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Experiences with Online Video Conferencing Therapy Among Former Military Service Members with PTSD

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
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Dissertation Submitted in Partial Fulfillment

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Abstract

Posttraumatic stress disorder (PTSD) has become a major mental health concern for veterans transitioning to civilian life. This qualitative phenomenological research study focused on interviewing 20 former military service members diagnosed with PTSD to understand their experiences related to online video conferencing therapy. The theoretical foundation of this study was guided by Beck's cognitive behavioral therapy (CBT) model. The open-ended research questions examined veterans diagnosed with PTSD perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic. Semi structured interview questions and a demographic questionnaire was used to collect data from participants who had no current relationship with National Guard, reserve, or active-duty military service. NVivo software was used to develop themes regarding the participant's lived experiences related to PTSD and online video conferencing therapy such as: (a) experiences suffering from PTSD, (b) Covid-19's impact on finding mental health treatment, (c) experiences and benefits using online video conferencing therapy, (d) challenges with online video conferencing therapy, and (e) ways that online video conferencing therapy improved PTSD. The findings revealed that online video conferencing therapy improved accessibility to mental health treatment for veterans diagnosed with PTSD who live in rural areas that lack mental health providers giving them therapeutic options such as behavioral strategies, social support, counseling, and medication management, prior to and during the Covid-19 pandemic. The results may provide information for veterans diagnosed with PTSD that may improve their transition to civilian life.

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Dedication

I would like to thank God and give gratitude to Amber, who is a great supporter and MBA graduate and successful entrepreneur. I would like to also thank my children Lanier II, Khaliya, and Ki'eran for supporting me through this lengthy educational journey. This research contribution is dedicated to my late parents Rose Marie and Homer. Thanks for blessing me with the genetics, intellect, and temperament to handle pressure and challenges. Mom and dad life became difficult, when you both passed, but I never gave up or lost hope. To my brother Homer, moving to Washington State in 2006 was monumental for discovering my path back into psychology and research.

I want to pay homage to my late loved ones: Aunt Everlina, Aunt Ethel, Uncle Arthur, Uncle John, and my sister Karen and older brother Reginald. Thanks for the memories, wonderful conversations, and times of laughter. Thanks to my Aunt Bernice and Aunt Pearl for providing support, advice, wisdom, and love. Thanks also to my older brothers Ronald, Lorenzo, and Homer—may you all continue to live prosperous and be strong men of principles. I want to thank SFC Gonzales and SSG Daley the U.S. Army recruiters who changed the trajectory of my life. Thanks to SGT Brassfield, SGM Simmons, SFC Mercado, and SFC Peterkin for their guidance and support while serving in the Law Enforcement Command. Thanks, Castillo, Davis, Goodwin, Karczewski, Lalonde, Maybin, McNeill, and Mosca for having my back while serving active duty at the RCF. Thanks to my loving dogs Autumn and Prince and cat Julius for giving unconditional love. Thanks also to my late dogs Scrappy, Chino/Tuffy Sanders, Zhora Rain, Kodiak, and Lucky 21; your hearts and personalities will never be forgotten.

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Chapter 1: Introduction to the Study

The National Center for PTSD (2017 a) indicated that from 2001 to 2017, an estimated 3 million veterans served in combat in Iraq and Afghanistan. Veterans who served in combat tend to experience stressors such as enemy threats and attacks and bombings, unpredictable climate and terrain and injury or deaths of fellow service members (Hoge, 2017). Junger (2017) stated that veterans who experienced war may also witness shooting, injury or deaths of fellow service members. Junger et al. indicated that these combat stressors may have a negative impact on veterans' mental health that leads to suffering from post traumatic stress disorder.

PTSD may cause veterans to experience behaviors such as anxiety, depression, nightmares, and war flashbacks. PTSD may also cause veterans to experience depression, survivor's guilt, intense sweating, and intrusive memories (Department of Veterans Affairs, 2017 a). According to Hoge (2017), PTSD may also cause veterans to experience problems such as poverty, incarceration, and substance misuse. This may cause veterans to seek mental health treatment for PTSD.

An estimated 30,000 veterans annually seek Veterans Affairs' mental health treatment for PTSD (The National Center for PTSD, 2017 b). PTSD is an increasing mental health concern among veterans who serve in the war zones in Iraq and Afghanistan. The Department of Veterans Affairs (2017 b) stated that web-based video conferencing therapy may be supplementary to CBT. This computer-supported intervention may provide a treatment option for individuals or groups of veterans to communicate feelings and thoughts related to PTSD online with a mental health clinician

(The National Center for PTSD, 2017 a). Computer-assisted therapy can be administered to individuals or groups of veterans diagnosed with PTSD who have a computer and internet access creating a flexible treatment method for those unable to leave the home or those without access to a mental health provider in their area (Acosta et al., 2016; Botella, 2016). Landau (2016) indicated that this web-based intervention may provide treatment options for veterans diagnosed with PTSD, services such as behavioral strategies, social support, counseling, and medication management.

Acosta, Fuentes, Marsch, Maisto & Grabinski (2016) stated that this online treatment method may provide flexible treatment times and locations to examine veterans' PTSD behaviors. Online video conferencing therapy is an out-patient treatment method that can be delivered to veterans diagnosed with PTSD to share emotions, feelings, and thoughts related to PTSD (Hoge, 2017). This online treatment method may assist veterans who are disabled, unable to leave the home, cannot afford travel costs or live in rural areas that lack mental health providers. However computer-assisted therapy is a new intervention that lacks quality research data for improving veterans' PTSD behaviors (Botella, 2016).

There was a need to further study online video conferencing therapy to contribute to the existing gap in the literature. The purpose of this qualitative phenomenological study was to examine veterans' experiences related to online video conferencing therapy for veterans diagnosed with PTSD. I interviewed former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic. This

chapter began with background information about PTSD among veterans to examine whether an online video conferencing therapy improves veterans' PTSD behaviors.

Background

In the United States, from 2001 to 2017, the wars in Iraq and Afghanistan resulted in an estimated 3 million veterans returning home from combat suffering from PTSD (The National Center for PTSD, 2017 a). Veterans who serve in war tend to experience gunfire, roadside bombings, and unexpected climate and terrain and they may witness fellow service members get shot, injured or killed. This leads to a higher probability of veterans returning home from combat suffering from PTSD (Hoge, 2017). PTSD is the third most common mental health concern for veterans behind suicidal ideation and depression and leads to insomnia, anxiety, depression, and suicidal ideation. Veterans who do not receive mental health treatment for PTSD may have more concerns integrating into civilian life (Junger, 2017).

According to Anderson & Titov (2016), computer-assisted therapy is a new treatment method for improving veterans' PTSD behaviors. Online, web-based therapy may provide a therapeutic option for veterans diagnosed with PTSD who are disabled, unable to leave the home, cannot afford travel costs or live in remote areas that lack mental health providers. Landau (2016) stated that online video conferencing therapy was complementary to cognitive behavioral therapy (CBT) and provided veterans diagnosed with PTSD social support, behavioral strategies, counseling, and medication management. Research has shown that web-assisted therapy may have decreased the veterans' symptoms linked to generalized anxiety disorder, panic disorder, PTSD,

obsessive-compulsive disorder, and social anxiety disorder (Austin, 2016). Research has also shown that web-based therapy and using focus groups to discuss feelings and thoughts may have decreased the veteran's smoking and stress symptoms linked to PTSD (Jordan, 2016). Additionally, research has indicated that the online homework assignments and therapy may be beneficial for examining the PTSD symptoms of smaller groups of veterans as well as decreasing veterans' anxiety and functional impairment symptoms related to PTSD by providing privacy and flexible treatment times (Gottlieb et al., 2016; The National Mental Health Institute, 2016).

Austin (2016) conducted a research study to examine five online behavioral programs. Austin indicated the 225 veterans suffered from generalized anxiety disorder (GAD), panic disorder (PD), post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), and social anxiety disorder (SAD). Austin also indicated that web-assisted therapy may have decreased the veterans' symptoms linked to GAD, PD, PTSD, OCD or SAD. The gap in the literature and relevance of the study despite its benefits, online video conferencing therapy lacks quality-based research data for improving veterans' PTSD behaviors (Anderson & Titov, 2016; Hoge, 2017).

The gap in the literature was unclear regarding the experiences of former military service members diagnosed with PTSD related to online video conferencing therapy. Additionally, web-assisted therapy has not been widely accepted by mental health clinicians for improving veterans' PTSD behaviors (Shavlev, 2016). I addressed the gap in the literature by conducting a qualitative phenomenological study.

I used interviewing to gather the perceptions, attitudes, and opinions of former military service members diagnosed with PTSD about online video conferencing therapy, prior to and during the Covid-19 pandemic. The study's findings provided data that add to literature related to online video conferencing therapy.

Problem Statement

As mentioned, from 2001 to 2017, approximately 3 million veterans served in Iraq and Afghanistan's battle zones (The National Center for PTSD, 2017 a). This resulted in nearly 300,000 veterans returning home from war suffering from PTSD. An estimated 25,000 veterans monthly tend to seek mental health treatment for PTSD (Department of Veterans Affairs, 2017 c). PTSD is the third most common mental health diagnosis for veterans exposed to combat after depression and suicidal ideation. Veterans who suffer from PTSD tend to carry psychological and emotional scars beyond the battle zone (Veterans Health Administration, 2017 b).

According to the National Center for PTSD (2017 c), veterans exposed to combat stress tend to experience PTSD symptoms such as restlessness, depression, anxiety, loss or gain of appetite, flashbacks and nightmares related to war trauma. PTSD may cause veterans to experience problems such as substance misuse, poverty, and dysfunction. The research literature did not show much quality based research data to understand former military service members diagnosed with PTSD experiences undergoing online video conferencing therapy .I interviewed former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions experienced during online video conferencing therapy, prior to and during the Covid-19 pandemic.

