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Returning Veterans' Experiences of a Holistic Therapeutic Program

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Abstract

Since 2001, over 2.7 million U.S. military service members have been deployed (Wenger et al., 2018). Many of these soldiers have encountered serious challenges readjusting upon their return home and many may not access the services needed to achieve successful reintegration. Current literature calls for holistic approaches to service provision, involving collaboration of support services to address the underutilization of services. To better understand the gap in treatment utilization, a qualitative approach was used to examine returning veterans' experiences of an intensive and holistic service delivery program implemented in coordination with local veterans' organizations. Within the study, a generic qualitative approach was used to analyze interviews with 6 military veterans who had previously been deployed and were participating in the holistic therapeutic program. Results of the analysis revealed the following themes pertaining to participants' experiences of the treatment process: (a) the importance of trusting relationships in the therapeutic setting; (b) importance of gaining adaptive coping strategies; (c) maintaining a sense of strength and independence; (d) difficulty with adjusting to civilian life and access of support services; and (e) difficulty with self-expression in civilian contexts. Limitations and recommendations are also provided.

Keywords

qualitative research, veterans, holistic treatment, posttraumatic stress disorder, reintegration

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Returning Veterans' Experiences of a Holistic Therapeutic Program

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Since 2001, over 2.7 million U.S. military service members have been deployed (Wenger et al., 2018). Many of these soldiers have encountered serious challenges readjusting upon their return home and many may not access the services needed to achieve successful reintegration. Current literature calls for holistic approaches to service provision, involving collaboration of support services to address the underutilization of services. To better understand the gap in treatment utilization, a qualitative approach was used to examine returning veterans' experiences of an intensive and holistic service delivery program implemented in coordination with local veterans' organizations. Within the study, a generic qualitative approach was used to analyze interviews with 6 military veterans who had previously been deployed and were participating in the holistic therapeutic program. Results of the analysis revealed the following themes pertaining to participants' experiences of the treatment process: (a) the importance of trusting relationships in the therapeutic setting; (b) importance of gaining adaptive coping strategies; (c) maintaining a sense of strength and independence; (d) difficulty with adjusting to civilian life and access of support services; and (e) difficulty with self-expression in civilian contexts. Limitations and recommendations are also provided.

Keywords: qualitative research, veterans, holistic treatment, posttraumatic stress disorder, reintegration

Introduction

Since 2001, over 2.7 million U.S. military service members have served on more than 5 million deployments (Wenger et al., 2018). Ongoing research has consistently suggested that returning veterans are at increased risk for a range of potentially disruptive consequences associated with combat exposure, including Posttraumatic Stress Disorder (PTSD), depression, anxiety, substance abuse, health problems, and a wide array of occupational, social, financial, and familial dysfunctions (Ciarleglio et al., 2018; Hoge et al., 2004; Milliken et al., 2007; Pacella et al., 2013; Vogt et al., 2016; Zatzick et al., 1997).

PTSD symptoms have effects on health, work, and relationships (Pietrzak et al., 2009). Upon returning home, individuals with untreated PTSD or related symptomology risk significant challenges in daily functioning, including difficulty concentrating and hyperarousal, and are further at-risk for alcohol and substance abuse, domestic violence, unemployment, homelessness, incarceration, suicide, and health problems as a result of prolonged stress (Karney et al., 2008; Ramchand et al., 2015; Sayer et al., 2010; Zatzick et al., 1997). Veterans with PTSD are also more likely to show aggression while driving, which can be linked with increased risk of motor-vehicle accidents (Van Voorhees et al., 2018). Effects also include

challenges in the pursuit of postsecondary education such as balancing health and mental health concerns with their academic responsibilities (Ratray et al., 2019).

Without treatment, PTSD has been shown to worsen over time (Vasterling et al., 2016) and despite the myriad consequences associated with untreated PTSD, many veterans do not access mental health care. According to a RAND research study on post-deployment mental health, 14% of deployed soldiers in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) were identified as having probable PTSD and 14% had probable major depression with about half of these individuals seeking mental health services for these conditions (Schell & Marshall, 2008). Elbogen et al. (2013) found higher reported utilization of mental health treatment, with 69% of veterans with probable PTSD and 67% with probable major depression engaging in mental health services within the past year; however, just 45% of veterans with probable alcohol misuse reported accessing mental health care. As reported in Elbogen et al., those who are in the greatest need of care are more likely to seek mental health services. This could potentially mean those with subthreshold symptoms are less likely to seek services and, over time, symptoms could worsen.

