went in a month ago, I was, I was, I went in to talk to my primary care provider and said I'm really not doing to good right now. And, ummm, I said I'm not sleeping maybe six hours a week, ummm, uhhh, I, I, I'm losing my shit right now. Ummm, they said well okay give me a second, and she was a social worker and she called downstairs to a psychologist who, I can't remember who he was, but he came and talked to me and he was just trying to get me out of there as quickly as possible and was like

“what’s going on with you”; was like “you’re depressed, you’re depressed, you’re depressed, I’m going to get you to a psychiatrist whose actually on the other side of this wall” and he goes “If it walks like a duck, talks like a duck, it’s a duck, you’re depressed, here’s a prescription, see you in three months”. That’s been my time in mental health care since I’ve been out of the military.

Brittany: Okay, so you’ve gone to the VA for care and the Vet Center?

01STOIFOEF: I didn’t actually go to the Vet Center, because I was told the only people that work at the Vet Center are licensed clinical social workers.

Brittany: Okay.

01STOIFOEF: When I was in active duty, uhhh, for the PTSD I was seeing two different psychiatrists and three different psychologists cause I was doing different types of therapy and I was on different kinds of medications. Psychologists and psychiatrists are both well beyond what a licensed clinical social worker can do. I don’t care if you have a Master’s degree in Social Work. They are beyond that, and I was struggling with the shit – I’m sorry excuse my language.

Brittany: Oh it’s okay. It’s fine.

01STOIFOEF: I was struggling with the issues even with them, with those medications cause we couldn’t find a right medication. I was having issues. And, you know, the medications just really take the edge of so you can do the therapy. Cause the therapy is the only thing



that fixes anything. And ummm, like I said the psychologist and psychiatrist, I had a team of them, and you know now they are telling me you can go see a social worker. Excuse my language, but fuck your social worker. I need more than that and so, uhhh, I was pretty much told “well give it a try anyway”.

Brittany: Okay. Your primary care provider, is that a physician through the VA or another source?

01STOIFOEF: Yes.

Brittany: Okay, so everything is through the VA?

01STOIFOEF: Shakes head yes.

Brittany: Okay.

01STOIFOEF: Ummm, in all honesty, I can get seen at the VA for free and psychiatrists run several hundred dollars an hour. I’m a full time student taking 25 ½ credits and I work three jobs so I’m taking 21 credits here and I’m taking four and a half at . . . at the same time. And I’m working three part time jobs, I don’t have time or the money to go pay 300 and some dollars an hour, you know. I live, do you know where . . . is?

Brittany: Yeah.

01STOIFOEF: I live there and the VA is here. So I’m like within five minutes of everything, I don’t have time to go downtown . . . to try to find, you know I don’t have time for that shit.

So that's why I really go to the VA, but because, ummm, because I'm not getting anything from them that's why I've loaded my schedule so much, because the busier I am, uhhh, the less that I get inside my own head, you know what I mean.

Brittany: Okay.

01STOIF0EF: And that's the only way I cannot lose my shit because like I said a month ago I was like okay, I'm not doing, uhhh, ummm, my girlfriend, she's a nurse at the VA, she was in the Navy, ummm, well she was, we broke up a month ago and that's why I wasn't doing so hot and, and so I dealt with that and then I was like you know what fuck it, so then I went and started taking four and a half credits at . . . that just started on November 1<sup>st</sup>. It's from 8am to 5p every Saturday. And anything past 15 credits is pretty much suicidal, so 25 ½ credits is nuts.

Brittany: I couldn't imagine.

01STOIF0EF: But, I get up, I go to school, I leave school, I come home, eat, go to bed, wake up and do it all over again seven days a week. I don't have time to think. I don't have time to, when I don't sleep, I don't sleep worth a shit. I have terrible nightmares, I don't sleep at all. Uhhh, I drink profound amounts of caffeine cause I have to in order to stay awake and I understand that the more caffeine you have the harder it is to fall asleep later, but at the same time caffeine is very useful cause when you're dragging ass and you're trying to do these classes, you have to stay awake. Umm, so whenever I can go without it, I do, but,

uhhh, I don't have a choice some days. Ummm, and you know I have to self medicate and I do it regularly and, and you know as far as what I'm saying is alcohol. Uhhh, cause once I go, ummm, once you go four days without sleeping you hallucinate. At the end of day three starting on day four, you start to hallucinate. Right around 80 hours of no sleep and I have to sleep and you know alcohol reduces my REM so I'm not dreaming and it makes me go to sleep. Every now and then when I go four straight days, when the weekend gets here, I have to do that cause I, I will go nuts if I don't. Ummm, and I've told them that at the VA as well, and they just "here's some antidepressants, see you in three months".