Purpose of the Study

The purpose of this qualitative phenomenological study was to conduct in-depth research on former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic. The National Center for PTSD (2017 d) stated that 20% of Afghanistan and 12% of Iraq veterans suffer from PTSD. Veterans exposed to combat may experience trauma such as bombings and intense gunfire and they may witness the shootings or deaths of fellow service members, which can lead to PTSD and subsequent depression, anxiety, and suicidal ideation.

Veterans who do not receive mental health treatment for PTSD may have difficulties integrating into civilian life (The National Center for PTSD, 2017 c). However, online video conferencing therapy may provide a treatment option for veterans diagnosed with PTSD who are disabled, unable to leave the home, cannot afford travel costs, or live in rural areas that lack mental health providers. This research problem led to forming two overarching research questions to align this research study's problem and purpose.

Research Questions

Research Question 1: What are the lived experiences of former military service members diagnosed with PTSD who have experienced online video conferencing therapy, prior to and during the Covid-19 pandemic?

Research Question 2: What perceptions, attitudes, and opinions do former military service members diagnosed with PTSD have related to social support, behavioral

strategies, counseling, and medication management experienced during online video conferencing therapy, prior to and during the Covid-19 pandemic?

Theoretical Framework

Beck's cognitive behavioral therapy (CBT) model guided the framework of this study. CBT was developed in 1967 by psychiatrist Dr. Aaron Beck to resolve mental health patients' psychological concerns (Kaur et al., 2016). CBT involves diverse cognitive and behavioral techniques to help patients find better coping skills (Kaur et al., 2016). CBT was designed to change mental health patients' mood swings, thinking patterns, and decision-making abilities. CBT assists mental health patients with developing positive stress-management skills during distressing situations (Hoge, 2017).

CBT was designed for mental health clinicians and patients to develop a rapport to examine emotions, thoughts, and feelings. The key tenets of CBT such as rapport building, active listening and participation and problem-focusing can be implemented to understand mental health patients' problems in cognitive terms (Gunderson & Najavits, 2017). I used CBT as a lens to examine veterans' lived experiences suffering the effects of PTSD. CBT was also used to study and understand perceptions, attitudes, and opinions of former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic.

Nature of the Study

I used the qualitative phenomenological design and interviewing to gather data from former military service members diagnosed with PTSD to understand their

experiences related to online video conferencing therapy, prior to and during the Covid-19 pandemic. According to Creswell (2018), qualitative phenomenological methods can be used to explore the lived experiences of individuals or groups in regard to the phenomenon. Creswell et al. indicated that when researchers use qualitative methods they become the instrument. Creswell et al. also indicated that qualitative research includes obtaining in-depth information related to participant's experiences related to the phenomenon. I used semi-structured interviews, a demographic questionnaire, and open-ended questions to collect data from veterans.

I interviewed former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic. The veterans were U.S. citizens, 18 years old and older. The veterans had no current affiliation to the Department of Veterans Affairs, active duty, National Guard or reserve military service. The veterans' interviews will be conducted at various American Legions and Veterans of Foreign Wars Posts. A series of demographic questions were used to compare the responses of former military service members diagnosed with PTSD who have experienced online video conferencing therapy.

Definitions

CBT consists of cognitive and behavioral techniques that assist mental health patients with feelings, thoughts, and emotions with stressful events (Beck, 2016).

CBT implements strategies in hope that mental health patients find ways to motivate behavioral change. CBT influences changing mental health patients' negative

mood swings and behavior in hope that they find solutions to stressful problems (Beck, 2016; Collon, 2010).

Combat stress: Combat stress for veterans leads to long-term mental illnesses (American Psychiatric Association, 2017). The effects of war for veterans cause interwoven emotions, feelings, and thoughts that extend beyond the battlefield. War negatively impacts veterans' cognitive and behavioral responses. War causes mental health concerns for veterans such as anxiety, depression, dysfunction, suicidal ideation, survivor's guilt, war flashbacks and nightmares (Hoge, 2017).

Counseling: Counseling is a therapeutic technique administered by counselors to guide mental health patients to resolve social or psychological problems (Hollon, 2010). The talking sessions are designed to assist mental health patients with finding long-term solutions to problems.

Medication management: Medication management was designed to evaluate the dosage or usage of medication to determine mental health patients' medication needs (Reisman, 2017). Medication management alongside CBT tends to have positive effects on mental health patients.

Online video conferencing therapy: Online video conferencing therapy is an interactive treatment method that uses a computer and internet access to facilitate communication between a mental health clinician and patient. This computer-assisted method can be delivered at flexible treatment times and locations to individuals or groups of mental health patients (Rouse, 2016).

Post traumatic stress disorder (PTSD): According to the American Psychological Association (2017), PTSD is an acute reaction to a traumatic event that negatively impacts mental health patients' behaviors. PTSD may cause mental health patients to experience problems such as depression, anxiety, emotional numbing, and war flashbacks.

Social support: Social support for mental health patients involves having family, friends, and others during a time of crisis to improve mental health patients' well-being and quality of life (Castro, 2016).

Suicidal ideation: Suicidal ideations may be interconnected to mental health patients' emotions, thoughts, and feelings (Hoge, 2017). These preoccupied thoughts may become connected to mental health patients' mood swings. This may lead to mental health patients having self-destructive thoughts and feelings related to planning a deliberate death.

Telemedicine: According to the American Psychological Association (2017), telemedicine is an interactive communication tool that diagnoses and treats mental health patients' behavioral disorders such as suicidal ideation, depression, anxiety, and paranoia. Telemedicine uses online video conferencing therapy to provide virtual mental health counseling for mental health patients, in hope that they find solutions to distress.

Tele-psychiatry: According to the American Psychological Association (2017), tele-psychiatry is a subclass of telemedicine that provides a wide range of services and therapies for mental health patients. Tele-psychiatry can be delivered to individuals or

groups of mental health patients with behavioral concerns using an interactive method such as online video conferencing therapy.

Trauma: Trauma is an emotional response that is comprised of individual experiences related to a stressful event (Singh, 2017). Trauma may also cause shock and denial of future behavioral concerns that impact the individuals' emotions, thoughts, and feelings.

Assumptions

The main assumption was that I would have access to veterans diagnosed with PTSD. The next assumption was that veterans would respond positively to the request to participate in the study. It was assumed that each veteran had no current relationship to the Department of Veterans Affairs, active duty, National Guard or reserve military service. It was also assumed that the responses given by the participants were truthful to attain data to draw a conclusion. There was also the assumption that there were some veterans who served in combat who were now integrating well into civilian life. These individuals did experience behavioral changes from serving in combat. The last assumption was that there are some veterans who served in war who were not aware of PTSD symptoms.

Scope and Delimitations

The participants met each of the following criteria (a) a veteran who experienced combat stress, (b) diagnosed with PTSD, (c) a U.S. citizen, 18 years of age and older, and (d) experienced online video conferencing therapy. The confines of this study involved participants who had no current relationship with the Department of Veterans Affairs,

active-duty military, National Guard, or reserves. The individuals who were still serving in the military at the time of this study were not invited to participate in this study. This was due to veterans being a protected and vulnerable population. The study's findings may be generalized to other populations due to having a small sample size. The study focused on veterans diagnosed with PTSD experiences related to online video conferencing therapy. Transferability means the findings will provide a detailed analysis of the participant's characteristics (Creswell, 2018). The study's findings were not applicable to anyone who did not serve in combat, suffer from PTSD, or experience online video conferencing therapy.

Limitations

A limitation to consider in regard to this study was the small sample size. In qualitative research studies the sample size consists of 15 to 30 participants (Patton, 2018). In the study, I interviewed 20 participants, which allowed more time for interviewing. The sample consisted of 13 male and seven female participants. Another limitation was my personal bias that all veterans who serve in combat may suffer from PTSD.

I acknowledged this bias based on my experiences serving in the U.S. military. Additionally, the study was limited to Kentucky residents who are U.S. citizens and 18 and older. The veterans had no current relationship to the Department of Veterans Affairs, active duty, National Guard or reserve military service. The veterans were diagnosed with PTSD and experienced online video conferencing therapy. The responses

from the sample were not representative of other populations in other geographical locations or public and private institutions in the United States.

Significance

The significance of this research is contributing to an emerging field of study by examining former military service members diagnosed with PTSD perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic. This study provided supplementary data concerning computer-assisted therapy's impact on veterans who have been diagnosed with PTSD. This study also has implications for positive social change, as in the United States, out of 112 suicides daily, 20% were related to veterans who suffered from PTSD (Department of Veterans Affairs, 2017 b).

Implications for Positive Social Change

Veterans who have been exposed to combat may be prone to suffering from PTSD, which negatively impacts veterans' ability to express thoughts, emotions, and feelings and subsequently their ability to integrate into civilian life (Chandrasekaren, 2016; Schmidt, 2016; Castro, 2016). This study may contribute to positive social change by providing data in regard to veterans' lived experiences for those suffering from PTSD. This study provided data to add to the existing gap in the literature by interviewing former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic.

Summary

I used interviewing to understand former military service members diagnosed with PTSD attitudes, opinions, and perceptions related to online video conferencing therapy, prior to and during the Covid-19 pandemic. Chapter 1 presented the background, problem statement, theoretical foundation, significance, nature, and purpose for the study. Chapter 1 also covered the scope, definitions, assumptions, limitations, delimitations, research questions, and implications for positive social change. Chapter 2 will provide literature in regard to veterans' lived experiences suffering from PTSD. Chapter 2 will provide a background on the existing literature related to former military service members diagnosed with PTSD experiences related to online video conferencing therapy.

