

Ptsd research

Literature



The number of war veterans from the wars in Iraq and Afghanistan are numbered in the millions. There are many returning war veterans that are coming back home with combat related issues that are affecting their normal way of life. One of the major problems that the veterans are being diagnosed with is Posttraumatic Stress Disorder (PTSD). It is reported by the Department of Veterans Affairs that one in five veterans returning from war will be diagnosed with symptoms PTSD (www.pstd.va.gov).

With the war in Iraq officially over and the other war in Afghanistan beginning to draw down we will see more military members leaving the armed services and returning back to the civilian population. Many will return to normal careers or return to school, but there will be those that will be affected by PTSD and will have a difficult time readjusting to life post military life. Many of veterans that suffer from PTSD go untreated for many years and some will never actually get the help that they need.

The focal points of my research will be to try and identify the possible reason that many of the veterans are returning from war and seeking treatment for PTSD and also whether certain military occupational specialties (MOS) lead to higher rates of diagnosis of PTSD symptoms. The null hypothesis is that there is no association between the PTSD and service members MOS. Many veterans from the wars in Iraq and Afghanistan are being diagnosed with Posttraumatic Stress Disorder.

PTSD is an anxiety disorder that is associated with a person's experience with life-threatening experiences such as sexual assault, homicide, vehicle accidents, and war (Sayer 2009: 238). It is not uncommon for people with PTSD to go without seeking treatment for an extended period of time but <https://assignbuster.com/ptsd-research/>

recently there has been a larger number of war veterans that are being diagnosed than ever before, but although the number of claims are rising there are still a large number of veterans that suffer from PTSD that are not seeking the help that they need to help them cope with the struggles that they are faced with after returning home.

There are more veterans seeking treatment for PTSD connected to the recent wars in Iraq and Afghanistan, than that of those from previous wars. There are many different outcomes for people who suffer from PTSD, many cannot function properly in society because of their disorder, and many will become hyper vigilant, suffer from sleep disorder and have trouble interacting with others. If PTSD is left undiagnosed and untreated some veterans may attempt or commit suicide.

Many of the veterans that suffer from PTSD are unaware that there is help that they are entitled to and if they are aware of the free help that they are entitled to then possibly there may be other factors that are keeping them from seeking help. Background/Literature Review Article I: The article by Sayer A Qualitative Study of U. S. Veterans' Reasons for Seeking Department of Veterans Affairs Disability Benefits for Posttraumatic Stress Disorder.

In this article the researchers theorized that the rise in PTSD claims that were filed was directly related to the increase in those veterans who were simply seeking compensation rather than actually PTSD, their goal was to collect data as to why there has been a significant increase in the amount of claim forms filled out for Post Traumatic Stress Disorder (PTSD). The methodology that was used in the research was to conduct interviews with

war veterans from different war eras from the Vietnam War to the war in Iraq and Afghanistan; this was a qualitative approach to attaining data.

The framework that Sayer et al. (2009) used was the microtheory approach; they were interested in finding out why some individuals are seeking help from the VA while others are not. The purpose of the study was to try and have a better idea as to why there are a large number of new PTSD claim that are being filed with the Department of Veterans Affairs. In the article the units of analysis were war veterans, both men and women, although women did not represent a large number of those that were interviewed for this research, only 14 of the 44 were women.

The individuals were interviewed throughout an eighteen month period; they were divided into 3 groups which consisted of war veterans of Vietnam, Iraq and Afghanistan, and female combat veterans. The concepts that were used by the researchers were that one of being helpless by some of the veterans seeking help from the VA. The levels of measurements that the researchers used were the responses given by the participants of the study. The researchers were interested in the reasons that the veterans had for filing claims for PTSD, they conducted a one hour interview with each of the participants.

They were interested on knowing why there have been a large number of claims over a short period of time in recent years for Post Traumatic Stress Disorder. The sampling procedure that was used was a selected sample of 118 respondents replied with interested to participate to a recruitment letter that was sent out to 220 potential participants. Of those 118 participants

that that were interested in taking part in the research only 44 were eligible due to certain factors that would cause for their exclusion.

The sample size was 44 interviewees, and of those 3 were women and 41 were men. There was a very small number if women who are filing PTSD claims making this group hard to interview. This group all came from the same VA hospital in Minneapolis. One of the weak points of the article that the research was not set out to test a hypothesis but rather to gain information about a particular group of people, the combat veterans that are returning from war or experienced combat at some point in their lives.