Brittany: So nothing about like trying to figure out ways to personally give care to your situation and they are not doing that.

01STOIFOF: They said "take this med, take the", they gave me the antidepressant, they said "okay you're not sleeping, okay well take this antidepressant at night, it will make you sleep and that, that'll alleviate your problem. I'm like no, even if I slept eight full hours of restful sleep a night, it doesn't mean I don't have nightmares, it doesn't mean that I'm having problems adjusting to reality, it doesn't mean that I want to punch people in the face on a regular basis. Oh the medication will help. I'm not stupid, you know. So, that's yeah.

Brittany: Okay. Is there a special treatment option that you wish was available to help you with your Post Traumatic Stress Disorder care?

01STOIFOE: Yeah, I wish I was able to speak to a psychologist and a psychiatrist that wasn't trying to shove me out of the door in 30 minutes, you know, and like if I could continue the therapy that I was doing when I was in active duty with, you know, in a controlled environment with, with a good therapist that would be great. Ummm, but, uhhh, I don't, I don't feel like that's an option.

Brittany: Were the therapists during your active duty VA related as well?

01STOIFOE: They were also active duty.

Brittany: Okay. Do you feel that the Appalachian region has enough facilities to handle veterans with Post Traumatic Stress Disorder?

01STOIFOE: No, not even close. Because, ummm, I have it from, from OIF-OEF and I know that, I think that the majority of the patients that are, that are patients around this area now are like Vietnam vets and, and mental health was not a concern then as much as it is now. Ummm, and if they are telling me that you know, we don't have the facility here at the VA to do that, we don't do that kind of therapy, go to the Vet Center. Well the Vet Center would have to be huge and have way more than just licensed clinical social workers. Ummm, if they are really caring about the mental health here, you need a profound amount of, of providers. Ummm, and, the, also with the providers that are at the VA now, and this guy saying "you got 30 minutes to tell me." She's obviously being pressed for time, as in she's trying to generate, ummm, revenue based off of how many patients you see and how much

time and mental health providers get, get screwed over on that regularly because they will look at, uhhh, uhhh, general practitioner or someone that works in ortho who can through a patient's, they can go 15, 20 patients a day; where as in mental health, you could go through four patients a day and that could take up nine hours of your day. Four patients, and they are like "well, he saw 17, you saw four". But, it's different treatment man, and people don't recognize that. All they see is 17 here, why aren't you doing 17 and, and so not only do you need the, uhhh, you know, the, the administration needs to back off of the mental health provider. They need a shit load more of them. Ummm, you know, I would say you need at least more psychologists to do the therapy. You could get by with not as many psychiatrists if they are doing mostly medication management and minimal therapy. If they are looking, if you're doing it as a teamwork as you're on medication so you do see a psychiatrist, but primarily you see a psychologist. And I'm not saying that social workers can't do anything with that, but even, even in active duty I was, you know, I learned quickly, social workers couldn't sign off on anything. They don't, if a psychiatrist or psychologist says A and a social worker says B, people always go with A. Ummm, they have doctorate level training, I mean that's why they have that training. Uhhh, so know that the, uhhh, the patient care is, is, is terrible and to some degree I understand that because they don't have the facilities they need, they don't have the, the personnel they need, they don't have the backing of the administration they need because again if the administration is beating down your throat "why aren't you seeing x number of patients a day", I can't see that many patients a day. If I

have a borderline patient that takes up most of my day, they don't recognize that. All they see is numbers.

Brittany: So with that, with how you feel...

01STOIF0EF: If that was the answer what you were looking for?

Brittany: Yes, that's exactly what I was looking for. You kind of already answered this, but just to reiterate – What do you feel is lacking in healthcare in the Appalachian region for veterans with Post Traumatic Stress Disorder?