Although a greater number of veterans more recently have demonstrated a willingness to access mental health services (Bilmes, 2013; Elbogen et al., 2013), barriers to care remain. Barriers for military and veteran populations include difficulties scheduling and getting time off work (Kim et al., 2011; Stecker et al., 2007), lengthy waitlists and paperwork (Damron-Rodriguez et al., 2004), negative perceptions regarding treatment effectiveness (Elbogen et al.), not feeling emotionally ready to engage in treatment (Stecker et al., 2013), concern that treatment would necessitate the prescription of a medication (Stecker et al.), belief that mental health problems could be handled on their own (Stecker et al.), and concerns related to confidentiality and fear of career harm (Bonar et al., 2015; Tanielian & Jaycox, 2008). Furthermore, stigma associated with mental illness and concern regarding how they might be regarded by peers and leadership was identified as a major barrier to provision of needed mental health services to military servicemen and women (Hoge et al., 2004). Additionally, according to Wray et al. (2016), some veterans may not seek treatment because they believe their suffering or mental health problems are just a “normal part of life” (p. 410). According to Nichter et al. (2020), approximately 64% of veterans with suicidal ideation did not access mental health care services. The underutilization of services was associated with two major barriers: a lack of trust in mental health providers and fear of harm to the veteran’s reputation.

In addition to the underutilization of mental health services, the literature also suggests that current modes of treatment delivery may be inadequate. Veterans are reported to receive a significant portion of their healthcare from community or private sources, with veterans receiving more than 50% of their care from providers aside from the Veterans Administration (VA; Farmer et al., 2016; RAND, 2019). Additionally, female veterans are more likely than their male counterparts to access mental health treatment and are also more likely to access non-VA services (Elbogen et al., 2013). As a result, there is a call for better training of private sector mental health providers to deliver quality services tailored to veterans (RAND). Although efforts are underway in both the public and private sector to improve the quality of services provided to veterans by private providers (RAND), community providers have reported challenges in accessing training and resources and facilitating collaboration with the VA (Matarazzo et al., 2016). Current literature calls for comprehensive strategies involving collaboration of support services to address the complex needs of veterans across the domains of reintegration (Elnitsky et al., 2017) and the underutilization of mental health services for veterans (Bonar et al., 2015). In this current study, we aimed to bridge this gap and examine returning veterans’ experiences of a holistic service delivery program implemented at a university-based mental health clinic in coordination with local veterans’ organizations. The purpose of a holistic approach to treatment is to address issues as complex interconnected

matters that influence each other and address these issues through the collaboration of support services. The treatment program offered in this study sought to link veterans with needed services including mental health treatment, case management services, and peer mentoring support services. Given the dearth of research regarding how an integrated community-based holistic approach is experienced by returning veterans and their families, it was necessary to conduct a mixed-methods study, using quantitative and qualitative methods to enable an in-depth exploration of veterans' experiences. The results of the qualitative methods used in this study are described here. The research questions are (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? It is expected that the results of this study will benefit veteran services organizations and other community-based programs seeking to reduce barriers for veterans in accessing mental health services.

Role of Investigators

A collaborative "team" approach was an integral aspect of the research, especially considering the aim of the study, which was to investigate the provision of holistic services implemented in coordination with local veterans' organizations. The team consisted of licensed psychologists, faculty, and graduate student clinicians from a private not-for-profit university in the southeastern United States in collaboration with peer mentors and case managers from a local Veterans of Foreign Wars (VFW) post. Clinicians from the university implemented treatment interventions as well as administered and scored assessment data of participants involved. Case managers, administrators, educators, and peer mentors worked to provide support and resources necessary for the participants within the community.

The first three authors have worked with the VFW post on several research and evaluation projects in the areas of reintegration and the provision of supportive services to veterans and their families. Our partners at the VFW indicated that informally they found that a "hands on," collaborative, and directive approach had been effective in improving outcomes for veterans seeking services. These initial discussions contributed to the impetus for the research collaboration reported in this paper. It is important to note that the lead investigators do not have a military background.

Method

Data were collected using a qualitative approach, which allowed for the investigation of participants' experience of the holistic therapeutic program. A qualitative approach (Gibbs, 2018) was used to examine participants' experiences of the program via individual interviews, which was the most appropriate method to gain an in-depth and contextual understanding of participants' experiences. Established approaches such as phenomenology did not fully fit the aims of the research; therefore, a generic qualitative approach was selected (Kahlke, 2014). Approval to conduct this study was obtained from Nova Southeastern University's (NSU's) Institutional Review Board (IRB) for research with human subjects.

Participants

Convenience sampling was used to target veterans who had served during Operation Iraqi Freedom, Operation Enduring Freedom, and Operation Desert Storm. Participants were recruited through referrals from three local veterans' services organizations, including the

VFW. Sixteen individuals were initially recruited for participation in the study and met with clinicians to complete an intake assessment. Of these sixteen individuals, six individuals participated in an initial assessment, completed the program, and participated in a qualitative interview, and were therefore included in the final data analysis. Ten individuals were not included in the data analysis due to attrition. Of the ten participants who dropped out of the study, one participant moved out of the area; two participants completed at least eight sessions but did not return to complete an interview; two participants dropped out after the fourth session; and five participants dropped out of the study after meeting with clinicians during the intake/assessment session. Of the participants who were included in the final data analysis (n=6), two were female and four were male. The mean age for all participants was 30 years old.