Chapter 2: Literature Review

According to the National Center for PTSD (2017 a), the war in Iraq and Afghanistan is the longest military operation in American history. However, from 2001 to 2017, an estimated 3 million veterans were deployed to Iraq and Afghanistan war, which resulted in 300,000 Iraq and Afghanistan veterans returning home from combat suffering from PTSD (Department of Veterans Affairs, 2017 c).Veterans who serve in combat tend to experience stressors such as sleep deprivation, roadside bombings, and volatile weather and terrain (Junger, 2017).

According to Hoge (2017), veterans who serve in combat may witness shootings, injury or deaths of fellow service members. PTSD is a serious mental health concern that impacts combat veterans' integration into civilian life. PTSD was the most common mental health diagnosis for veterans who experience combat. PTSD may cause veterans to experience problems such as anxiety, unstable mood swings, survivor's guilt, war-related nightmares, and flashbacks (The National Mental Health Institute, 2016).

However, veterans who do receive treatment for PTSD may have fewer problems integrating into civilian. An estimated 140,000 veterans may have not applied for Veterans Affairs' mental health benefits (Department of Veterans Affairs, 2017 a). Online video conferencing therapy may be supplemental to CBT to improve access to mental health treatment for veterans diagnosed with PTS D, assisting them with counseling, behavioral strategies, and medication management (Anderson & Titov, 2016; Botella, 2016; Landau, 2016).

The purpose of this qualitative phenomenological study was to understand former military members diagnosed with PTSD experiences related to online video conferencing therapy. I interviewed former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic. I examined veterans' lived experiences suffering from PTSD. This chapter began with contextual information that discusses theoretical framework, origin, rationale, application, and literature related to Beck's CBT model. Chapter 2 also discussed themes such as the incidence of prevalence for PTSD among veterans, veteran's mental health challenges related to PTSD and veterans' experiences with online video conferencing therapy during Covid-19. Chapter 2 also discussed the effects of traumatic brain injury (TBI) among veterans, treatment benefits, and barriers of online video conferencing therapy.

Literature Search Strategy

For the literature search I used Walden Library to find applicable peer-reviewed research studies from the following databases: Academic Search Premier, Educational Resource Information Center, EBSCO, Research Databases of Psych Articles, Psych INFO, Health, PubMed, Wiley Online, Medical and Health Complete, Sage Pub, MEDLINE, Google Scholar and Pro Quest (theses and dissertations). The literature search also identified peer-reviewed scholarly articles from these sources: The Defense and Veterans Brain Injury Center; additional resources were used from the National Mental Health Institute, National Military Family Association, Center for Disease Control and Prevention, National Academy of Medicine, National Academic Press,

National Trauma Care System, National Alliance on Mental Illness, Department of Defense and National Center for PTSD, National Trauma Care System, and Veterans Affairs hospitals and clinics. Further, articles came from the Department of Health and Human Services, American Public Health Association, National Institute of Health, National Institute for Neurological Disorders and Stroke, Congressional Research Service, National Military Family Association, PTSD Advocacy, PTSD Trauma Organizations, JAMA Network on Tele-psychiatry, Combat Veterans Budget Office, and the Veterans Health Administration.

I used the following keywords and phrases to find applicable scholarly peer-reviewed literature on veterans, war stress, PTSD, CBT, TBI and online video conferencing therapy: *history of combat in America*, *the Iraq and Afghanistan war, PTSD incidence of prevalence for combat veterans in the United States*, *suicidal ideation risks among Iraq and Afghanistan veterans diagnosed with PTSD, suicide rate among veterans diagnosed with PTSD, Covid-19 pandemic*, *veterans' access to psychiatric treatment, tele-health, tele-medicine, tele-psychiatry, controversies related to online video conferencing therapy, ethical, practical, inter-jurisdictional and legal risks related to online video conferencing therapy, CBT, medical, health and physical effects of combat, Beck's cognitive theory*, *causes of TBI*, and *PTSD for veterans, mental health clinicians and veterans' perceptions related to online video conferencing therapy*, *substance misuse among combat veterans*, *Beck's theory of PTSD, treatment barriers and benefits of online video conferencing therapy, health risks related to PTSD, TBI and*

PTSD symptoms, TBI and PTSD recovery, *veterans' mental health treatment concerns*, and *social and economic issues of veterans integrating into civilian life*.

The scholarly peer-reviewed articles found during the literature search were dated from 2012 to 2017. These articles connect participants' lived experiences, perceptions, attitudes, and opinions related to the phenomenon. However, some articles were dated older than five years to capture information related to Beck's CBT model. This model was originated in 1967 to assist with patients' mental health concerns. The most-recent peer-reviewed articles were used to validate the study's content.

Theoretical Framework

Origin of CBT

I used Beck's CBT model to guide the theoretical framework of this study. In 1967 psychiatrist Dr. Aaron Beck developed CBT to resolve mental health patients' behavioral problems (Collon, 2010). CBT was designed to assist mental health patients with forming positive stress-management and coping skills during stressful situations (Beck et al., 1988). CBT was also designed to teach mental health patients to identify the emotional and psychological factors that influence negative behaviors. CBT intends to assist mental health patients with conceptualizing stressful situations, in hope that they find effective coping mechanisms (Nalimadhab, 2016).

Application of CBT

CBT is commonly used by mental health clinicians to examine patients' thoughts and feelings related to behavioral problems. CBT is used to implement strategies for mental health patients' dysfunctional thoughts, emotions, and behaviors to motivate

behavior change (Beck, 2016). CBT is structured to use cognitive and behavioral techniques to change mental health patients' undesirable behaviors related to mental illness. CBT provides in-person discussions to develop a close bond between the mental health clinician and patient. CBT can be delivered to individuals or groups of mental health patients (Gunderson & Najavits, 2017).

Literature Related to CBT

CBT is a common therapeutic intervention used by mental health clinicians to improve veterans' PTSD behaviors such as anxiety, suicidal ideation, insomnia, panic attacks, and depression (National Alliance on Mental Illness, 2017). CBT can be used to find solutions that change veterans' perceptions, emotions, and unhealthy behaviors related to PTSD (Beck et al., 1988). CBT is based on the concept that veterans' mental health problems arise from traumatic events that cause difficulties in functioning (Benedict, 2015).

CBT is designed to improve veterans' thinking patterns and decision-making abilities to decrease fear responses related to PTSD (Beck et al., 1988). CBT tends to assist veterans with conceptualizing these tense experiences related to PTSD in hope that they find improved stress-management and coping skills (Hollon, 2010). CBT assists mental health clinicians with providing solutions to improve veterans' PTSD behaviors, in hope that they discover effective coping mechanisms during distress. CBT assists veterans with sharing emotions, feelings, and thoughts to decrease responses to PTSD (Kaur, Murphy & Smith, 2016).

Rationale for Using CBT

Researchers have used CBT as a theoretical lens to understand the therapeutic processes that impact of behaviors of veterans diagnosed with PTSD (Benedict, 2015). I used CBT to examine the lived experiences of former military service members diagnosed with PTSD who have experienced online video conferencing therapy. This helped understand the perceptions, attitudes, and opinions veterans diagnosed with PTSD have related to social support, behavioral strategies, counseling, and medication management experienced during online video conferencing therapy, prior to and during the Covid-19 pandemic.

Literature Review Related to Key Variables and Concepts

The purpose of this literature review was to provide a broad overview of current research regarding former military service members diagnosed with PTSD experiences related to online video conferencing therapy, prior to and during the Covid-19 pandemic. Online video conferencing therapy lacks quality-based research data for improving veterans' PTSD behaviors. This literature review provided information about veterans' lived experiences suffering from PTSD integrating into civilian life.

Prevalence for PTSD Among Veterans in the United States

An estimated 3 million veterans deployed to Iraq and Afghanistan to serve in combat from 2001 to 2017 300,000 Iraq and Afghanistan veterans returning home from combat suffering from PTSD (The National Center for PTSD, 2017 d). In 2015, of the 17% of women military members who fought in Iraq and Afghanistan, 11% returned

home with PTSD. According to the American Journal of Psychiatric Association (2017), 60% of men and 50% of women who served in war may suffer from PTSD. PTSD behaviors may also be linked to the length of time exposed to war stress. Military deployments for veterans may range from six months up to two years, which is contingent upon military operations' mission and needs (Calkinska et al., 2016). The Congressional Research Service (2016) stated that one in five veterans who served in combat suffer from PTSD. PTSD impacted 67% of Army soldiers, 11% of Navy veterans, 13% of Marines, and 9% of Air Force troops.

PTSD tends to impact veterans' self-identity and perceived self-efficacy, which may cause problems making effective decisions (The National Center for PTSD, 2017 d). PTSD may also cause veterans to experience fear-related anxiety due to seeing combat footage on television or hearing fireworks, helicopter, and gun firing sounds. Therefore, 85.9 million dollars were spent on mental health treatment resources for veterans in hopes of decreasing their symptomology related to PTSD (Ruzek, 2017). These mental health resources may provide therapeutic options for veterans diagnosed with PTSD, such as mental and emotional support, behavior modification and medication supervision.

Veterans' Experiences with Online Video Conferencing Therapy During Covid-19

The Covid-19 pandemic is one of the worse pandemics of the 21st century (National Academy of Medicine, 2020), which has made it difficult for veterans to receive mental health treatment for PTSD. Veterans who seek mental health treatment for PTSD will be required to wear a mask and practice social distancing to decrease contraction or spreading of Covid-19 (Centers for Disease Control and Prevention, 2020).

The Covid-19 pandemic has also created treatment challenges such as scheduling concerns and limited availability for mental health clinicians to provide treatment for veterans diagnosed with PTSD (Department of National Defense, 2016). Despite, these challenges related to Covid-19 online video conferencing therapy may be a therapeutic option for veterans diagnosed with PTSD.