01STOIF0EF: Ummm, well it's like, I'm not sure if it's necessarily general to the Appalachian region, but one getting in to get seen. The, the first visit before you can even get to mental health to see your primary, it takes too long. If it takes, if you could have some way to have the active duty mental, active duty medical be able to do a turnover to the VA or at least forward your electronic, you know, military, or medical records over so that the first day, you know, the VA gets "hey, I've got this new guy coming in. Okay, well crap I've got all this stuff with this guy. We need to go ahead and contact this guy and get all this stuff done". No, they wait for me to come to them. And if I leave, if I got out of the military and I didn't have my medications when I got out, well everybody knows, well works in mental health knows why, when do people start getting worse, when they stop taking, "hey I feel great cause I'm taking my medications, so I can stop taking my medications now". I stop taking my medications, life goes to shit and it just goes downhill from there. Then I have to

get out of my shell, I have to get out of all this and I have to come above it to come in and get seen. Are you shitting me? That's going to be ten times harder. And then when I come in, I'm not even getting seen, I'm coming in to fill out a bunch of paper work with some person that works in the business office that honestly has no fucking clue what they are doing. So then, once I do all that, I had to come do that four times. Cause every time they said "Oh, well, we got you as a dependent, not a veteran". How do you even make that mistake! "Well you couldn't have served in OIF because you're dependent". Uhhh, no! And then, once that happened even once I get that completely taken care of it still took me a year to get my primary care provider. A year! I got out in March; I didn't even get seen until May of the next year. That's 14 months. That's ridiculous. And then, once I did get seen, I got pretty much blown off. "We don't do that here."

Brittany: Whenever they did blow you off, did they give you any resources besides the Vet Center?

01STOIFOEF: No.

Brittany: So that was all, just the Vet Center.

01STOIFOEF: That was all they gave me. I had a lady when I was going to the, ummm, when I went to the primary care provider, I had to talk to a social worker there that was my case manager and she asked me a lot of mental health questions. And you know, I told her, ummm, if you work in mental health, the five deadlys, about are you going to hurt yourself,

anybody else, kill yourself, anybody else, or are you seeing or hearing things. I said yes, as far as hurting myself and other people – yes, killing myself – yes, killing other people – not really, not so much so more than anybody else does. And I'm not seeing or hearing voices unless I'm awake for four days straight. So, ummm, she said "okay, well I think you should probably" and I said "yeah that's fine, I'd be happy to see someone. I want to see someone". Ummm, the, and then when I went to see them it just "you've got 30 minutes, bye", "you can go, you can go see the Vet Center", that was it, and "you can go see the Vet Center". I mean, the, the case manager said "If you have any problems you can come back and see me". Okay, but for what purpose? Because when I did come back to see you all you did, I mean she, I feel like the case worker did what she was suppose to do. "I'm going to get you in touch with somebody that can help you." Yes, and I went and talked to a psychologist who tried to get me out of there as quickly as he could and I was in his office literally 17 minutes and I timed it on a stopwatch. I was in his office 17 minutes and then I went right next door to the psychiatrist and I was in his office even less. Here's the medication, here's what the medication does, uhhh, here's why I'm giving it to you and he literally said "if it walks like a duck and talks like a duck, you're depressed". Really? I want to slap the taste out of your mouth right now, you know. But, so, I, that, they, they, they say that they are a resource and they are not. They are a resource for pushing medications. And I'm not saying I don't need medications, I'm not saying medications don't serve a purpose; but, you need more than just medications, especially to me in mental health more than anything else, cause medications don't fix the problem. It's not like penicillin. You have an infection; we can cure it, done,



over with, no more infection. It's your shit's out of control, we need to bring it down a few notches so you can work through therapy. Cause therapy's the only thing that can fix it. I don't know if that answers your question.

Brittany: Oh no, that was really good. Ummm, you have also answered this, but, just again.

01STOIF0EF :I don't care to reiterate.

Brittany: What types of healthcare professionals have helped you with your Post Traumatic Stress Disorder?

01STOIF0EF: Ummm, well there's the, there's the, ummm, the case manager who was a social worker who works for the primary care. Ummm, she's kind of like, uhhh, uhhh, a hub to get you to the sources you need and then, you know, there was a, two psychologists I spoke with for less than an hour total between them and they do have the psychiatrist. I haven't gone to the Vet Center in all honesty. Ummm, I'm not saying they can't do anything. I'm not trying to imply that at all because I haven't gone there, so I couldn't honestly tell you that. But, again like I said that, that's all that's been made available to me since I've gotten out. Because when I was in, I said I had a team of psychiatrists and psychologists and it was taking all that to even start making headway with me. So now I'm going to go to a low, I'm not going to, I don't see the point in going to a lower qualified person to try to continue what I was doing here. That doesn't make any sense.