Procedure

Relevant available services and community resources were identified. Treatment goals for the participants were decided upon collaboratively by the clinician, a licensed mental health professional supervising the clinician, and the participant. In determining the available treatment strategies, clinicians followed The International Society for Traumatic Stress Studies (ISTSS) practice guidelines for the treatment of PTSD, which the Veterans Administration/Department of Defense adopted (VA & DOD, 2010). Notably these guidelines list several interventions that have been given a grade of “A” through “D” based on the amount of empirical data to support them as proven to be effective in the treatment of PTSD. A treatment is given a grade of “A” if it has a high degree of support based on research outcomes, while a grade of “D” is indicative of either an ineffective intervention or an intervention where the harm outweighs the benefits (a score of “I” was also used to suggest areas that need continued research before a rating is given). It is important to note that the VA/DOD Clinical Practice Guidelines for Management of Posttraumatic Stress have since been updated to version 3.0 (VA & DOD, 2017).

Three “A” interventions were utilized in the current study: Cognitive Therapy, Exposure Therapy, and Stress Inoculation Therapy. Additional therapeutic interventions were utilized depending on participant need and interest, including group therapy as a means of engaging other servicemen and women, and family therapy to address marital or family issues which arose as a result of the client’s mental illness and/or the stressors associated with the repeated or prolonged deployment of a family member.

Once treatment goals and planning were completed, each participant received individual therapy at least one hour per week, with the option of also including family therapy and group therapy services on an as needed basis. Finally, participants and clinicians made frequent contact with case managers or peer support individuals to ensure access to benefits and services as well as continuity of care. If participant needs were expressed to the therapist, the case manager was contacted, solutions to challenges were determined collaboratively with the client, and access to services was coordinated.

Data Collection

Upon completion of treatment, participants completed a face-to-face individual semi-structured interview which was utilized to investigate how participants experienced the holistic therapeutic program. The questions that comprised the semi-structured interview were as follows:

- 1) What was your experience with therapeutic services in general?

- 2) What was your experience in accessing services through the holistic program?
- 3) How did you experience the holistic therapeutic program in terms of what worked and what did not work?
- 4) In what ways has the program impacted family functioning/interactions?

At the conclusion of the interview, participants were also invited to provide general comments about their experiences with the treatment program. The interview lasted approximately 40 minutes, and was audio recorded and later transcribed for analysis.

Data Analysis

In order to analyze the interview data, the text was first segmented into sentence fragments, sentences, phrases, and paragraphs and a descriptive label (i.e., code) was assigned to each unit of qualitative data (i.e., text from the interview transcript). According to Gibbs (2018), “coding is a way of indexing or categorizing the text in order to establish a framework of thematic ideas about it” (p. 54). Codes derived from the text were both “concept-driven” and “data-driven.” Concept-driven codes represented topics introduced by the interviewer and data-driven coding, or “open coding” entailed extracting from the data what was happening without imposing interpretation based on preconceptions. The next step in the analytic process comprised the grouping of codes into categories in order to begin connecting the codes and to attribute meaning to the units of data. From analysis of each category, five themes emerged, which are described in detail below; namely, (a) the importance of a trusting relationship with the referral source and therapist; (b) gaining new perspectives or more adaptive coping strategies; (c) the importance of maintaining a sense of strength and independence; (d) difficulty with adjusting to civilian life and identification and access of support services; and difficulty with communication and emotional expression in civilian contexts.

To ensure trustworthiness of the analytic approach, several steps were employed, including the audio taping, and transcribing of all qualitative interviews. Additionally, triangulation of investigators was employed in the analytic process (Denzin, 2009). First, the lead investigator (first author) and one graduate student team member conducted the interviews. Second, two graduate student team members transcribed the interview. Third, the transcriptions were checked against the initial recording for accuracy. Fourth, the lead researchers (first three authors) read the transcriptions, coded the transcripts, and developed themes. Themes were then compared with the initial interpretation. Finally, all members of the research team reviewed the themes that were extracted along with the transcript and gave feedback. Prolonged engagement in the field was also achieved via regular communication and participation in monthly meetings, trainings, and events with the VFW and other partner organizations (Lincoln & Guba, 1985).

Results

Results of the analysis, which revealed five overall themes that appeared to be relatively consistent across participants’ experiences of the holistic treatment program, are reported in this section. These themes include (a) the importance of a trusting relationship with the referral source and/or therapist; (b) gaining new perspectives or more adaptive coping strategies; (c) the importance of maintaining a sense of strength and independence; (d) difficulty with adjusting to civilian life and identification and access of support services; and difficulty with communication and emotional expression in civilian contexts.