A web-assisted intervention such as online video conferencing therapy may improve veterans' access to mental health treatment during the Covid-19 pandemic. Department of Veterans Affairs (2017 b) stated that online video conferencing therapy was a relatively new intervention that lacks quality based research data for improving veterans' PTSD behaviors. This web-assisted intervention method may transform how veterans receive mental health treatment for PTSD. This computer supported therapy may provide flexible locations and treatment times for veterans to share their feelings and thoughts related to PTSD with mental health clinicians to find solutions. Online video conferencing therapy is becoming an increased treatment option used to improve veterans' PTSD behaviors (The National Center for PTSD, 2017 c). Online video conferencing therapy may be supplementary alongside CBT to assist improving veterans' PTSD behaviors.

The National Center for PTSD (2017 a) stated that online video conferencing therapy used a computer and internet access to share veterans diagnosed with PTSD feelings, thoughts, and emotions online with a mental health clinician. The National Center for PTSD indicated that prior to Covid-19; approximately 2,700 web-assisted therapy visits were conducted by mental health clinicians to provide treatment for

veterans diagnosed with PTSD. During Covid-19, mental health clinicians administered computer-supported therapy to an estimated 47,000 veterans diagnosed with PTSD. A computer-assisted intervention such as online video conferencing therapy may be beneficial for improving veterans diagnosed with PTSD accessibility to mental health treatment. Online video conferencing therapy may provide a therapeutic intervention for veterans who seek mental health treatment for PTSD while practicing social distancing related to the Covid-19 pandemic (The National Center for PTSD, 2017 c).

Veterans' Mental Health Challenges Related to PTSD

PTSD among veterans tends to cause mental health concerns (Benedek & Cabrera, 2016). Veterans who suffer from PTSD may experience behavioral concerns such as confusion and fear-related nervousness and apprehension (Khanna & Kendall, 2015) in addition to high levels of adrenaline, poor mental concentration, and fear-driven alertness, which may cause veterans to seek mental health treatment (Calkosinska et al., 2016). Veterans who serve in combat may carry psychological and emotional scars that negatively impact their thinking patterns, decision-making abilities, and behaviors (Bonanno et al., 2017).

Veterans who suffer from PTSD tend to have concerns with expressing emotions, thoughts, and feelings (Constanzo et al., 2016). PTSD may cause veterans to experience physical concerns for the body such as an increased heart rate, blood pressure changes, and uncontrollable breathing patterns. These veterans may have concerns integrating into civilian life. PTSD may cause veterans to experience incarceration, unemployment, homelessness, and substance misuse (McDermott et al., 2015).

Effects of TBI Among Veterans

An estimated 3.2 million veterans served in Iraq and Afghanistan's war zones, of which 350,000 of these veterans were diagnosed with TBI (Defense and Veterans Brain Injury Center, 2017), and 20% of Iraq and Afghanistan veterans diagnosed with TBI may suffer from PTSD (Boehnlien et al., 2016). TBI for veterans occurs when an object or debris penetrates the brain's tissue causing head trauma. The main causes of TBI for Iraq and Afghanistan's war veterans were mortar blasts, motor vehicle accidents, and gunshot wounds. Veterans with TBI may experience problems such as numbing of limbs and fluid build-up in the brain (The National Center for PTSD, 2017 d). Veterans with TBI may also experience problems such as sensitivity to lights, popping sounds, and combat footage.

According to Boehnlien, Daniels & McCallion (2016), 20 % of Iraq and Afghanistan, veterans diagnosed with TBI may suffer from PTSD. TBI may cause veterans to experience problems such as concussions, ringing in the ears, slurred speech, amnesia, coma, head, and neck pain. Veterans with TBI may or may not remember details before or after the traumatic incident stemming from combat. In some cases, veterans with TBI may not have any symptoms until 18 to 24 months later. Veterans may suffer from TBI symptoms that can last for weeks, months, or years (Ruzek, 2017).

TBI symptoms can be categorized into three specific groups.

The first group of TBI symptoms forms somatic concerns that may lead to veterans experiencing problems such as headaches, hearing loss, and poor perception. TBI may cause veterans to experience problems such as concussions, ringing in the ears,

slurred speech, amnesia, coma, head, and neck pain (Boehnlien et al., 2016). The second group of TBI symptoms may cause cognitive problems, which tends to negatively impact veterans' thinking patterns and memory. TBI may cause veterans to experience problems such as memory loss and poor impulse control (The National Institute for Neurological Disorders and Stroke, 2017). Veterans with TBI may or may not remember details before or after the traumatic incident stemming from combat. The third group of TBI symptoms may cause veterans to suffer from emotional and behavioral changes such as apprehension, nervousness, and aggression (Yambo and York, 2016).

According to Hoge (2017), TBI symptoms may cause veterans to experience PTSD behaviors such as apprehension, nervousness, and aggression. Veterans who suffer from the effects of PTSD who do not receive treatment may experience concerns such as unemployment, social dysfunction, and incarceration. Veterans who suffer from TBI may experience PTSD-related behaviors such as paranoia, suicidal ideation, agitation, anxiety, depression, and substance misuse (Hoge, 2017).

Suicidal Ideation Risks Related to PTSD Among Combat Veterans

According to the National Center for PTSD (2017 c), 30 out of every 100,000 Iraq and Afghanistan veterans returned home from combat suffering from suicidal ideation related to PTSD. PTSD forms due to veterans carrying mental scars beyond the combat zone. The Department of Health and Human Services (2017) stated that veterans who fight in combat tend to experience stressors such as sleep deprivation, intense gunfire, unpredictable weather and environmental conditions. The Department of Health and Human Services also stated that veterans who experienced combat may witness the

shootings, killings or deaths of fellow service members. According to Hoge (2017), veterans who serve in combat tend to experience concerns such as heightened reactions that cause nightmares and intrusive memories related to PTSD.

These concerns may cause veterans to experience suicidal ideation. Hoge also indicated that veterans who suffer from suicidal ideation may experience symptoms such as obsessive thoughts related to death and dying and withdrawing from social contact. The Veterans Health Administration (2017 a) stated that in the United States, 40,000 veterans annually committed suicide related to PTSD. However, out of 117 suicides daily, 25% were related to PTSD. Veterans, who served in war, were 66% more likely to experience behaviors related to self-inflicted death.

According to Diaz & Flowers (2015), mental health screenings may assist with improving suicidal ideation among veterans who suffer from PTSD. The Department of Veterans Affairs spends annually per veteran 8,300 dollars on mental health resources to improve PTSD symptoms, in hope that they can transition successfully to civilian life. These mental health resources may provide therapeutic options for veterans diagnosed with PTSD such as social support, behavioral strategies, counseling, and medication management (Junger, 2017).

The National Center for PTSD (2017 b) stated that 20 out of every 100, 000 men and 12 out of every 100,000 women who served in combat reported suicidal behaviors related to PTSD. This indicates that PTSD is a growing mental health concern among female veterans as well. Veterans who suffer from PTSD may have a higher risk for suicidal ideation. PTSD may influence veterans' emotions, feelings, and thoughts related

to self-inflicting death (Brown & Trockel, 2016). Reisman (2017) stated that veterans without treatment supervision for PTSD may have more concerns integrating into civilian life.

Veterans' Substance Misuse Concerns Related to PTSD

The National Center for PTSD (2017 a) stated that 3 million veterans were deployed to Iraq and Afghanistan to serve in combat. This resulted in four out of every five veterans suffering substance misuse related to PTSD. Hoge (2017) stated that veterans deployed to war may experience stressors such as uncontrollable gunfire and enemy attacks and volatile climate. Veterans who experienced may carry emotional and psychological scars beyond the combat zone.

The Department of Veterans Affairs (2017 c) stated that PTSD may cause concerns for veterans integrating into civilian life without mental and medical supervision. However, veterans who suffer from PTSD tend to have substance misuse issues. In addition, veterans who suffer from the effects of PTSD may experience problems such as self-destructive behaviors, nervousness, and hyper vigilance. PTSD may cause veterans to experience substance misuse concerns such as overusing prescription medication, binge drinking, heavy drug use, and chain smoking of nicotine or marijuana (Hoge, 2017). According to Junger (2017), 57% of veterans who suffer from PTSD were also diagnosed with substance abuse disorder.

Therefore, many veterans may use unhealthy substances to cope with PTSD symptoms before seeking mental health treatment. Substance misuse can lead to veterans experiencing health concerns that are life threatening such as high blood pressure,

strokes, heart disease, diabetes, respiratory and digestive problems (Ruzek, 2017). The National Center for PTSD (2017 a) stated that 27% of Iraq and Afghanistan's veterans diagnosed with PTSD tend to suffer from substance abuse disorder. Veterans who have substance misuse concerns tend to have challenges with maintaining employment due to poor concentration, judgment, and decision-making ability Veterans who have substance misuse concerns may experience social dysfunction and incarceration.

Veterans' Health Risks Related to PTSD

According to Hoge (2017), PTSD may cause veterans to experience physical health concerns. Hoge stated that veterans who suffer from PTSD may experience health problems that need medical attention. The Veterans Health Administration (2017 a) stated that PTSD may cause veterans to have a 35% higher risk for health complications, which negatively impacts life quality and function. Therefore, veterans who do not receive mental health treatment for PTSD tend to have more concerns.

According to the Department of Veterans Affairs (2017 c), mental and emotional stress related to suffering from PTSD may cause veterans to experience irreversible damage to their physical health. The Department of Veterans Affairs stated that 20% of veterans who suffer from PTSD may experience health concerns such as diabetes, heart disease, high blood pressure, and digestive problems. Veterans who suffer from PTSD may not be aware of having health problems. A health issue may not be noticeable until the veteran is assessed by a health physician through a Veterans Affairs medical screening (The Department of Health Administration, 2017 b).