Brittany: Yeah. Okay and then what do you feel would help the Appalachian region improve care for veterans with Post Traumatic Stress Disorder?

01STOIF0EF: Okay. Well, ummm, again, if, there needs to be a better turnover in between active duty and the VA. Ummm, because, you know, when you are active duty, even if you don't want to go to mental health, you don't have a choice. If they feel that you need to, and you act in certain ways, you have to go. Ummm, and in some ways that's beneficial. Ummm, in the civilian world you don't have to go. If I'm completely homicidal, until I kill somebody, you can't make me go to mental health really, you know, unless I said that I'm going to kill somebody, then you could. But, ummm, so the mental health is, is much more, ummm, closely monitored in active duty. So with that, if you're actually wanting to provide the highest quality of care imaginable then you would want to know all these people. You know, tell , you know, I don't know how you would do it, I don't know the system you could create to do it, but not just leaving it up to the veteran to say "hey, go, go, go do your best ability to claim at the VA". It doesn't work that way and when you're getting out of the military, the education as far as what the VA can do for you medically is very ambiguous. It's, it, there's a lot of detail that is lacking. You're given a one week class called TAPS, it's a transitional class to say "hey, this is what it's like transferring over to being a civilian. The VA offers this, this, this, this, this, this." It's painted this great picture this VA is pretty much your guiding light. Then when you get to the real world of not being in the military anymore, you come to the VA. Like I said, I didn't get to see anybody for 14 months. That's a long time. And, when you

do finally get seen, the primary care there was good and, and they always get a bad rep for some reason I think because a lot of times people have a hard time getting an appointment, but once you get that appointment, everything I told her, I couldn't get a consult that fast when I was in active duty. I mean she, I think I had seven or nine consults after one visit with her.

Brittany: She was the psychologist?

01STOIFOEF: No, this was just the general practitioner.

Brittany: Oh, okay.

01STOIFOEF: She just said "Here, you, you, gastroenteritis, mental health, chiropractic, pain management clinic". She had me consults left and right. I was like "Holy crap". Ummm, so the primary care part itself was actually good. Once, once I finally got in there, that was like that. Then when you go to mental health, again, you need far more facilities. You need more actual buildings and offices and, and whatever, you know, you want to incorporate with the word facilities to actually, you know. Then you got the logistics of having, ummm, a better pharmacy than they have or a more, their pharmacy wait times are ridiculous over there. Ummm, granted you can drop it off and go and come back later and pick it up, but ummm, uhhh, a more structured pharmacy facility. A profound amount more psychologists and psychiatrists, a profound amount more and even social workers and psych nurse practitioners that would work too. Ummm, and again the, the, the biggest I think the absolute biggest

problem in mental health period no matter where you are is the whole, uhhh, the, the pressure from administration of saying “well you have to see more patients, you have to see more patients, you have to keep your appointments at 30 minutes”. Well if you get a patient that comes in, and I can tell you this from working with people, I worked in mental health; you get a patient that comes in and tells you “I’m ready to kill myself” and you only spend 30 minutes with them, you’re screwed up as a provider. You, you fucked up. Unless that person just got medicated and put in restraints right then and taken away and put under someone else’s care; otherwise you just screwed up, and, you just screwed up with someone whose ready to kill themselves. And someone who truly wants to kill themselves, you try to intervene with that, you might get yourself killed. So, timelines on, on, on mental health providers is absolutely ridiculous. Ummm, it’s, it’s, there’s no quality of care, the documentation is crappy at best, you know, and, and the, the doctors, even if the doctors do care and they want to do more, they can’t because the administration is not letting them. So, uhhh, pretty much everything, you need to pretty much wipe the dry erase board clean and start over for the mental health as far as treating people with PTSD or any other mental health disorder at, from the VA.

Brittany: Okay. Well that is all the questions I have on here. Ummm, you answered everything well. There is a lot of information here. Thank you so much for your time.

(02STOIFOEF)

Brittany: Have you ever been diagnosed with Post Traumatic Stress Disorder after serving in the United States Military?

02STOIFOEF: Yes.

