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# Evidence-based Strategies for Working with Veterans

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Data/Results

**Abstract:**

According to the Veterans Health Administration (VHA), 3.3 million veterans (41%) live in rural areas. Due to geographical barriers, these veterans often lack access to needed services and providers. This research project analyzed studies that utilized telehealth in delivering services to veterans with PTSD. While more research in this area needs to be conducted, telehealth technology shows promising results for improving veterans' symptoms and providing veterans with satisfactory services.

**Research Question:**

Is telehealth medicine an effective intervention in treating veterans with PTSD?

**Methodology:**

A systematic review of literature on telehealth was completed to analyze nine recent studies. The studies were conducted between 2004 and 2011 and included veterans with a PTSD diagnosis. Textbooks, hard-copy journals, and electronic databases were used. Terms used to guide this search include the following: veterans, PTSD, telehealth, telepsychiatry, and rural. Electronic databases included Social Services Abstracts, MEDLINE, PsychINFO, and Dissertation Abstracts. The Department of Veterans Affairs website was also utilized.

**Definition of Telehealth:**

"The use of information and telecommunication technologies that enable the delivery of health care services in situations where patient and provider are separated by geographic distance" (VHA Rural Connection, 2011). Telehealth encompasses the following: telephone, videoteleconferencing (VTC), and "store and forward" technology.

**Definition of PTSD:**

Posttraumatic stress disorder (PTSD) is an anxiety disorder often occurring in those in combat or those who have been subject to rape, natural disaster, near death experiences, or other traumas. An individual's response to this traumatic event includes feelings of terror, anxiety, and helplessness. An individual with PTSD will often try to avoid situations and events that remind him or her of the initial traumatizing event. Research indicates that rates of PTSD in veterans varies, ranging from 17%-50% (Sharpless, 2011; Salvatore, 2009).

Authors	Design	Measures	Sample	Sessions	Results
Morland, Greene, Rosen (2009)	CBT group therapy via VTC.	STAXI-2 NAS PCL-M	125 male vets	12	Reduced anger in both groups. Higher group alliance in FTF group.
Mohr, Carmody, Erickson (2009)	Individual CBT via telephone.	PHQ-9 Hamilton Depression Scale	85 vets (90% male)	16	No reduction in depression symptoms.
Greene, Morland, Macdonald (2010)	Group therapy via VTC.	-STAXI-2 -GTAS -Attendance & Homework Logs	112 male vets	2	No difference between groups in attrition or cohesion. No difference in homework completion. VTC reported lower levels of leader alliance.
Tuerk, Yoder, Ruggiero (2010)	Individual prolonged exposure via VTC.	PCL-M Beck Depression Inventory-II	47 vets (94% male)	8-15	Slightly higher noncompletion rate in VTC. Telehealth group showed significant reductions in PTSD symptoms and depression.
Pocari, Amdur, Koch (2009)	VTC in individual assessment of PTSD.	CAPS Working Alliance Inventory (WAI) VTC Participant Satisfaction Questionnaire	20 male vets	N/A	No sig. difference in working alliance or patient satisfaction between groups. 85% correctly diagnosed using VTC.
Gros, Yoder, Tuerk (2011)	Individual Exposure therapy via VTC.	PCL-M BDI-II Depression Anxiety Stress Scale Illness Intrusiveness Rating Scale	89 vets (89% male)	12	Sig. reductions across all measures of symptoms for telehealth and FTF. FTF group greater reduction on PCL-M and BDI-II post-treatment.
Morland, Pierce, Wong (2004)	Group coping skills for PTSD taught via VTC.	PCL-M Patient satisfaction questionnaire Clinician satisfaction questionnaire Information retention test	17 male vets	8	No difference in patient satisfaction. FTF retained more info (not statistically sig.). More attrition in FTF group. FTF completed less homework.
Frueh, Monnier, Grubaugh (2007)	Group CBT therapy via VTC.	12 item SER-TACP	38 males	14	Therapist competence rated same in FTF and VTC group. Clients' perception of therapist's empathy rated "good" or excellent.

**References:**

Reference list available from author upon request.

**Literature Review:**

Since 2001, 1.8 million troops have served in Operation Iraqi Freedom and Operation Enduring Freedom (Franklin, 2009). Over 371,000 veterans reside in Minnesota, and 4,200 in Blue Earth County alone (U.S. Dept. of Vet. Affairs, 2010). A significant percentage (41%) of our nation's veterans who are seeking VA medical services come from rural settings (VHA Office of Rural Health, 2011). Many of these veterans lack access to critical resources due to distance barriers. Additionally, many rural VA clinics lack trained, skilled providers (Morland et al, 2009). Telehealth technology shows promise of delivering much needed services to this population.

**Articles Reviewed:**

The participants in the studies reviewed were mostly male veterans ranging in age from 40-55 years old. Sample sizes ranged from 17-125 veterans, with a mean size of 66. The demographic information in the samples of the studies reviewed was diverse. This included a wide range of periods of war, military branches, marital status, and socioeconomic backgrounds. Frequently observed measurement tools included the following: PCL-M checklist, BDI-II, STAXI-II, as well as other anger, depression and anxiety tools.

**Strengths of Telehealth:**

- Rural vets provided access to skilled health care providers and services.
- Decreased transportation costs, travel time, and lost time at work (Morland, 2004).
- Vets may avoid waiting rooms, hospitals, and driving long distances which can trigger symptoms. Telehealth can assist vets as they work to ameliorate symptoms (Tuerk, 2010).

**Limitations of Telehealth:**

- May be subject to technological difficulties which impede service delivery (Tuerk, 2010).
- May accommodate PTSD symptoms instead of forcing vets to face them. (e.g. services coming to them vs. vets coming to VAMC)
- Therapist not available to veteran if an adverse reaction to therapy should occur.
- Research limited; further research in telehealth applications necessary.

**Limitations of Study:**

- Few studies include women; therefore unable to generalize to women.
- Small sample sizes.
- Limited number of studies reviewed (9).
- Multiple variables involved in studies; therefore, findings should be interpreted cautiously.

**Conclusions & Recommendations:**

Telehealth is a viable means of delivering treatment to veterans in remote populations. Participants in the reviewed studies showed an improvement in symptomology and a general satisfaction with services (Pocari et al., 2009; Gros et al., 2011).

Initial findings regarding therapist competency and levels of rapport established over telehealth yielded positive results (Frueh et al, 2007; Morland et al, 2004).

Due to limited studies and the numerous variables in the current research, further research in the area of telehealth is needed. Research should be conducted further in the area of group attrition and cohesion, as studies have resulted in different findings (Greene et al., 2010; Morland et al., 2004).