Importance of Trusting Relationships

Five of the six participants identified that the development of a trusting relationship with the therapist and/or referral source was an important factor in shaping their perception of the holistic treatment program. Furthermore, given the descriptions that participants provided, the quality of the relationship forged between therapist and participant may have been a factor in participant attrition. This sentiment was exemplified by one participant's description of initially dropping out of the study due to negative perceptions of the therapist; however, once given the opportunity to work with another therapist, the development of a working relationship was seen as related to positive perceptions of treatment outcome. Specifically, this participant stated, "[first therapist], he was kind of a dick. Sorry, he was. Then you guys got me with [second therapist] and it worked out really well." It is important to note that this participant did not seek out another therapist or call the program following her first experience. Instead, program staff encouraged her to participate in therapy and connected her to another clinician. She went on to actively participate in treatment and completed the program. Reaching out in this instance to discuss the participant's concerns and connect her with alternative services was successful.

Given participants' descriptions, the development of a trusting relationship appears to be related to participants' abilities to more easily disclose and connect with the therapist. For example, one participant indicated, "I am not the type of person that likes to talk about my feelings and stuff like that so, but I mean [the therapist] made it, she made it easy, pretty much." Similarly, another participant indicated that,

I never ask for help; however, reported that the therapist made him feel "relaxed" and stated that the therapist was a "laid back guy, and still very professional," which is pretty much the way when you don't want no Sigmund Freud or something digging in your brain.

Both of these participants indicated an initial reluctance to seek help or talk about their feelings/problems; however, they felt comfortable engaging in the therapeutic process due to a positive therapist-client relationship.

The participants who completed treatment appear to have viewed their therapists and referral sources in positive terms citing factors such as flexibility, professionalism, and ability to communicate effectively/sociably as important. For example, one participant described his therapist in the following way: "a pretty friendly guy, very sociable." Another participant indicated,

[The therapist] is great. A really great guy. He helped me out a lot, he always focused, I understood him. It wasn't like he was speaking in some foreign language or anything like that, so I could understand what he was getting at...

With regard to referral sources, one participant stated: "I listened to people, and they are good friends. That's why I came here, 'cause I respect their opinion." Another participant noted, "I was referred by the VFW and those guys look out for people, especially if they need help, things like that." Given these descriptions, it appears that perceptions of the therapist and/or the referral source and the ability to trust these people seem to be strongly related to participants' perceptions of treatment and the willingness to access services and continue to engage in treatment.

Gaining New Perspectives and Coping Strategies

Gaining new perspectives of current problems and learning adaptive coping strategies also appeared to be related to positive therapeutic outcomes as evidenced by participants' descriptions. Specifically, when participants were asked what they found to be helpful regarding the holistic treatment program, they all indicated that either greater understanding of current problems and/or learning of new coping strategies led toward positive gains in treatment. Across participants, gains were reported in dealing with issues including substance abuse, anxiety, guilt, and anger. For example, one participant described gaining a new understanding of current problems and indicated, "I got a better understanding of what I am going through, what the problem has been for the last eight years." This participant was also connected to group therapy and stated that group therapy was helpful in the following way:

I mean, at least know that I ain't the only person going through this by myself. It felt like that before I started going to therapy and stuff, like I was on my own, but I ain't, it's just ah, this is the disorder I have right now.

Similarly, another participant reported that through therapy they were able to gain "a different point of view, I looked outside of the box about what I think sometimes, sometimes you say stuff and it's like hey stop, think about it."

Participants also shared that they had learned more adaptive ways of coping with difficulties as a result of their participation in the holistic program. Moreover, improved coping appeared to have not only impacted specific problems but may have had a broader impact on overall quality of life. For example, one participant described how learning coping skills helped in not only dealing with substance abuse but had implications in other areas of life as well. Specifically, this participant reported, "Coping skills, I do. I am more active in the household now, what I mean by this is I am a little more emotionally attached to my kids now..." This participant went on to report that, in regard to the program:

It made a big impact, I mean we was looking at separating in like another year cause of like the drinking and everything else, and I guess things are getting better now, I can see, I can see a difference you know, you can see it and I can see it and feel it.

This experience of gaining more adaptive coping skills was echoed by another participant who described struggling with anger issues. This participant described the experience as follows:

What worked was to try and keep in mind that sometimes that even though I don't want to, to swallow my pride, to even though it's hard for me to be humble, but to remember that she (daughter) depends so much on me, that I have to take an extra effort to walk away, even though I know that this guy needs a pure pounding based on principle alone, but to just walk away...coming here helped me, that I have to really think about situations like that, not to let it get that far.