Brittany: Okay, ummm could you tell me about your experiences in receiving care for your Post Traumatic Stress Disorder?

02STOIFOEF: I haven't really got any care for my PTSD.

Brittany: Okay, ummm, so you have not received any formal care for your PTSD?

02STOIFOEF: No.

Brittany: Okay, would you care to elaborate on what has kept you from seeking care?

02STOIFOEF: Ummm, several things. So I live in . . . , which is about an hour away from my closest VA.

Brittany: Okay.

02STOIFOEF: And so my reason why is that it is only about 30 miles, so the VA will not out source my care and pay for it, for me to see someone where I live and part of my PTSD is that I get very anxious driving especially on the highway. So when I go to an appointment, someone else has to take me and I am just not willing to ask. I feel like that I am inconveniencing someone because, course they want me to go two or three times a week and

this is an hour drive there , waiting on an appointment, an hour home and so that has been the biggest reason to prevent me from going. And also, I am a nurse and am in school to be a nurse practitioner and so the stigma involved with some of these diagnoses and going for treatment would prevent me from being able to do my job.

Brittany: That's very interesting.

02STOIFOEF: I can do my job and have not had a problem doing my job, but I know that when you get these labels added on to you, especially at your work, then, then the nursing board would have to know and so.

Brittany: So, since you haven't received any care. When you were diagnosed with PTSD, did you receive any type of resources?

02STOIFOEF: Ummm, no. I just know from my profession that there's resources. I did go to combat stress , that's what they call it when you're in Iraq and talked to counselors while I was there and so this is all documented in my military records and so that is how I officially got the diagnosis and the service connection when I got home.

Brittany: Okay. Since you haven't received care, some of these questions might not be relevant, but if there is something you could think of that would help you, just answer with that. Ummm, is there a special treatment option that you wish was available to help you with your Post Traumatic Stress Disorder care?

02STOIF0EF: I wish that the VA would allow this to be something that could be outsourced. Because not just me, a lot of people that are PTSD, especially serving in Iraq with IEDs and other things, driving is an issue for us and yet the only way at this time to get my treatment paid for is to drive that hour to the VA.

Brittany: Yes.

02STOIF0EF: And I'm uninsured because I only work part-time, so if I was to choose to go somewhere locally I would have to just pay all of that out of pocket.

Brittany: Okay. Do you feel that the Appalachian region has enough facilities to handle veterans with Post Traumatic Stress Disorder?

02STOIF0EF: I do not. I mean I am here in . . . , where I live there is only two or three places you can go for counseling and they are not, they are not even really geared for PTSD.

Brittany: Okay.

02STOIF0EF: There's not a lot of veterans in my area that are dealing with this.

Brittany: Okay, with the, you said the two to three facilities that are for mental health, how many, are they all affiliated with the VA, or are they personally owned.

02STOIF0EF: None of them, none of those that are here in . . . where I live are affiliated with the VA.

Brittany: Okay. Where is the VA located that is an hour away from you?

02STOIFOEF: It's in . . . .

Brittany: Oh, okay, okay. What do you, you kind of already answered this one, but what do you feel is lacking in healthcare in the Appalachian region for veterans with Post Traumatic Stress Disorder?

02STOIFOEF: Just the services in general. I mean if I go to the VA in . . . , they have plenty of wonderful services, but for veterans that don't live in . . . then there's really nothing here for us.

Brittany: Mmhmm. Ummm.

02STOIFOEF: The other closest VA would be . . . and that's an hour and half away.

Brittany: Yes. What, ummm, this question probably does not apply to you, ummm, what type of healthcare professionals have helped you with your Post Traumatic Stress Disorder? You said you hadn't received any care so...

02STOIFOEF: Right, my regular primary care at the VA hospital has been willing to give me Ativan.

Brittany: Okay.

02STOIFOEF: But that doesn't really help. I can't take that all day and study cause it makes you sleepy.

Brittany: Yeah. What hospital does your primary care provider work for?



02STOIFOEF: She is my VA primary care physician.

Brittany: Oh, okay, okay.

02STOIFOEF: But you know, I go there once or twice a year and so I just, my husband's off on Thursdays so I make those appointments on Thursdays so he can take me.

Brittany: Okay, ummm, and then the last question is what do you feel would help the Appalachian region improve care for veterans with Post Traumatic Stress Disorder?