According to the National Center for PTSD (2017 b), health changes related to PTSD can cause veterans to experience physical discomfort that may become life-threatening. The National Center for PTSD is committed to seeking solutions to veterans' mental and health concerns. Ruzek (2017) stated that veterans who do receive mental health treatment for PTSD may have fewer concerns integrating into civilian life. Veterans diagnosed with PTSD may need to seek a medical evaluation. However, veterans who do not receive mental health treatment for PTSD may be at a higher risk for experiencing problematic health concerns such as irregular heart beat patterns, breathing concerns, strokes, intense sweating and nausea (Junger, 2017).

General Mental Health Treatment for PTSD Among Veterans

According to the National Center for PTSD (2017 a), mental health treatment needs for PTSD have increased among veterans who served in Iraq and Afghanistan's war zones. The National Center for PTSD indicated that PTSD is a common psychiatric illness among veterans behind depression and suicidal ideation. Department of Veterans Affairs (2017 a) stated that an estimated 25,000 to 30,000 veterans monthly sought mental health treatment for PTSD. This indicates that PTSD is a rising mental health concern among veterans necessitating an increased need for therapeutic options. The National Center for PTSD (2017 c) stated that PTSD may cause veterans to experience behavioral problems such as depression, anxiety, nightmares and flashbacks related to war. These concerns can lead to veterans having difficulties with work, family, and workplace setting. According to Benedict (2015), CBT employs cognitive and behavioral techniques to resolve veterans' PTSD behaviors, in hope that they find behavior change.

CBT is designed to assist veterans with discussing feelings and thoughts related to changing negative behaviors related to PTSD. CBT is a widely accepted intervention used by mental health clinicians to improve veterans' PTSD behaviors. Gunderson & Najavits (2017) stated that CBT can be delivered with therapeutic options such as medication management, social support, counseling, and behavioral strategies to improve veterans' PTSD behaviors. CBT intends to improve veterans with PTSD decision-making abilities while under distress.

Bunyan & Trachik (2016) conducted a qualitative case study in the United States Army Medical Research and Military Operations Medicine Research Center. Trauma management therapy (TMT) was used for five weeks to examine three Iraq veterans who suffered from PTSD. Bunyan et al. used TMT to examine variables related to the veteran's PTSD symptoms such as social rejection, hopelessness, food intake, and decreased alcohol consumption. TMT decreased the veteran's perceptions related to rejection and hopelessness. Bunyan et al. indicated that limited alcohol and food intake decreased the veteran's feelings and thoughts related to PTSD.

CBT decreased the veteran's PTSD behaviors increasing mental satisfaction. According to the National Alliance on Mental Illness (2017), CBT intends to improve veterans diagnosed with PTSD behaviors, in hope that they discover better coping skills. The mental health clinician and veteran develop a close rapport to examine feelings and thoughts related to PTSD to seek solutions. Poulsen (2016) conducted a survey research study in the Department of Geo-science and Natural Resources Management, Faculty of Science, University of Copenhagen. Poulsen et al. employed in-person discussions to

examine 24 veterans who suffered from combat induced PTSD. The veterans suffered from social isolation and dysfunction. CBT was used for eight weeks to examine veterans' thoughts and feelings related to PTSD. A survey was also used to ask a series of questions to gain responses from veterans' CBT treatment experience. Poulsen et al. indicated that CBT improved cohesion among the veterans decreasing their PTSD behaviors.

According to Beck, Ellis & Weinrach (1988), CBT is a treatment modality that has proven to decrease veterans' mental health illnesses such as anxiety, panic attacks, insomnia, and depression. CBT has demonstrated to be an effective therapeutic method for improving veterans' PTSD behaviors, in hope that they find motivation to change their undesirable behaviors. Blount, Freidman & Pukay (2016) conducted a quantitative research study in the Texas University Health Science and Research Center. CBT was used to examine 76 civilians and 76 veterans anxiety and depression symptoms related to PTSD. Blount, et al. indicated that CBT increased communication and cohesion among the civilians and veterans, decreasing their anxiety and depression symptoms.

Veterans' Access to Mental Health Treatment

According to the National Institute for Mental Health (2016), in the United States 30 out of every 120 veterans' suicide deaths daily were related to PTSD. The National Institute for Mental Health indicated that the mental care system has fallen behind forming treatment disparities for veterans who suffer from PTSD. According to the Department of Veterans Affairs (2017 b), an estimated 150,000 Iraq and Afghanistan's veterans may not be receiving Veteran Affairs' mental health benefits for PTSD.

According to Shay (2016), veterans diagnosed with PTSD have limited access to mental health care. This is becoming an increasing concern that interferes with the mental health diagnosis and treatment processes.

Veterans who seek treatment for PTSD may have problems such as long waiting lists, lack of available mental health providers, and scheduling concerns. Veterans who suffer from PTSD, who may be immobile, unable to leave the home or live in remote areas may have problems seeking mental health treatment for PTSD. According to the Department of Veterans Affairs (2017 b), an estimated 830,000 Iraq and Afghanistan veterans were treated for PTSD. PTSD is a growing mental health concern among veterans who served in the Iraq and Afghanistan combat zones, necessitating a need for more therapeutic options. Veterans who suffer from PTSD that do not receive mental health treatment tend not to integrate well into civilian life.

According to Desai, Hermes, Fontana & Rosenheck (2016), 57 out of every 100 veterans who serve in combat may suffer from PTSD. Desai, et al. indicated that PTSD may cause veterans to have concerns adapting to unfamiliar environments. Desai, Hermes, et al. also indicated that veterans who do receive mental health treatment for PTSD may have a higher success rate integrating into civilian life compared to veterans who do not seek treatment. According to the National Center for PTSD (2017 c), veterans with PTSD who lack mental health treatment may experience problems such as incarceration, homelessness, unemployment, and poverty.

According to the American Public Health Association (2017), the workload for mental health clinicians has increased in regard to delivering mental health treatment to

veterans diagnosed with PTSD. The American Public Health Association stated that the limited availability of mental health clinicians to deliver mental health treatment indicates that many veterans may not be receiving Veterans Affairs (VA) mental health benefits for PTSD, which is linked to a specific type of treatment criteria they must meet. Department of Defense (2016) stated that veterans were expected to have a general or honorable discharge. The veteran must have also served 24 months of active-duty in military service to receive VA mental health treatment for PTSD.

The American Public Health Association (2017) stated that veterans' access to mental health treatment may need improvement to decrease PTSD among veterans. The American Public Health Association also stated that timely intervention and better access to mental health care may be factors that decrease veterans' PTSD behaviors. According to the Veterans, Health Administration (2017 a), 270,000 mental health clinicians have been employed to provide mental health treatment for an estimated six million veterans who suffer from PTSD.

PTSD has caused many veterans to experience issues such as poverty, incarceration, and homelessness. According to the National Alliance on Mental Illness, 2017), the patient workload for mental health clinicians tends to become off-balanced forming scheduling concerns. These problems tend to lead to veterans having poor treatment outcomes and not continuing appointments for mental health therapy. The National Institute for Mental Health (2017) stated that veterans' perceived access to treatment is related to personal knowledge and experience of actual mental health

services. The degree of satisfaction is subjective by application quality, experiences of the patient's outcome and need for mental health services.

Online Video Conferencing Therapy

PTSD may have a negative impact on veterans' decision making abilities making it difficult to integrate into civilian life. An estimated 30,000 veterans monthly sought Veterans Affairs mental health treatment for PTSD. Veterans who suffer from PTSD may benefit from a therapeutic intervention such as online video conferencing therapy (Junger, 2017). According to Anderson & Titov (2016), online video conferencing therapy is a relatively new therapeutic intervention that lacks quality research data for improving veterans' PTSD behaviors.

Anderson et al. indicated that this web- assisted intervention may be supplemental to CBT. Landau (2016) stated that online video conferencing therapy was a beneficial mental health treatment option for veterans with PTSD who are disabled, cannot afford travel costs or live in rural areas that lack mental health providers. Web supported interventions may improve access to mental health treatment for veterans diagnosed with PTSD. This therapeutic intervention may offer veterans who suffer from PTSD more flexible treatment times and locations, in hope of examining emotions, feelings, and thoughts related to PTSD (Anderson & Titov, 2016).

Wagner (2015) stated that online video conferencing therapy was an out-patient treatment option that may provide options for veterans diagnosed with PTSD such as social support, behavioral strategies, counseling, and medication management. According to Delaney, Hamilton, Johnson & Miller (2016), this computer supported treatment

method uses internet access and a computer to communicate between the mental health clinician and veteran. Delaney, et al. indicated that online video conferencing therapy can be delivered to individuals or groups of veterans to examine veterans' emotions, feelings, and thoughts related to PTSD. Delaney, et al. also indicated that web-assisted therapy in conjunction with CBT may be detrimental to veterans who are seeking mental health treatment for PTSD.

According to the American Psychological Association (2017), research has demonstrated that CBT can be used to assist veterans who suffer from PTSD, in hopes that they will find therapeutic solutions for behavior change. Khanna & Kendall (2015) stated that online video conferencing therapy can be delivered using social media apps such as Instagram, Face Book, Skype, Duo, Hang Outs, Zoom, and OVOO. The mental health clinician can chat live online with veterans who suffer from PTSD and have computer knowledge and internet access. This web-assisted intervention may assist veterans who prefer online mental health counseling.

Shavlev (2016) conducted a quantitative study in the United States National Library of Medicine and National Institutes of Health. Shavlev et al. used online mental health counseling assignments in hopes of decreasing 68 Iraq veterans' PTSD symptoms such, as intense feelings of guilt and apprehension. Shavlev et al. indicated that the veterans who finished the four-week computer-assisted program assignments may have experienced increased group cohesion and satisfaction to decrease their PTSD symptoms. The Department of Veterans Affairs (2017 b) stated that additional training and research

may assist mental health clinicians with understanding how web-assisted therapy improves veterans' PTSD behaviors.

