

# Putting Research to Work for Military Families



Focus:  
Army

## Chasing the Care: Soldiers Experience Following Combat-Related Mild Traumatic Brain Injury

Hyatt, K., Davis, L. L., & Barroso, J. (2014). Chasing the care: Soldiers experience following combat-related mild traumatic brain injury. *Military Medicine*, 179(8), 849-855. doi:10.7205/MILMED-D-13-00526

**SUMMARY:** Mild traumatic brain injury (mTBI) is often an invisible and hard-to-diagnose disorder that can have large impacts on Service members' functioning. Service members who had sustained a deployment-related mTBI and their spouses answered questions regarding the military health care system and care that they received. Soldiers consistently reported a need to "chase the care" or repeatedly request or demand the care they needed, as well as several other problems with advocating for and receiving mTBI treatment.

### KEY FINDINGS:

- Soldiers and spouses consistently reported that they had to be very persistent to receive the care Service members needs for mTBI.
- Service members reported the following challenges to receiving adequate mTBI care: proving the injury existed (56%), conflicts with providers (67%), lack of provider empathy for non-visible injuries (44%), the need to repeatedly request or demand appropriate care and referrals in order to receive them (78%), fragmented and unorganized care (100%), and difficulty navigating the military health care system (89%).
- All 9 Service members reported not knowing they had sustained an mTBI and had misattributed their symptoms to other conditions, often resulting in delayed treatment seeking and care.
- Although all Service members and spouses agreed that responsibility for care should be shared between Service members, spouses, and providers, most spouses (78%) felt unwelcome or excluded from treatment and did not know how to help their Service member.

### IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide education to Service members and their families about common symptoms of mTBI, including brief, widespread pre-deployment education
- Offer support groups for Service members and families impacted by mTBI
- Educate Service members and their spouses about how to navigate the military healthcare system, advocate for healthcare needs, and collaborate with doctors to ensure proper treatment

### IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage the development of a task force to examine potential issues in access to care for Service members who have experienced brain injuries
- Recommend collecting data regarding healthcare provision for Service members diagnosed with mTBI that can be used to assess problems with healthcare infrastructure and ways to ameliorate those problems
- Continue to support education and programs for Service members who have experienced brain injuries

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## METHODS

- Married Active Duty Soldiers with deployment-related mTBIs and their spouses were recruited using flyers and posters from a traumatic brain injury clinic at one southeastern U.S. Army hospital.
- Participants and their spouses participated in semi-structured interviews about challenges experienced in receiving care for mTBI.
- Transcribed interviews were coded and core categories of content were identified and quantified.

## PARTICIPANTS

- Participants included nine Soldiers, who were 89% male and had an average age of 32.89 years, and their spouses.
- Soldiers identified as White (56%), Latino (22%), Black (11%), and another race (11%); spouses identified as White (78%), Black (11%), and Latino (11%).
- Soldiers included three officers, four non-commissioned officers, and two enlisted members.
- Soldiers had been deployed between 1-6 times, and the average time since injury was 12 months.

## LIMITATIONS

- Some interviews were conducted separately for the Soldiers and the spouses while others were conducted conjointly, which may have affected responses.
- Sampling methods varied across participants, and some participants were hand-picked by researchers for specific characteristics, potentially resulting in problems with researcher bias and selection bias.
- The very small sample size (n = 9) limits generalizability.

## AVENUES FOR FUTURE RESEARCH

Future research could:

- Explore the effects of mTBI on the marital relationship
- Evaluate a program using a health advocate who would help Soldiers navigate the military health system
- Investigate the impact of brain injury on parenting and children

## ASSESSING RESEARCH THAT WORKS



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