02STOIFOEF: Ummm, I think maybe having some group sessions and offering some more out within the community. I know, I think it's Franklin that has like a VA outpatient clinic and I don't know if they offer any group therapy or anything. But maybe having more of these little satellite clinics.

Brittany: And that would help break that barrier of care for the driving issue that veterans face?

02STOIFOEF: Right, and you know I don't know of any other veterans here in Transylvania County where I live. I'm sure there are some, but there's no, there's no way that we are meeting so that we can talk amongst ourselves, you know, it's just. There's that lack of connection, like I say, I can go to the VA in . . . and they have tons of yoga and acupuncture and all kinds of great things, but again it's driving, it's, you know, an hour to get there, about 55 minutes.

Brittany: You mentioned yoga and things like that. Is that specifically for PTSD services that they offer like yoga for veterans that have been affected by PTSD?

02STOIFOEF: They do at the VA in . . . and they offer that for pain care as well, for pain management.

Brittany: Okay, do you know much about the . . . VA as far as what their care would be?

You talked a lot about . . . and that makes sense because you do live in . . . I didn't know if you knew if they offered the same type of release like yoga and all those things that you mentioned?

02STOIFOEF: I don't know if they offer that at . . . VA or not.

Brittany: Okay. When you said you go once or twice a year to the VA, ummm, do you get to mention things, difficulties you're having dealing with your PTSD or anything like that?

02STOIFOEF: Yes.

Brittany: Okay, so, so they are open to listening to those pieces of it. So even though you're not getting the care for PTSD as often as needed, they are addressing it when you do go for annual checkups and things?

02STOIFOEF: Yes.

Brittany: Okay.

02STOIFOEF: And when you have service connections with anything, it automatically shows up in your VA medical record. So my doctor can see that I have a service connection for PTSD at whatever percent. I have a service connection for hearing loss, I have a service connection for irritable bowel; so those are kind of listed at the top of your medical record so that any doctor you see there, if they read your record prior to you showing up can see that you have those service connected issues.

Brittany: Okay. So when you do see your physician annually at the VA for any issues including PTSD, do you feel like it is adequate or inadequate?

02STOIFOEF: It's adequate now that we've got the Women's Health Center open. My doctor I had before her, ummm, he was not open.

Brittany: Okay, so the VA in . . . has a special Women's Center for PTSD and a special clinic just for women?

02STOIFOEF: We have a Women's Health Center for women veterans in general.

Brittany: Okay.

02STOIFOEF: So we have, I have a primary care physician and a gynecologist that are just for the Women's Center.

Brittany: Oh okay. Do you feel like, that where you said it was more adequate, ummm, has it been a positive or negative experience at the VA getting help?

02STOIF0EF: It's been positive.

Brittany: Okay. Thank you for your time.

## APPENDIX C

(Email to Veterans)

Hello,

My name is [REDACTED] I am a senior nursing student who is currently working on my undergraduate research study titled " What Do Veterans with Post Traumatic Stress Disorder Experience in Receiving Care in Appalachia". I am extremely passionate about veterans' healthcare and plan on joining the United States Air Force as a commissioned officer in nursing to help heal our military personnel.

My research focuses on veterans who have Post Traumatic Stress Disorder in this area. I want to see the type of care veterans receive and how they perceive this care.

I am requesting your personal story of your healthcare in this area through a personal interview for your chance to tell me about your healthcare experience. (You WILL NOT be asked to provide any details of your PTSD, what events lead to your PTSD, also if any questions you do not feel comfortable asking you do not have to answer them)

I have attached a flyer and the informed consent document of my study for you to view.

I hope to hear from you soon to hear your voice heard. You can contact me through email [REDACTED] If I do not get start to your call please leave a message and I will get back to ASAP.

Thank you for allowing me to live in peace through your service in the United States Military,

[REDACTED]  
Midway Honors and Honors-in Discipline Student

APPENDIX D

(Flyer)

A Research Study by

**Take part in this  
opportunity to tell YOUR  
story**

**“What do Veterans with Post Traumatic Stress Disorder  
Experience in Receiving Care in Appalachia”**

**Email or call if interested in participation:**

This research study is meant to increase the knowledge of healthcare practices related to Post Traumatic Stress Disorder in Veterans. It is an opportunity to understand and collect data on the practices of the care of PTSD in Appalachia through the personal interviews of participants.