Abstract

Four articles resourced from PsychInfo pertaining to posttraumatic stress disorder (PTSD) in African American combat veterans are reviewed for insight into current research on the influence of race in the diagnosis and treatment of PTSD in African American veterans. The articles agree that African Americans and Caucasians are more alike than different in their experience of PTSD, but that variances persist in treatment.
Review of Research on PTSD in African American Combat Veterans

Introduction

Since Vietnam, African American’s have been fully integrated into the military of the United States of America. The danger and horror of combat knows no race, religion, or creed and a broad kaleidoscope of American’s have gone to war, experienced combat, and returned struggling to reconcile their traumatic combat experiences with civilian life. The intent of this research review is to examine research on diagnosis and care provided for African American veterans experiencing PTSD in comparison with Caucasian veterans. The research will be reviewed critically for potential insights for practical integration into clinical counseling practice.

Four relevant research articles were chosen from the PsychInfo database for review, *Race and Ethnicity as Factors in Mental Health Service Use Among Veterans with PTSD*, *Racial Differences in Psychotic Symptoms Among Combat Veterans with PTSD*, and *Replication and Expansion of Finding Related to Racial Differences in Veterans with Combat-Related PTSD*. The articles chosen were all written within the past ten years. While all the articles had different primary authors, Christopher B. Frueh was co-author in three out of the four articles and all four articles sourced were located in either the Journal of Traumatic Stress, or Depression and Anxiety. Due to the sparse nature of available research found on PsychInfo pertaining to the topic this lack of diversity in sources was reluctantly accepted.

Article Summaries

In *Race and Ethnicity as Factors in Mental Health Service Use Among Veterans with PTSD* (2009), the authors investigate the effect of racism within the Department of Veterans Affairs (VA) on the utilization of treatment by racial minorities. Prompted by previous research revealing that a third of American’s with Post-Traumatic Stress Disorder (PTSD) receive no
treatment and African American’s receive treatment for PTSD at half the rate of non-Hispanic Caucasians the researchers set out to investigate the records within the VA to validate these previous findings and seek out the cause for variant treatment rates.

The researchers utilized a retrospective cohort approach to examine VA treatment veterans received within six months of diagnosis between 2004 to 2005, veterans with dementia, amnesia, cognitive disorders, and other cerebral disorders were excluded from the results analyzed. The information for the study was taken from the VA’s national patient care database, and it included file information on diagnosis, visit information, and demographics. Further information on medication type and refills was taken from the VA’s decision support system database.

Four measures were utilized to analyze the data, prescription of psychotropic medication, prescription of antidepressant medication, utilization of counseling, percentage of veterans receiving either counseling or medication. The researchers broke the research categories into sub-categories including the percentage of veterans using psychotropic medications that received a four month supply, the percentage of veterans using antidepressants that received a four month supply, the percentage of veterans receiving counseling that attended at least eight sessions, and the outcomes for those that did receive versus those that did not.

The researchers report that 50% of all veterans with PTSD in the sample received psychotropic medication, 39% received counseling, and 64% received at least one of these. Of the veterans that received medication, 54% received a four month supply, and of the veterans receiving counseling, 24% received at least eight sessions of counseling (the majority of veterans received only one session of counseling).
The researchers concluded that minorities are just as likely to receive mental health treatment in the six months following PTSD diagnosis as Caucasians, but that race did contribute to some of the use outcomes for mental health services. African Americans for example were less likely to receive a four month supply of medication, but were more likely to receive at least eight counseling sessions. The researchers acknowledged that the study was limited by the possibility of inaccurate administrative information in the database consulted, the substantial number of individuals in the sample listed as possessing an unknown racial identity, and a lack of information on why veterans that received no treatment on record received no treatment.