Chenhall, Risor & Waterloo (2016) conducted a qualitative study in the Norway Department of Community Medicine & Faculty of Health Science Center. The opinions of 31 general practitioners were explored to understand the benefits of web guided therapy. Chenhall, et al. used a mood gym and a 20-minute consultation every second week to measure the impact of web guided therapy. A survey was used to examine health physicians' opinions related to computer-assisted therapy. The web guided therapy may have assisted the mental health patients with sharing feelings, emotions and thoughts.

Chenhall, et al. indicated that the computer-assisted modules may have improved mental health patients' treatment when using online discussions and follow-ups. According to the American Psychological Association (2017), online video conferencing therapy has been in practice for nearly 20 years at the Department of Veterans Affairs. Quality research data is limited concerning online video conferencing therapy improving veterans' PTSD behaviors and access to mental health therapy.

This web-assisted treatment method intends to assist veterans diagnosed with PTSD who have mobility problems, are unable to leave the home, cannot afford travel costs or live in remote areas that lack mental health care providers. According to Landau (2016), online video conferencing therapy may also provide a treatment option for veterans diagnosed with PTSD who are hearing and or visually impaired. This web-based therapeutic method allows the mental health clinician and veterans the ability to share emotions, feelings, and thoughts online. Connolly, Darvell & Kavanaugh (2015)

conducted a survey study in the Institute for Health & Biomedical Innovation and School of Psychology and Counseling.

Connolly, et al. used a survey poll to examine 29 Iraq veterans' perceptions on computer-assisted treatment methods. Connolly, et al. measured the symptoms of veterans who suffered from depression and alcohol abuse related to PTSD. Connolly, et al. indicated that online discussions may have guided the veterans to find new coping skills. Connolly, et al. also indicated that online therapy may have decreased the veterans' depression and alcohol abuse symptoms only when using human engagement. The Department of Veterans Affairs (2017 a) conducted various research studies to that have demonstrated that online video conferencing therapy practices may assist with improving veterans' PTSD behaviors. Pyne, Spira & Webb (2016) conducted case study research in the United States Library of Medicine National & National Institutes of Health using a demographic survey.

The three case studies were veterans who served in Afghanistan and suffered from PTSD. Pyne, et al. conducted the study after the online video conferencing therapy treatment had been completed. Pyne, et al. intended to examine online video conferencing therapy's impact on veterans who suffered from depression and anxiety related to PTSD. Pyne, et al. also intended to determine whether mental health treatment was improvable for veterans diagnosed with PTSD. A survey was used to examine the specific challenges related to online interventions for veterans. The survey responses indicated there were disparities related to veterans having enough computer knowledge and internet access to gain from the benefit of web-assisted counseling.

Pyne, et al. indicated that computer-assisted therapy's online conversations may have increased camaraderie among the veterans. According to the Department of Veterans Affairs (2017 a), the knowledge and broad conclusions may be vital for understanding how online video conferencing therapy improves veterans' PTSD behaviors. Web-assisted interventions may assist veterans diagnosed with PTSD to access mental health treatment. Brasington & Williams (2016) conducted a quantitative research study in the United States National Library of Medicine & National Institutes of Health. Brasington et al. used 142 enlisted Navy veterans who were in an eight-week Naval Medical online therapy program.

The online therapy program was designed in hopes of improving the Navy men's access to mental health care and improving mood swings related to PTSD. These mood swings caused the Navy men to experience anxiety, depression, and suicidal ideation. Brasington et al. used a computer and internet access to render mood therapy on veterans who suffered from PTSD. Brasington et al. indicated that virtual discussions may have been therapeutic for expressing thoughts, feelings, and emotions related to PTSD. Brasington et al. also indicated that online therapy may have formed better stress-management skills to decrease PTSD for the Navy men.

According to Hamilton, Johnson & Miller (2016), in conclusion, the need for knowledge in regard to computer-assisted therapy may assist with balancing out the mental health needs of veterans who seek treatment for PTSD. Curran, Ruzek & Walser (2016) stated that more training and quality based research data was needed concerning online video conferencing therapy. This web-based treatment method may improve

access to mental health treatment for veterans diagnosed with PTSD through providing improved flexibility and mobility. This may lead to providing more quality based research data related to online video conferencing therapy improving veterans' PTSD behaviors.

Treatment Benefits of Online Video Conferencing Therapy

According to the Department of Veterans Affairs (2017 c), PTSD is an increasing mental health concern for veterans behind depression and suicidal ideation. The Department of Veterans Affairs indicated that an estimated 30,000 Iraq and Afghanistan veterans monthly sought mental health treatment for PTSD. This necessitates an increased need to provide more therapeutic options for veterans who suffer from PTSD. The National Center for PTSD (2017 c) stated that veterans who do not receive treatment for PTSD may experience problems such as anxiety, depression, agitation, emotional numbing, and suicidal ideation. The National Center for PTSD also stated that online video conferencing therapy has limited practice for improving veterans' PTSD behaviors.

According to the National Institute for Mental Health (2016), online video conferencing therapy may improve accessibility to mental health treatment for veterans seeking therapy for PTSD. Web-assisted therapy may assist veterans who suffer from PTSD and have a computer and access to the internet. According to Anderson & Titov (2016), online video conferencing therapy may be a supplementary treatment option alongside CBT. This web-assisted intervention may assist those veterans who suffer from PTSD by providing flexible treatment times and locations. This web-based intervention

may also assist veterans with sharing feelings and thoughts related to PTSD online with a mental health clinician.

According to Jordan (2016), online video conferencing therapy can be delivered using web applications such as Instagram, Facebook, Hang Outs, Duo, Skype, Zoom, and OVOO to communicate between the mental health clinician and veteran. This web-assisted intervention may provide veterans diagnosed with PTSD better accessibility to mental health treatment. According to Landau (2016), computer-assisted therapy may provide a treatment option for veterans with PTSD who have computer knowledge and internet access. This online intervention may also provide a treatment option for veterans, who are immobilized, cannot leave the home, cannot afford travel costs or live in remote areas that lack mental health providers.

According to the National Center for PTSD (2017 a), online video conferencing therapy may provide treatment options for veterans diagnosed with PTSD such as social support, behavioral strategies, counseling, and medication management. Garikiparithi (2015) stated that the self- driven feature of online discussions may be a convenience for veterans to examine concerns related to PTSD. Online video conferencing therapy may assist veterans with finding flexible treatment times and locations to examine emotions, feelings, and thoughts related to PTSD. Web supported video conferencing may be beneficial to individuals or groups of veterans to solve behavioral problems, in hope that they discover better stress-management abilities and coping skills (Junger, 2017).

Treatment Barriers of Online Video Conferencing Therapy

According to Aliaga, Colpe & Sampson (2017), online video conferencing therapy is relatively new and lacks quality-based research based data for improving veterans' PTSD behaviors. The Department of Veterans Affairs (2017 a) stated that online video conferencing therapy was not a widely accepted intervention for improving veterans' PTSD behaviors. This online therapeutic intervention offers out-patient mental health counseling using a computer and internet access to veterans diagnosed with PTSD. The National Center for PTSD (2017 d) stated that online video conferencing therapy's barriers have constructed many treatment dilemmas for veterans who may be seeking treatment for PTSD.

The National Center for PTSD indicated that web-assisted therapy may have ethical barriers, such as technical issues, privacy and legal concerns. According to the National Center for PTSD (2017 a), online video conferencing therapy may provide a treatment option for veterans diagnosed with PTSD who may prefer using computers and the internet for therapeutic means. This virtual intervention was relatively new and lacked quality based research for improving veterans' PTSD behaviors, which creates a treatment barrier. The National Mental Health Institute (2017) stated that this web-based therapy had limited practice in the mental health setting for improving PTSD in the veteran community.

According to Murphy & Smith (2016), veterans who seek treatment for PTSD may have a difficult time finding mental health clinicians to deliver online video conferencing therapy. Murphy et al. indicated that this concern may lead to veterans

experiencing ethical problems with jurisdiction concerns, confidentiality, and informed consent. The American Psychological Association (2017) stated that informed consent may not always provide veterans with protection against confidentiality risks. These ethical barriers can lead to mental health clinicians having to terminate therapy. Murphy & Smith (2016) stated that online video conferencing therapy relied on veterans who seek mental health treatment for PTSD to have computer knowledge and internet access.

Murphy et al. indicated that veterans who lack computer knowledge and internet access may experience problems such as interruption of therapy services and rescheduling concerns. Anderson & Titov (2016) stated that web-supported therapy had legal concerns with determining the licensing practices of mental health providers. Anderson et al. indicated that mental health clinicians who practice online video conferencing therapy may have concerns with crossing state or international lines. The laws for mental health clinicians related to administering this web-assisted therapeutic treatment method may be based upon the state or countries licensing provisions.

According to Boehnlien, Daniels & McCallion (2016), computer-assisted therapy does not use in-person communication to seek solutions to veterans' PTSD behaviors. This web-assisted treatment method uses a computer and internet access to communicate between the mental health clinician and veteran. The National Center for PTSD (2017 c) stated that every veteran diagnosed with PTSD may not have computer knowledge and internet access to examine emotions, feelings, and thoughts related to PTSD online with a mental health clinician.

According to Anderson, Kleiboer, Riper & Roessler (2016), veterans who suffer from PTSD may experience treatment concerns correlated with a lack of experienced mental health clinicians who may not have knowledge to practice online video conferencing therapy. Anderson, et al. indicated that treatment concerns can also be linked to issues with ethical dilemmas, scheduling concerns, and long waiting lists. According to research conducted by the American Public Health Association (2017), approximately 500,000 veterans may not have received mental health treatment for PTSD. PTSD may lead to veterans experiencing problems such as social; dysfunction, substance misuse, incarceration, unemployment, and homelessness. The National Center for PTSD (2017 b) stated that 20% out of 300,000 veterans diagnosed with PTSD were experiencing homelessness.