Similarly, another participant reported that therapy was helpful in that it provided "ways to work on my anger better and the ways to go around not just blowing up at people and stuff like that."

Finally, when discussing participants' experiences of learning coping strategies, it is important to note that three of the participants described their reaction to behavioral relaxation interventions. Reactions to these interventions appear to have been mixed. Specifically, one participant indicated that, "The whole breathing thing, it might work for some people, but I don't think it does for me." Another participant stated, "All that meditating and breathing, that ain't gonna help me...how can I relax when I am stressed?" Despite these reports, one participant who was provided with behavioral relaxation techniques indicated, "some things worked for me and some just didn't. He (the therapist) showed me different avenues of ways that I can do it." As such, providing a variety of coping options or more clearly demonstrating how these techniques work may be helpful.

Maintaining a Sense of Strength and Independence

Across participants' descriptions, the importance of maintaining a sense of strength and independence emerged as a theme as well. Specifically, several participants indicated a reluctance to seek help, relating a strong sense of independence and self-perceived ability to effectively solve their own problems. There was a sense among participants that to seek help would characterize them as "weak" and thus it appeared to be a hurdle to overcome for many of the veterans to seek help. It was evident that participants took pride in their ability to demonstrate physical and emotional strength and obtaining assistance in the management of their difficulties created a sense of conflict for many of them. For example, one participant indicated that coming in for therapy "took a lot of courage" and further stated that, "I never asked for any help" and "I don't talk to people about the problems I have, so it's a big step." When asked how one participant feels when he shows compassion, he responded that he feels "vulnerable" and further explained that he feels "a little bit not in control, um defenseless, letting someone come in too close, exposing myself too much." Another participant indicated that although he found therapy to be helpful, that, "I don't really need help, I'm doing fine by myself...I don't really think it was me needing help, just something that can better me for the future."

Despite initial feelings of reluctance to seek help, many participants also indicated that once they began therapy, they found it to be a positive experience. As one participant stated, "At first, I was like, oh my god, I am gonna go see a shrink...and then it was like, this is cool, you just come and talk." This suggests that through discussing the therapeutic process and the effects it can have on the individual, participants experienced a sense of overcoming their initial reluctance.

Difficulty with Adjusting to Civilian Life and Identification of Services

Several participants also described difficulties with re-engaging with the community and in their ability to identify and access support services when describing their experiences of being a veteran. Difficulties encountered during the adjustment to civilian life following post-deployment varied among participants. One participant related problems sustaining employment and financial difficulties stating, "I can't hold a job... just can't hold 'em down, I go through 5, 6, 7 jobs a year. Well, I guess it's my attitude. I just don't like people telling me what to do." With regard to accessing services, one participant stated that "the community's different services and programs and things, I am unaware, I am totally unaware of what they are." Additionally, accessing traditional services provided by the VA was described as being difficult by one participant who reported that, "there is a long list, and my name is nowhere on that list because they are booked, solidly booked." Responses suggest that participants experienced not only some employment and financial challenges upon return from deployment,

but also barriers to accessing supportive services, including lack of knowledge of available services and waitlists.

Difficulty with Communication and Emotional Expression in Civilian Contexts

Several of the participants who completed the interview also identified difficulty with communication and emotional expression in civilian contexts as a challenge following their experiences in the military. Moreover, veterans shared that, expressions of anger were especially difficult to convey in assertive ways and effective communication skills were hard to utilize. For example, one participant indicated,

I feel that when I try and talk to people, normal, civilian people, sociably, amicably I don't get anywhere. When that aggressive side comes out, either because I strike fear or because they realize I am not messing around that I mean what I say, now things get done. And that is pretty much been a serious problem with me since I have got out of the military.

Similarly, another participant indicated that the treatment program provided "good advice" about "being assertive and controlling being angry."

Discussion

A generic qualitative approach was utilized to investigate veterans' experiences of a holistic therapeutic program. The following themes emerged that support the literature and point to the need for future research in this area: (a) the importance of a trusting relationship with the referral source and therapist; (b) the ability to gain new perspectives or more adaptive coping strategies; (c) the importance of maintaining a sense of strength and independence; (d) difficulty with adjusting to civilian life and identification and access of support services; and (e) difficulty with communication and emotional expression in civilian contexts.

The current study aimed to examine returning veterans' experiences of a holistic service delivery program, in coordination with local veterans' organizations. The treatment program sought to link veterans with all needed supportive services including mental health treatment services (i.e., individual, group, and family therapies), case management services (contact with an intensive case manager at least once every two weeks), and peer mentor support services.