In *Racial Differences in Psychotic Symptoms Among Veterans with PTSD* (2002), the authors investigate if race influences how PTSD symptoms present during mental health assessments. Previous research consulted by the authors suggested that racial differences exist in the presentation and treatment of mental disorders, and African American’s have higher rates of PTSD, under-utilize VA mental healthcare and are more likely to receive neuroleptic medications than Caucasians. Based upon this previous research, the authors hypothesized that their study would reveal that race indeed influences how PTSD symptoms present on assessment.

The researchers compared consecutive African American and Caucasian referrals that were not matched for level of pre-existing trauma or combat trauma. The researchers assigned two clinicians to assess and rate the veterans referred to the study and the veterans completed multiple self-reporting psychometric inventories including the Minnesota Multiphasic Personality Inventory (MMPI-2), the Beck Depression Inventory (BDI), the Mississippi Combat PTSD Scale (M-PTSD), and the Dissociative Experiences Scale (DES-FRF). Chi-Square analysis on diagnosis, employment, compensation seeking, age, education, and the MMPI-2 F-K scale (faking bad) was conducted. MANOVA’s (Multivariate analysis of variances) were
conducted on variables related to psychosis and dissociation (MMPI-2, DES-FRF) along with data pertaining to anxiety and depression (MMPI-2, BDI, M-PSTD).

The research suggested that African American’s and Caucasians veterans with PTSD are more alike than different and there were no significant differences observed across demographic and diagnostic variables. The research partially confirmed the proposed hypothesis as African-American’s with PTSD tended to endorse more items suggesting paranoia and psychosis on the MMPI-2 and the DES-FRF during the screening process.

In *Replication and Expansion of Findings Related to Racial Differences in Veterans with Combat-Related PTSD* (2002) the authors sought to repeat an earlier study (1996) conducted by Christopher B. Frueh that suggested racial differences observed in veterans with PTSD. Frueh’s 1996 study discovered in a sample of 206 veterans with PTSD that there were no differences in depression or PTSD reflected in race, but that race was a positive indicator for racial differences in the experience of psychotic symptoms. The authors hypothesized that their research would fully replicate the earlier study, thereby affirming that African-American’s veterans with PTSD presented with psychotic symptoms more frequently than their Caucasian counterparts.

The researchers utilized archival data from 126 male veterans over 18 that were diagnosed with PTSD between 1995-1997 in a single clinic in the southeast area of the United States. Participants were excluded that failed to meet all of the criteria for inclusion (more African American’s then Caucasians were excluded) and Chi-Square analysis was utilized to examine that data. Results from archived psychometric testing including the Clinician Administered PTSD Scale (CAPS-1), MMPI-2, BDI, DES, and M-PTSD scale were utilized. Trauma history was not included or assessed.
The data affirmed the researchers’ hypothesis, as Frueh’s 1996 study showing that African-Americans reported more paranoid and psychotic symptoms on the MMPI-2 than their Caucasian counterparts. Clinician conducted interviews demonstrated a bias towards viewing African American’s as more psychotic regardless of the availability of other data to the contrary.

In War-Related Posttraumatic Stress Disorder in Black, Hispanic, and Majority White Vietnam Veterans: The Roles of Exposure and Vulnerability (2008), the authors investigate how variables such as elevated exposure to trauma, pre and postwar stress, age, and ethnic factors influenced the development and treatment of PTSD across the racial spectrum. The authors hypothesized that these statistical variables would provide significant insight into race based variances in the development of PTSD. Previous research that indicated black Vietnam veterans have significantly higher rates of reported PTSD than whites and that Hispanics have higher reported rates of PTSD than either group prompted the researchers to investigate.

The researchers utilized a sample of 260 male veterans of Vietnam from 28 metropolitan regions sourced from the data in the National Veterans Readjustment Study (NVVRS). Chi-Square analysis was conducted to compare the rates of war-related PTSD, current PTSD, and past PTSD in white, black, and Hispanic veterans and to explore how war zone exposure and other factors interacted with the statistics in each racial category. Reported race and ethnicity was crosschecked with military records. Military records were also sourced for information on age, Armed Forces Qualification Test (AFQT) scores, and level of combat exposure based upon unit casualty rates and Combat Infantry Badges (CIB).

