

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Trauma, Change in Strength of Religious Faith, and Mental Health Service Use Among Veterans Treated for PTSD

Fontana, A., & Rosenheck, R. (2004). Trauma, change in strength of religious faith, and mental health service use among veterans treated for PTSD. *The Journal of Nervous and Mental Disease*, 192(9), 579-584.
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SUMMARY: Veterans assessed for inpatient and outpatient posttraumatic stress disorder (PTSD) services at several Veterans Affairs (VA) hospitals were included to examine a model of interrelationships among Veterans' traumatic exposure, PTSD, guilt, social functioning, change in religious faith, and continued use of mental health services. Results suggest that Veteran's primary motivation for continuing to pursue mental health services was driven more by their guilt and the weakening of their religious faith than by the severity of their PTSD symptoms.

KEY FINDINGS:

- Killing others and failing to prevent the death of others weakened the comfort derived from religious faith after military service; this effect was both direct and indirect (impacted by guilt).
- Both guilt and comfort from weakened faith contributed independently to more extensive participation in VA mental health sessions.
- Social support and functioning did not play a significant role in the number of VA mental health sessions attended.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Offer classes in coordination with chaplain services to assist Service members in reconciling their military experiences and their faith
- Host support groups in which Service members and families could discuss their faith and religious beliefs related to trauma
- Disseminate information regarding possible symptoms of mental health problems Service members may face after deployment and where individuals and families can find help for those problems

IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage and continue to support access to chaplaincy programs
- Continue to support programs that address the unique challenges faced by deployed parents, especially those who have experienced combat
- Promote reintegration programs that include attention to assisting Service members' family in adjusting to the Service member's return

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METHODS

- Data from Veterans who were evaluated for VA specialized outpatient PTSD programs (N = 554) from September 1989 to December 1991 and VA inpatient PTSD programs (N = 831) from November 1991 to January 1994 were used.
- Clinicians rated Veterans' combat experiences. Changes in religious faith, PTSD, and guilt were assessed by Veteran report, and use of mental health services was measured by the number of sessions the Veteran reported attending.
- Statistical analyses were used to predict changes in religious faith.

PARTICIPANTS

- The study included 1,385 Veterans (gender was not reported).
- Most Veterans (95%) were from the Vietnam War, while 5% were from World War II.
- Average age of the sample was 45.40 years (SD = 2.20). Nearly half of the sample (43%) were married, and most participants were White (74%) or Black (18%).
- Ninety-four percent of the sample had a PTSD diagnosis, and the sample reported the following religions: Protestant (52%), Catholic (38%), other (7%), and none (4%).

LIMITATIONS

- These data were conducted with primarily Vietnam Veterans seeking PTSD treatment and may not generalize to other populations.
- The data were retrospective and were often collected years after combat experiences; therefore, results may be biased.
- The magnitude of the effects demonstrated were relatively small; more extensive measurement of spirituality may lead to more robust findings.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Evaluate the impact of the use of chaplaincy services on Service members' functioning and/or spiritual beliefs
- Design studies that assess religious faith prospectively
- Conduct a similar study among newer cohorts of Service members to see if these findings replicate

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