Given the participants' emphasis on the importance of a trusting and comfortable relationship with not only the clinician but the referral source as well, the partnership between the researchers and each of the local veterans' organizations appeared to facilitate access to care. For example, many of the participants indicated that they trusted the person who referred them; therefore, although they may have been skeptical about seeking mental health services initially, the encouragement from someone they trusted (i.e., a case manager from a local veterans organization) increased their level of comfort, which led them to attend at least one session. Trust and comfort with treatment appeared to be important factors both in accessing and continuing treatment in the current study. Similarly, in a study by Wray et al. (2016), veterans reported two referral pathways which facilitated access to mental health care: (1) a trusted primary care physician and (2) other veterans. Veterans in the Wray et al. study suggested that veteran peers may serve an important role in providing information and referrals for mental health care. Additionally, Ganzini et al. (2013) found that for veterans engaging in a suicide risk screening, "a lack of a comfortable, trusted, continuous relationship with a provider was a barrier to suicidal ideation disclosure" (p. 1218).

Many participants indicated that they had previously been apprehensive about seeking therapy due to a sense they should be able to manage mental health problems on their own, which is consistent with other studies. Stecker et al. (2007) interviewed 20 National Guard soldiers recently returned from Iraq and found that 65% of the soldiers interviewed 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” (p. 1360). Participants also noted past concerns of negative consequences related to their employment or position within the military. Once they engaged in the therapeutic process, many participants indicated that therapy had not been what they were expecting and that they were surprised to find that they were able to gain new insights and develop new coping strategies.

It is important to note that two participants dropped out after the fourth session and five participants dropped out of the study after meeting with clinicians during the intake/assessment session. The amount of paperwork completed in the initial session (i.e., intake forms and assessments), which was substantial, may have been a factor leading to attrition for the five participants who dropped out after the first session. This may also reflect a challenge with engaging the veteran participants in the therapy process, which was also noted by Elbogen et al. (2013). Elbogen et al. suggest that the initial acts of waiting for services in the waiting room and accessing mental health treatment make it hard to maintain coping strategies the veteran may have relied on (e.g., minimizing attention to mental health concerns). Ensuring a streamlined entry point and intake process which minimizes paperwork and places the focus on rapport building at the time of initial contact may help to reduce early treatment dropout. Elbogen et al. (2013) also suggest addressing concerns related to stigma in the first session in order to improve the likelihood of future treatment attendance. It is also important to note that for one participant who initially dropped out of treatment after the first session, follow-up by the program to assess client concerns and connect the client to another therapist resulted in increased reported treatment satisfaction and adherence. Partner organizations confirmed that frequent personal communication, follow-up with clients, and coordination/continuity of care facilitated access to services. Our partners further indicated that what encouraged many of the participants to continue was that something “tangible” was delivered within the scope of the program (e.g., assistance with housing). Ciarleglio et al. (2018) noted that interventions which aim to reduce stressors and increase social supports for service members and veterans are likely to improve mental health outcomes. In addition, being very specific and structured in the context of therapy helped foster therapeutic relationships because this approach is familiar to those who are accustomed to military culture. Finally, it was apparent that including family members, partners, and friends within the scope of the holistic program facilitated communication and understanding of the veterans’ experiences within these important relationships.

Overall, the findings were generally consistent with the literature and our expectations. Additional research is needed to further examine the implementation and effectiveness of civilian-veteran partnerships in facilitating access to mental health care and other needed services, as well as in improving mental health outcomes. Based on the findings, it is recommended that formative and summative evaluation studies be undertaken of community-based programs conducted in partnership with the VA, Vet Centers, VFWs and other local veterans organizations to further develop and refine such programs. Quantitative studies with greater breadth of scope and larger sample sizes would allow for the utilization of advanced statistical methods and improve generalizability of findings. Moreover, further study of the individuals who prematurely end their participation in these types of programs needs to be conducted to enhance participant engagement and quality improvement.

Limitations

Given that participants were only interviewed upon completion of the program, participants may have been likely to respond favorably in the qualitative interview to please the interviewer and/or program. To mitigate acquiescence bias, researchers instead of the

therapists conducted the qualitative interviews. In addition, our sample was drawn from veterans who have already sought out support services from veterans' organizations; therefore, we were not able to examine the implementation of this model for those who were hesitant to seek services from the VA or affiliated organizations. We were limited by our ability to assist with recruitment efforts because participation was dependent on referrals from our community partners. Future research should explore alternative methods of recruitment to target returning servicemen and women who may not seek services through the VA or other veteran organizations.