The study revealed that level of combat exposure, age, and education all influenced the rate of development of past and chronic PTSD, thus affirming the primary hypothesis of the study. Blacks experienced higher rates of combat exposure than any other racial group including
Hispanics (both Hispanics and blacks had higher rates of combat exposure in Vietnam than whites). When the data was controlled for exposure the variance in PTSD rates disappeared between whites and blacks, but not between blacks and Hispanics. The age and education of Hispanics (less educated and younger) was found to have had a primary influence on the development of PTSD in Hispanics in Vietnam. Blacks reported higher rates of racial discrimination in Vietnam than Hispanics. The authors of the study acknowledged several perceived shortcomings including the available sample size, and the utilization of CIB’s as an indicator of combat exposure (since certain specialties such as Medics may have had equivalent exposure with infantrymen without being able to earn a CIB).

Discussion

The studies agreed that African American’s and Caucasians are more alike than different in how they develop and experience PTSD. No differences were shown regarding the availability of care and the studies asserted that African American veterans were not being denied treatment for PTSD if they presented with symptoms to the VA. However, the studies did show that African American’s veterans who take the MMPI-2 endorse more items indicating paranoia and psychosis in their PTSD then Caucasian veterans. Neither study that indicated these findings questioned if the MMPI-2 was an appropriate measure that was free of racial bias for African American veterans to use. The studies reported that African American veterans do not receive the same treatment as Caucasians after they are diagnosed. African America veterans are less likely to receive a full trial of medication, are often prescribed different medication, are more likely to utilize counseling, and more likely to be evaluated as psychotic then Caucasian veterans. With all studies showing that there is little difference between African American’s and
Caucasians when variables such as the level of combat exposure are removed, the differences observed in treatment are concerning.

Some of the studies such as *Race and Ethnicity as Factors in Mental Health Service Use Among Veterans* were internally inconsistent with pertinent results such as prescription type being excluded from the results even though they were evaluated according to the discussion of measures utilized. *Racial Differences in Psychotic Symptoms Among Combat Veterans and Replication and Expansion of Findings Related to Racial Differences in Veterans with Combat Related PTSD* both utilized small samples for their studies without acknowledging any effect that this might have on their results. All of the studies had significant shortcomings with *War-Related Posttraumatic Stress Disorder in Black, Hispanic, and Majority White Vietnam Veterans: The roles of Exposure and Vulnerability* presenting as the study with the best design in this reviewers opinion. *Replication and Expansion of Findings Related to Racial Differences in Veterans with Combat-Related PTSD* was particularly poorly designed in the opinion of this reviewer. This study utilized a small sample of archival data that was over a decade old, taken during a time of peace, from a single veteran clinic in the south to test the viability of a previous study. The small sample sizes and the occasionally questionable methods suggest a degree of healthy skepticism in the results is justified for a counselor seeking clinical applications.

The data in these studies suggest that a clinical counselor should be cognizant of the potential for racial bias in treatment, in particular in how racial bias influences prescribers, and the possibility that psychometric testing might incorrectly indicate psychosis in African American veterans with PTSD symptoms. The presence of inconsistencies suggests that there may be a role for advocacy by the counselor on an African American veteran’s behalf. The *War-Related Posttraumatic Stress Disorder in Black, Hispanic, and Majority White Vietnam*
Veterans: The Roles of Exposure and Vulnerability study speaks to the importance of evaluating level of combat exposure, age at time of exposure, and education as assessment factors when a counselor is conducting an intake interview with a veteran with PTSD. The counselor should avoid the perception that race in itself is an indicator of PTSD since research has shown that there is no biological correlation with race in the development of PTSD.