Online Video Conferencing Therapy's Lack of Quality Based Research Data

The gap in the literature draws our attention to the question does online video conferencing therapy improves veterans' PTSD related behaviors. Chapter 2 literature review examined research studies on veterans diagnosed with PTSD to understand their experiences related to online video conferencing therapy. According to Gunderson & Najavits (2017), online video conferencing therapy is a relatively new therapeutic intervention that lacks quality based research data for improving veterans' PTSD behaviors. Gunderson et al. indicated that web-assisted therapy can be administered to individuals or groups of veterans diagnosed with PTSD who have a computer and internet access. Gunderson et al. also indicated that web-based therapy may provide

therapeutic options for veterans diagnosed with PTSD, services such as behavioral strategies, social support, counseling, and medication management.

The National Center for PTSD (2017 a) stated that online video conferencing therapy may provide flexible treatment times and locations to examine veterans' PTSD behaviors. This online intervention may assist veterans who are disabled, unable to leave the home, cannot afford travel costs or live in rural areas that lack mental health providers. The gap in the literature does not provide much quality based research data related to former military service members diagnosed with PTSD. The veterans' experiences related to online video conferencing therapy are important to understand. This indicates that additional research is needed to contribute to the existing gap in the literature related to online video conferencing therapy.

Mental Health Treatment Resources for Veterans With PTSD

According to the National Center for PTSD (2017 b), 30 out of every 100 veterans who served in combat may experience PTSD behaviors. PTSD may cause veterans to experience problems such as incarceration, poverty, and substance misuse. Ruzek (2017) stated that these psychiatric resources may provide treatment options to improve veterans' PTSD behaviors. The Department of Veterans Affairs had spent 86 million dollars on veterans' mental health treatment resources such as Post-Traumatic Residential Rehabilitation Program, PTSD pamphlets, and the Wounded Warrior Project: Warrior Care Network.

Post-Traumatic Stress Residential Rehabilitation Program

The National Center for PTSD (2017 d) stated that one in every five veterans who served in war may experience problems such as anxiety, depression, and suicidal ideation related to PTSD. The National Center for PTSD indicated that veterans who receive mental health treatment for PTSD may have a better life quality and function compared to veterans who do not obtain help. Ruzek (2017) stated that the Post-Traumatic Residential Rehabilitation Program may be a mental health treatment resource that improves veterans' PTSD behaviors. The program intends to provide veterans diagnosed with PTSD social support, counseling, behavioral strategies, and medication management. The program also tends to engage veterans in four to six hours of supervised behavioral therapies and medical services in hope that their PTSD decreases.

Veterans Administration Response to Veterans PTSD Program Needs

The Department of Veterans Affairs (2017 a) stated that in the United States, 41,000 of veterans' suicides were related to PTSD. The Department of Veterans Affairs indicated out of every 112 suicides daily, 20% were related to veterans who suffered from PTSD. In 2017, the Veterans Health Administration (VHA) constructed a 16 page pamphlet to assist veterans with understanding the causes, symptoms, and treatments for PTSD. The VHA also stated that the 16 page pamphlet was designed to educate veterans about strategies that improve PTSD behaviors such as eye movement desensitizing, reprocessing, and cognitive processing. The VHA intended for this pamphlet to also focus on prolonged exposure therapy for veterans diagnosed with PTSD.

According to the Department of Veterans Affairs (2017 b), 60% of men and 50% of women who served in combat may suffer from PTSD. The Department of Veterans Affairs designed psychiatric resources to improve veterans' social and mental functioning. In 2017, the United States Marine Corps, Army, Navy, and Air Force developed mental health resources such as trauma focused cognitive, web-assisted therapy, medication management, and behavioral strategies to assist veterans diagnosed with PTSD. Ruzek (2017) stated that Veterans Affairs approved mental health programs were designed to protect the mental health of veterans to avoid future concerns with PTSD. These treatment resources intend to promote psychological and mental disorder preventions.

According to the Department of Veterans (2017 a), mental health resources were imperative for veterans who serve in combat that experience PTSD. The Department of Veterans Affairs indicated that 10% of men and 20 % of women who served in combat may suffer from PTSD. In the United States, an estimated 140,000 of Iraq and Afghanistan veterans may not have applied for Veterans Affairs' mental health treatment for PTSD (The Department of Health and Human Services, 2017).

The Department of Veterans Affairs (2017 b) stated that the Warrior Care Network intends to assist veterans who suffer from PTSD to find medical and mental health resources to transition into civilian life. This program intends to offer services, programs and training resources to assist veterans diagnosed with PTSD to find improved life quality, function, coping, and social skills. According to Ruzek (2017), this nationwide comprehensive care network intends to provide veterans with clinical and

family-centered values to find solutions to PTSD. The Wounded Warrior Project collaborated with leading medical and mental health centers across the country to assist veterans diagnosed with PTSD and TBI-related concerns.

According to the National Center for PTSD (2017 d), veterans who experience the Wounded Warrior Care Network may receive intensive out-patient treatment and therapy sessions. Junger (2017) stated that the Department of Veterans Affairs, Department of Defense and National Center for PTSD intend to provide veterans with mental health treatment options to improve PTSD behaviors. The Wounded Warrior Care program intends to provide social, clinical, and familial services to assist veterans who have been diagnosed with PTSD.

The Department of Veterans Affairs (2017 d) stated that veterans who sought mental health treatment for PTSD were expected to have a general or honorable discharge and two years of active-duty military service to receive Veterans Affairs' mental health benefits. According to the Department of Veterans Affairs, (2017 a), mental health resources can be a detriment in the veteran community. However, many veterans who suffer from PTSD may not be aware that mental health treatment is available.

An estimated 150,000 Iraq and Afghanistan veterans may not be receiving mental health treatment for PTSD, which may be related to lack of awareness. The Department of Defense (2016) stated that the VA intends to connect veterans to mental health treatment services and referrals. The VA is community-based and provides an array of

counseling, outreach, and mental health treatment services. The VA intends to improve veterans' integration into civilian life.

Summary

Chapter 2 covered themes such as incidence of prevalence for PTSD among veterans in the United States, veterans' mental health challenges related to PTSD, and suicidal ideation risks related to PTSD among veterans. Chapter 2 also covered themes such as veterans' substance misuse concerns related to PTSD, veterans' health risks related to PTSD, general mental health treatment for PTSD among veterans, and treatment benefits and barriers of web-assisted therapy. This concern indicates the need for further study. More research concerning online video conferencing therapy may contribute to the existing literature.

The literature does not provide much evidence for experiences related online video conferencing therapy of former military service members diagnosed with PTSD. I interviewed former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy. I also examined veterans' lived experiences suffering from PTSD.

The purpose of this qualitative phenomenological study was to add into the gap of the existing literature through interviewing former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic. Chapter 3 will provide the research methodology used during this study and a summary transition into Chapter 4.

Chapter 3: Research Method

I conducted this qualitative, phenomenological study to gain insight from participants' lived experiences related to online video conferencing therapy, prior to and during the Covid-19 pandemic. I examined veterans' lived experiences suffering from PTSD. Patton (2018) stated that the qualitative phenomenological design may be used to understand the opinions, attitudes, and perceptions of participants. Chapter 3 provided the rationale for the research methodology used to understand the experiences of veterans diagnosed with PTSD related to online video conferencing therapy. Chapter 3 discussed the research design and rationale, role of researcher, participant selection logic, and data collection. Chapter 3 also discussed the instrumentation, credibility, transferability, dependability, and ethical procedures.

Research Design and Rationale

A qualitative phenomenological design may be used to understand the attitudes and perceptions of participants. Qualitative phenomenological research includes smaller samples, graphics, text, video, audio, open-ended questions, and semi-structured interviews. This research design describes in-depth accounts of the perceptions of individuals or groups to understand a human or social problem (Creswell, 2018; Patton, 2018). I used the qualitative phenomenological research design to describe the lived experiences and the perceptions, attitudes, and opinions of participants. I interviewed former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing, prior to and during the Covid-19 pandemic.

Research Tradition

There are five major qualitative designs to consider such as narrative, case study, grounded theory, ethnography, and phenomenology. The narrative research design emphasizes examining real-life problems of participants. The narrative provides an objective point of view based on merit from one individual's perception using a socio-cultural context. Case study research emphasizes one person, group, or event, providing an in-depth examination to understand the lived experiences and perceptions of a specific case (Creswell, 2018).

The grounded theory design provides theory as grounded information. This research approach uses participants to conducts interviews and field observations to attain theoretical saturation. Grounded theory does not have a hypothesis or construct a testable theory (Patton, 2018). Ethnography requires data to be collected through semi structured interviews, broad fieldwork, and observations of cultures and participants to provide a socio-cultural interpretation of the data. The phenomenological research is more suitable for examining participants' lived experiences and interpretations to provide an in-depth description of the phenomenon (Perry, 2013), which suited the purpose of the study.

The phenomenological design includes data collection strategies such as observations and semi-structured interviews. This research approach is more suitable for understanding participants' lived experiences, perceptions, attitudes, and opinions. According to Moustakas (2011), the qualitative phenomenological design uses a smaller sample of participants. The qualitative phenomenological design identifies patterns and emerging themes from the data analysis. Qualitative phenomenological studies include

semi structured interviews and open-ended questions with a smaller sample of participants (Creswell, 2018; Moustakas, 2011). Researchers who conduct qualitative phenomenological research include structured and unstructured interviews and coding patterns in the form of graphics, text, audio, and video to analyze data (Kaiser, 2017). According to Patton (2018), researchers can use a demographic questionnaire to obtain data from individuals or groups of participants and better understand the identity of the respondents related to details such as income, race, age, and ethnicity. I used the qualitative phenomenological design to answer the two research questions:

- Research Question 1: What are the lived experiences of former military service members diagnosed with PTSD who have experienced online video conferencing therapy, prior to and during the Covid-19 pandemic?
- Research Question 2: What perceptions, attitudes, and opinions, do former military service members diagnosed with PTSD have related to social support, behavioral strategies, counseling, and medication management experienced during online video conferencing therapy, prior to and during the Covid-19 pandemic? This research design helped to address participants' lived experiences related to online video conferencing therapy.