The main variables in the research are the veterans and the PTSD claims that are being defined by the reasons that the participants are entering claims for the PTSD. The research collected was valid and reliable because it is information that was provided by the combat veterans during an interview. For the research the participants were interviewed by three different interviewers and different times and always alone with the interviewer and interviewee. The researchers made sure that they each had an opportunity to have enough time to interview each of the participants.

During the interviews the researchers never tried to hide their identity from the participants so the researchers were fully involved in the study and interacted with the participants. The background of the researchers might influence their findings because all three researchers are in the health service field with one being an anthropologist and the other to being psychologist with ten years of experience treating veterans. The researchers might look at the data collected from a different perspective than a sociologist who doesn't have any interest in the medical field.

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For data analysis the researchers coded the participant's interviews and they used inductive and deductive analysis, they also used a qualitative data management software package. They made five categories which they believe were the reasons for veterans seeking PTSD benefit claims from the VA, they are tangible needs, need for problem identification, beliefs that justify or legitimize disability status, encouragement from trusted others, and professional assistance with application process. The conclusion of the study was appropriate for the design of the research that was conducted.

The researchers went into detail on their findings and generalized for the group what might be some of the reasons for veterans waiting to file a claim and also why there has been a recent increase in the benefit claims that have been filed. The researcher does report the short comings of the study. They report that the sample size was small and from one region of the country and that the participants were predominantly white, so they state that they do not know if the finding can be generalized to the more diverse United States veterans groups. Article II:

In their article, Symptom Overreporting in Combat Veterans Evaluated for PTSD: Differentiation on the Basis of Compensation, Frueh, Gold and de Allerano studied a sample of combat veterans that were being treated by the Veterans Affairs Medical Center for symptoms of posttraumatic stress disorder. The three researchers studied the group of 140 veterans from 1993 to 1995. The research method used was a self-reporting inventory study where the participants filled out surveys and also given an array of psychological tests that were used to collect data from the group of veterans.

The researchers used different instruments collecting different data such as the Minnesota Multiphasic Personality Inventory- Revised (MMPI-2), Mississippi Scale for Combat-Related PTSD, Dissociative Experience Scale (DEF-FRF), and the Impact of Events Scale (IES). The purpose of the study was to examine the veterans who were making claims for PTSD for the purpose of collection of compensation from the VA. They wanted to identify the veterans who were entering false claims by over-exaggerating their symptoms of posttraumatic stress disorder.

The veterans that were chosen for the study were chosen from a group of veterans entering claims with the VA for symptoms of PTSD. There were 25 patients from the initial group that applied for PTSD that had been disqualified because of inconsistent responses on the MMPI-2 testing which reduce the sample size down to 140 total veterans tested (Frueh, Gold, and de Allerano 1997). The strong points of this study were that it had a sample size from different economic status as well as different marital status. The veteran sample size was also fairly large and with a group that big it makes the data collected more valid.

Another strength of the study was that it used a multiple of tests that measured different levels the veteran's personality. During the data collection the researchers used four different tests to study different aspects of the veteran's symptoms. Some of the limitations that the study had were that the study was only conducted in one area of the nation which could cause different responses than if the study had been conducted in a different region. To strengthen the validity of the test results the researches need to

conduct the test multiple times to ensure that the questions are consistently being answered in the same manner.

Article III: The authors of PTSD Prevalence, Associated Exposures, and Functional Health Outcomes in a Large, Population-Based Military Cohort were Tyler C Smith et al. and their intent was to try to investigate the occurrence of PTSD symptoms and diagnosis, self-reported exposures, and functional health in a large portion of U. S. military service members. The paradigm used in the research was macrotheory. The research conducted was attempting to figure out symptoms of a whole population and make assertions with the findings.

The research method that was used by the researchers was self reported survey research; they had 75, 156 members of the military for their baseline and of those they would extract the data that they were looking into analyze (Smith et al. 2009). The data that was collected was also cross-sectional and longitudinal; the panel ran from July 2001 to June 2003. The sample that was used were members of the military that were self-reported to have been exposed to chemicals or biological warfare agents, protective countermeasures, or hearing alarms, and that was associated to PTSD symptoms.

Of those surveyed there was a 55% that had been deployed to Kosovo or Bosnia (25% women and 30% men). The study also took into account a service members gender, age, marital status, Level of education completed, pay grade, race and ethnicity, branch of service, and occupation in the service. The study found that there was service member who were exposed to chemicals, real or perceived, as well as alarms were twice as likely to have

a diagnosis of PTSD. The researchers also discovered that members diagnosed with PTSD but had no current symptoms had a significantly physical and mental health overall (Smith et al. 2009).