**Directions for Future Research**

All of the studies present indicate a need for ongoing research, in particular with a new generation of combat veterans that have experienced trauma during the war on terror. Future research should strive for broad samples, with personal interviews and interaction with the veterans being studied when plausible, and future research should include female veterans. Testing measures such as the MMPI-2 should be studied to determine if they are inherently biased to show psychosis in African American veterans and if they are viable for the evaluation of PTSD in the African American male population. Future studies should ensure that data is included about level of exposure, age at exposure, and education level in those exposed to trauma in combat to determine how these factors influence the experience of PTSD in the veteran. There is also a need for future research on the type of prescriptions and treatment measures being offered to African American’s veterans compared to Caucasian veterans to determine if racism is a factor in treatment received. Studies should also examine the role of race the preference and success of treatment in veterans.

African American veterans put their lives and health on the lives to serve America and deserve unbiased treatment as they wrestle with mental injuries incurred in combat. Continuing research will hold care providers accountable and suggest areas for improvement that will facilitate improved mental healthcare for all veterans.
Article Abstracts

Title: Race and ethnicity as factors in mental health service use among veterans with PTSD.

Author: Spoont, Michele R.; Hodges, James; Murdoch, Maureen; Nugent, Sean

Author Affiliation: Center for Chronic Disease Outcomes Research, VA Medical Center, Minneapolis, MN, US. Division of Biostatistics, School of Public Health, University of Minnesota, Minneapolis, MN, US. Center for Chronic Disease Outcomes Research, VA Medical Center, Minneapolis, MN, US. Center for Chronic Disease Outcomes Research, VA Medical Center, Minneapolis, MN, US. Author e-mail: michele.spoont@med.va.gov

Author Address: Spoont, Michele R., Center for Chronic Disease Outcomes Research, VA Medical Center, MN, michele.spoont@med.va.gov


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Special Issue Title: Special Issue: Innovations in trauma research methods

Abstract: Many veterans with posttraumatic stress disorder (PTSD) either do not seek treatment or participate in treatment only episodically. The authors conducted a retrospective cohort study using Department of Veterans Affairs (VA) administrative data to determine rates of mental health care use and to examine whether the odds of service use varied by race or ethnicity. They examined all veterans with a new diagnosis of PTSD during a one-year period. Analyses used logistic or negative binomial regression with generalized estimating equations to measure associations of race and ethnicity with mental health service use after controlling for demographic, disability, and access factors. After adjustment, veteran race, but not Hispanic ethnicity, was associated with decreases in some pharmacotherapy measures and increases in some counseling measures. (PsycINFO Database Record © 2010 APA, all rights reserved)
Title: Racial differences in psychotic symptoms among combat veterans with PTSD.

Author: Frueh, B. Christopher; Hamner, Mark B.; Bernat, Jeffrey A.; Turner, Samuel M.; Keane, Terence M.; Arana, George W.

Author Affiliation: Medical U of South Carolina, Veterans Affairs Medical Ctr, Charleston, SC, US. Medical U of South Carolina, Veterans Affairs Medical Ctr, Charleston, SC, US. Medical U of South Carolina, Veterans Affairs Medical Ctr, Charleston, SC, US. U Maryland, College Park, MD, US. Boston U School of Medicine, Veteran Affairs Medical Ctr, Boston, MA, US. Medical U of South Carolina, Veterans Affairs Medical Ctr, Charleston, SC, US. Author email: fruehbc@musc.edu

Author Address: Frueh, B. Christopher, Veterans Affairs Medical Ctr, Mental Health Service, SC, fruehbc@musc.edu


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Abstract: We tested the hypothesis that race may influence clinical presentation and symptomatology in combat veterans with posttraumatic stress disorder (PTSD). Fifty-three African-American and Caucasian veterans (mean age 49.6 yrs) were administered the Psychotic Screen Module of the Structured Clinical Interview for DSM, Minnesota Multiphasic Personality Inventory-2 (MMPI-2), and other psychometric measures at a Veterans Affairs outpatient PTSD clinic. Subjects were consecutive referrals who were not matched for level of combat trauma or preexisting trauma; however, there were no group differences in other relevant demographic or diagnostic variables. Significant racial differences, with modest effect sizes, were found on clinician ratings of psychotic symptoms, MMPI-2 scale 6 (‘paranoia’), and a measure of dissociation. No significant differences were found for the MMPI-2 scale 8 (‘schizophrenia’), or on measures that might suggest comorbid depression or anxiety. African-Americans with PTSD endorsed more items suggesting positive symptoms of psychosis, without higher rates of primary psychosis.
Title: Replication and expansion of findings related to racial differences in veterans with combat-related PTSD.