References

- Bilmes, L. J. (2013). The financial legacy of Iraq and Afghanistan: How wartime spending decisions will constrain future national security budgets. *Harvard Kennedy School Faculty Research Working Paper Series, RWP13-006*. <https://www.hks.harvard.edu/publications/financial-legacy-iraq-and-afghanistan-how-wartime-spending-decisions-will-constrain>
- Bonar, E. E., Bohnert, K. M., Walters, H. M., Ganoczy, D., & Valenstein, M. (2015). Student and nonstudent National Guard service members/veterans and their use of services for mental health symptoms. *Journal of American College Health, 63*(7), 437-446. <https://doi.org/10.1080/07448481.2014.975718>
- Ciarleglio, M. M., Aslan, M., Proctor, S. P., Concato, J., Ko, J., Pless Kaiser, A., & Vasterling, J. J. (2018). Associations of stress exposures and social support with long-term mental health outcomes among U.S. Iraq War Veterans. *Behavior Therapy, 49*(5), 653-667. <http://doi.org/doi:10.1016/j.beth.2018.01.002>
- Damron-Rodriguez, J., White-Kazemipour, W., Washington, D., Villa, V. M., Dhanani, S., & Harada, N. D. (2004). Accessibility and acceptability of the Department of Veteran Affairs health care: Diverse veterans' perspectives. *Military Medicine, 169*(3), 243-250. <https://doi.org/10.7205/milmed.169.3.243>
- Denzin, N. K. (2009). *The research act: A theoretical introduction to sociological methods*. Routledge.
- Department of Veterans Affairs & Department of Defense. (2010). *VA/DoD clinical practice guideline for the management of post-traumatic stress* (Version 2.0). http://www.healthquality.va.gov/guidelines/MH/ptsd/cpg_PTSD-FULL-201011612.pdf
- Department of Veterans Affairs & Department of Defense. (2017). *VA/DOD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder* (Version 3.0). <https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGFinal012418.pdf>
- Elbogen, E. B., Wagner, H. R., Johnson, S. C., Kinneer, P., Kang, H., Vasterling, J. J., Timko, C., & Beckham, J. C. (2013). Are Iraq and Afghanistan veterans using mental health services? New data from a national random-sample survey. *Psychiatric Services, 64*(2), 134-141. <http://doi.org/10.1176/appi.ps.004792011>
- Elnitsky, C. A., Fisher, M. P., & Blevins, C. L. (2017). Military service member and veteran reintegration: A conceptual analysis, unified definition, and key domains. *Frontiers in Psychology, 8*(369). <http://doi.org/10.3389/fpsyg.2017.00369>
- Ganzini, L., Denneson, L. M., Press, N., Bair, M. J., Helmer, D. A., Poat, J., & Dobscha, S. K. (2013). Trust is the basis for effective suicide risk screening and assessment in veterans. *Journal of General Internal Medicine, 28*(9), 1215-1221. <http://doi.org/10.1007/s11606-013-2412-6>

- Gibbs, G. R. (2018). *Analyzing qualitative data* (2nd ed.). SAGE.
- Farmer, C. M., Hosek, S. D., & Adamson, D. M. (2016). *Balancing demand and supply for veterans' health care: A summary of three RAND assessments conducted under the veterans choice act*. RAND Corporation. <https://doi.org/10.7249/RR1165.4>
- Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine*, 351(1), 13-22. <https://doi.org/10.1056/NEJMoa040603>
- Kahlke, R. M. (2014). Generic qualitative approaches: Pitfalls and benefits of methodological mixology. *International Journal of Qualitative Methods*, 13, 37-52. <https://doi.org/10.1177/160940691401300119>
- Karney, B. R., Ramchand, R., Osilla, K. C., Caldarone, L. B., & Burns, R. M. (2008). Predicting the immediate and long-term consequences of post-traumatic stress disorder, depression, and traumatic brain injury in Veterans of Operation Enduring Freedom and Operation Iraqi Freedom. In T. Tanielian & L. H. Jaycox (Eds.), *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery* (pp. 119-166). RAND Corporation. <https://doi.org/10.7249/MG720>
- Kim, P. Y., Britt, T. W., Klocko, R. P., Riviere, L. A., & Adler, A. B. (2011). Stigma, negative attitudes about treatment, and utilization of mental health care among soldiers. *Military Psychology*, 23(1), 65-81. <https://doi.org/10.1080/08995605.2011.534415>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.
- Matarazzo, B. B., Signoracci, G. M., Brenner, L. A., & Olson-Madden, J. H. (2016). Barriers and facilitators in providing community mental health care to returning veterans with a history of traumatic brain injury and co-occurring mental health symptoms. *Community Mental Health Journal*, 52, 158-164. <http://doi.org/10.1007/s10597-015-9926-9>
- Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, 298(18), 2141-2148. <https://doi.org/10.1001/jama.298.18.2141>
- Nichter, B., Hill, M., Norman, S., Haller, M., & Pietrzak, R. H. (2020). Mental health treatment utilization among U.S. military veterans with suicidal ideation: Results from the National Health and Resilience in Veterans Study. *Journal of Psychiatric Research*, 130, 61-67. <https://doi.org/10.1016/j.jpsychires.2020.07.004>
- Pacella, M. L., Hruska, B., & Delahanty, D. L. (2013). The physical health consequences of PTSD and PTSD symptoms: A meta-analytic review. *Journal of Anxiety Disorders*, 27(1), 33-46. <https://doi.org/10.1016/j.janxdis.2012.08.004>
- Pietrzak, R. H., Goldstein, M. B., Malley, J. C., Johnson, D. C., & Southwick, S. M. (2009). Subsyndromal posttraumatic stress disorder is associated with health and psychosocial difficulties in veterans of Operations Enduring Freedom and Iraqi Freedom. *Depression and Anxiety*, 26(8), 739-44. <https://doi.org/10.1002/da.20574>
- Ramchand, R., Rudavsky, R., Grant, S., Tanielian, T., & Jaycox, L. (2015). Prevalence of, risk factors for, and consequences of posttraumatic stress disorder and other mental health problems in military populations deployed to Iraq and Afghanistan. *Current Psychiatry Reports*, 17(5):37, 1-11. <https://doi.org/10.1007/s11920-015-0575-z>
- RAND Corporation. (2019). Improving the quality of mental health care for veterans: Lessons from RAND research. https://www.rand.org/pubs/research_briefs/RB10087.html
- Rattray, N. A., True, G., Natividad, D. M., Salyers, M. P., Frankel, R. M., & Kukla, M. (2019). The long and winding road to postsecondary education for U.S. veterans with invisible injuries. *Psychiatric Rehabilitation Journal*, 42(3), 284-295. <http://doi.org/10.1037/prj0000375>

- Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, A., Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatric Services*, 61(6), 589-597. <http://doi.org/10.1176/ps.2010.61.6.589>
- Schell, T. L., & Marshall, G. N., (2008). Survey of individuals previously deployed for OEF/OIF. In T. Tanielian & L. H. Jaycox (Eds.), *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery* (pp. 87-115). RAND Corporation. <https://doi.org/10.7249/MG720>
- Stecker, T., Fortney, J. C., Hamilton, F., Ajzen, I. (2007). An assessment of beliefs about mental health care among veterans who served in Iraq. *Psychiatric Services*, 58(10), 1358-1361. <https://doi.org/10.1176/appi.ps.58.10.1358>
- Stecker, T., Shiner, S., Watts, B. V., Jones, M., & Conner, K. R. (2013). Treatment-seeking barriers for veterans of the Iraq and Afghanistan conflicts who screen positive for PTSD. *American Psychiatric Association*, 64(3), 280-283. <https://doi.org/10.1176/appi.ps.001372012>
- Tanielian, T. L., & Jaycox, L. H. (Eds.). (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. RAND Corporation.
- Van Voorhees, E. E., Moore, D. A., Kimbrel, N. A, Dedert, E. A., Dillon, K. H., Elbogen, E. B., & Calhoun, P. S. (2018). Association of posttraumatic stress disorder and traumatic brain injury with aggressive driving in Iraq and Afghanistan combat veterans. *Rehabilitation Psychology*, 63(1), 160-166. <https://doi.org/10.1037/rep0000178>
- Vasterling, J. J., Aslan, M., Proctor, S. P., Ko, J., Marx, B. P., Jakupcak, M., Schnurr, P. P., Gleason T., Huang, G. D., & Concato, J. (2016). Longitudinal examination of posttraumatic stress disorder as a long-term outcome of Iraq war deployment. *American Journal of Epidemiology*, 184(11), 796–805. <https://doi.org/10.1093/aje/kww151>
- Vogt, D., Smith, B. N., Fox, A. B., Amoroso, T., Taverna, E., & Schnurr, P. P. (2016). Consequences of PTSD for the work and family quality of life of female and male U.S. Afghanistan and Iraq war veterans. *Social Psychiatry & Psychiatric Epidemiology*, 52(3), 341-352. <https://doi.org/10.1007/s00127-016-1321-5>
- Wenger, J. W., O'Connell, C., & Cottrell, L. (2018). *Examination of recent deployment experience across the services and components*. RAND Corporation. https://www.rand.org/pubs/research_reports/RR1928.html
- Wray, L. O., Pikoff, E., King, P. R., Hutchison, D., Beehler, G. P., & Maisto, S. A. (2016). Veterans' mental health beliefs: Facilitators and barriers to primary care-mental health use. *Families, Systems, & Health*, 34(4), 404-413. <https://doi.org/10.1037/fsh0000231>
- Zatzick, D. F., Marmar, C. R., Weiss, D. S., Browner, W. S., Metzler, T. J., Golding, J. M., Stewart, A., Schlenger, W. E., & Wells, K. B. (1997). Posttraumatic stress disorder and functioning and quality of life outcomes in a nationally representative sample of male Vietnam Veterans. *American Journal of Psychiatry*, 154(12), 1690-1695. <https://doi.org/10.1176/ajp.154.12.1690>

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