Author: Monnier, Jeannine; Elhai, Jon D.; Frueh, B. Christopher; Sauvageot, Julie A.; Magruder, Kathryn M.

Author Affiliation: Ralph H. Johnson Veterans Affairs Medical Ctr, Charleston, SC, US. Ralph H. Johnson Veterans Affairs Medical Ctr, Charleston, SC, US. Ralph H. Johnson Veterans Affairs Medical Ctr, Charleston, SC, US. Ralph H. Johnson Veterans Affairs Medical Ctr, Charleston, SC, US. Ralph H. Johnson Veterans Affairs Medical Ctr, Charleston, SC, US.

Address: Monnier, Jeannine, Medical U of South Carolina, Dept of Psychiatry & Behavioral Sciences, SC

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Abstract: Racial differences in those seeking treatment at a Veterans Affairs Medical Center (VAMC) outpatient posttraumatic stress disorder (PTSD) treatment program were examined. 111 (71 Caucasian and 40 African American) veterans were compared on both self-report measures and interview measures of PTSD, depression, dissociation, and general psychopathology. Participants completed the following measures: the Beck Depression Inventory, the Dissociative Experiences Scale, the Mississippi Combat PTSD Scale, and the Minnesota Multiphasic Personality Inventory-2 (MMPI-2). Participants also completed the Clinician Administered PTSD Scale (CAPS-1), which is a structured interview for PTSD, and completed a non-structured clinical interview. The two groups did not differ on measured demographic variables, nor were there significant differences on self-report or interview measures of anxiety, depression, or PTSD symptomatology. Contrary to expectation, groups did not differ on self-report measures of dissociation, paranoia, or schizophrenia. African Americans were significantly more likely to endorse items of bizarre mentation from the MMPI-2. These results suggest that African American and Caucasian veterans with PTSD do not differ with regard to manifestation or severity of psychopathology. (PsycINFO Database Record © 2009 APA, all rights reserved)
Title: War-related posttraumatic stress disorder in Black, Hispanic, and Majority White Vietnam veterans: The roles of exposure and vulnerability.

Author: Dohrenwend, Bruce P.; Turner, J. Blake; Turse, Nicholas A.; Lewis-Fernandez, Roberto; Yager, Thomas J.

Author Affiliation: Department of Psychiatry, Columbia University, New York, NY, US. Department of Psychiatry, Columbia University, New York, NY, US. Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, NY, US. Department of Psychiatry, Columbia University, New York, NY, US. Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY, US. Author e-mail: dohrenw@pi.cpmc.columbia.edu

Author Address: Dohrenwend, Bruce P., Social Psychiatry Research Unit, Columbia University, NY, dohrenw@pi.cpmc.columbia.edu


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Abstract: Elevated prevalence rates of chronic posttraumatic stress disorder (PTSD) have been reported for Black and Hispanic Vietnam veterans. There has been no comprehensive explanation of these group differences. Moreover, previous research has relied on retrospective reports of war-zone stress and on PTSD assessments that fail to distinguish between prevalence and incidence. These limitations are addressed by use of record-based exposure measures and clinical diagnoses of a subsample of veterans from the National Vietnam Veterans Readjustment Study (NVVRS). Compared with Majority White, the Black elevation is explained by Blacks’ greater exposure; the Hispanic elevation, by Hispanics’ greater exposure, younger age, lesser education, and lower Armed Forces Qualification Test scores. The PTSD elevation in Hispanics versus Blacks is accounted for mainly by Hispanics’ younger age. (PsycINFO Database Record © 2009 APA, all rights reserved)