Role of the Researcher

The researcher's purpose guides the intent of qualitative phenomenological research. The researcher's role includes implementing data collection and analysis using interviews and questionnaires (Creswell, 2018). In qualitative phenomenological studies, the researcher is the instrument. The researcher's role is imperative to a study's reliability

and validity, so they have to identify assumptions, expectations, and biases formed during the study (Perry, 2013).

Researcher Biases

The researcher during a qualitative phenomenological study may be subjected to aspects of self-biases, assumptions, and experiences that may be shaped by their personal experiences. Personal biases may affect how the researcher views, collects, and analyzes the data (Creswell, 2018). I was conscious of my biases and experiences related to PTSD among veterans who have served in combat. I have personal experiences serving in combat and suffering from PTSD. However, I do understand that PTSD has a different impact on each veteran. I noticed that each Armed Forces member had different mental health experiences in regard to suffering from PTSD. I also noticed each veteran who experienced combat had different concerns integrating into civilian life.

I have also experienced a plethora of situations related to mental health concerns and crises related to PTSD. I am a Frontline Residential Clinical Support Coordinator who also works as a behavioral analyst, interventionist, and suicidal ideation assessor. I work closely with a diverse group of children and young adults from various backgrounds and experiences related to trauma. These individuals may be in need of social support, behavioral strategies, medication management, collaborative care, counseling, and clinical supervision.

I work closely with mental health clinicians, Department of Children Family Services, Child-Protective Services, the courts, probation officers, public schools, and law enforcement agencies. I partner with psychiatrists, psychologists, social workers, and

medical professionals. I conduct direct observations and functional behavioral assessments for children and young adults who are at risk or suffer from self-harming tendencies and suicidal ideation. I also assist these population groups with discharge reviews and behavior modifications and safety plans in case of elopement. Despite my experiences related to combat and military service, I kept an open mind and did not judge veterans' perceptions, attitudes, and opinions related to PTSD.

Member checking is a procedure used in studies to support the validity and reliability. Researchers during data collection can also use bracketing or epoche (Moustakas, 2011). This method assists the researcher with documenting biases, expectations, and assumptions. I bracketed my experiences and biases to gain a new understanding of the phenomenon. I recorded each step attaching them to the study with integrity.

I used member checking to avoid any potential biases in regard to the data. I also used NVivo to triangulate data and constitute the nature of the lived experiences among participants. NVivo organizes and codes participants' lived experiences into themes and categories. NVivo also organizes and codes the interviews of participants' perceptions, attitudes, and opinions (Creswell, 2018). I analyzed the data by deconstructing the information and combining data into specific themes.

Methodology

Methodology refers to the plan of action, process, or design behind the researcher's choice for using a specific method. Methodology can provide many options for researchers to analyze data. Qualitative phenomenological methods are used to

analyze data from study participants' individual stories and responses (Creswell, 2018). This research approach was chosen to examine this study's problem, purpose, and research questions. Researchers use qualitative phenomenological methods such as a demographic survey and semi-structured interviews to collect data from the participants (Perry, 2013). I interviewed former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic.

According to Creswell (2018), phenomenological methods bracket researchers' personal biases, prejudgments, and preconceptions. This method may be valuable to assist researchers with not drawing any unforeseen conclusions. Phenomenology examines participants' visible and concealed meanings that emerge into existence (Patton, 2018). These attitudes, experiences, and perceptions seek to understand participants' knowledge related to the phenomenon. The participant's experiences may be observed through a more defined lens (Moustakas, 2011).

I investigated the meanings related to the lived experiences among veterans diagnosed with PTSD to inquire about the phenomenon of online video conferencing therapy. According to Perry (2013), researchers reduce personal biases and steer away from one's own prejudgment. The researcher can observe more clearly the cognitive processes that impact decision-making abilities. These methods influence the researcher not to lead with assumptions related to personal experiences. Moustakas (2011) stated that researchers needed to be conscious and aware of these biases.

This concern may lead to forming personal beliefs and opinions that may cause potential threats to the study's content. Moustakas et al indicated that researchers who have assumptions may miss underpinnings related to understanding the human experience. According to Creswell (2018), phenomenology merges additional dimensions of participants' lived experiences. The researcher may see the meaning of the phenomenon through an unclouded lens. Phenomenology can be used to understand participants' point of view related to the phenomenon (Patton, 2018).

Participation Selection Logic

Purposeful sampling uses participants' experiences to align the research problem and questions. Purposeful sampling assists the researcher with recruiting participants who share characteristics of the phenomenon (Kaiser, 2017). The participants were purposefully selected from a target population of veterans. The veterans served in combat, were 18 years of age and older, a U.S. citizen, diagnosed with PTSD, and experienced online video conferencing therapy. The veterans had no current relationship to the Department of Veterans Affairs, active duty, National Guard or reserve military service. The veterans were recruited at various American Legions and Veterans of Foreign Wars Posts in Louisville, Kentucky.

The participants who met the study criteria partook in the interviews, provided demographic data, and signed a consent form. I interviewed 20 former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic. The sample size was less than anticipated due to the Covid-19 pandemic. These concerns

caused difficulties finding veterans to participate in this research study. The veterans were identified through military contacts and representatives of the Armed Forces. The recruitment process for the veterans included posting a flyer in various Veterans of Foreign Wars and American Legion Posts in Louisville, Kentucky. The flyer described the rationale, participant criteria, and provided my contact information.

A sample size ranging from 15 to 30 participants is used for qualitative phenomenological research studies, which allows more time to focus on interviews. Saturation occurs for researchers when data does not shed more light on the investigation (Mason, 2010). In qualitative phenomenological studies, data saturation may determine sample size. In this study, the sample size followed the general concept of saturation when collecting additional data. The recruitment process was continued until reaching the sample range from 15 to 24 veterans. The rationale for sample size was determined by factors such as the study purpose, sample design, analysis strategy, and quality of dialogue.

Mason (2010) stated that data saturation meant the researcher had reached a point where sampling does not provide any new insights during the data analysis process. According to Creswell (2018), there are many factors that determine how fast or slowly data saturation is achieved during the data collection and analysis process. Creswell et al. indicated that data saturation includes factors such as heterogeneity among the population, number of selection criteria, and groups of special interest. These factors include multiple samples within the study, data collection methods, budget, and accessible resources (Patton, 2018).

Instrumentation

Instrumentation is a course of action that a researcher uses to choose specific types of apparatuses based on the research questions. Researchers use instrumentation to determine the appropriate measurement or usability of devices such as open-ended questions, interviews, and a demographic questionnaire (Patton, 2018). I developed semi structured interviews from previous studies of veterans who suffer from PTSD and have undergone online video conferencing therapy. The validity of the content was established using the social constructs from veterans who have been diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic.

The demographic questionnaire can be found in (Appendix A). The list of open-ended interview and follow-up questions can be found in (Appendix B). According to Creswell (2018), individuals may find subjective meanings of their experiences towards objects or things that do not narrow such complex views into categories or ideas. The participants in the original studies experienced negative behaviors in regard to suffering from PTSD.

The participants in these studies identified how undergoing mental health treatment for PTSD positively changed the participant's feelings and thoughts that conceptualized web-assisted therapy. I interviewed former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic. I interviewed veterans who had been diagnosed with PTSD, a United States citizen and 18

years of age and older. The veteran had undergone online video conferencing therapy. Kaiser (2017) stated that the purposeful selection of the participants has specific characteristics related to the phenomenon. Kaiser et al. indicated that researchers used these characteristics to align the research problem, purpose, and questions. Kaiser et al. also indicated that purposive characteristics assist researchers with obtaining rich data from the sample.

I posted a flyer in various Veterans of Foreign Wars and American Legion Posts. The flyer included the rationale, participant criteria, and my contact information. The data was collected from veterans who reside in Louisville, Kentucky. Qualitative researchers use public documentation, visual, and audio materials to collect data (Creswell, 2018). I used descriptive field notes to capture demographic information during each veteran's interview. The interviews were contingent on the chosen time and confidential location for each veteran. The semi-structured interviews were conducted in-person over a six-week period lasting approximately 30 to 45 minutes. The interview process was guided by two open-ended research questions to allow the veterans to describe their experiences in their own words.

NVivo may assist researchers with gathering rich insights from qualitative data. NVivo includes text, video, and media to assist researchers with making sense of data. Researchers may use NVivo to map and brainstorm ideas to form new paths of investigation. NVivo software is also useful for organizing and coding participants' data into meaningful themes (Creswell, 2018). I used an audio recorder and NVivo software to transcribe each veteran's interview. I assigned a letter and numeric identifiers to the

interviews, notes, and transcriptions to protect the identity and confidentiality of each veteran's response. These transcriptions were reviewed and approved by each veteran who partook in this study. NVivo was used to prepare field notes to document personal understandings and reflections. NVivo coded and organized the themes of veterans' lived experiences suffering from PTSD. NVivo was also used to organize and code the interviews with former military service members diagnosed with PTSD to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic.

Procedures for Recruitment

According to Creswell (2018), in qualitative phenomenological research the participants must have experienced the phenomenon. Purposive sampling provides a method to recruit participants who share characteristics related to the phenomenon. The participants for this study were selected based on the research problem, purpose, and research questions (Perry, 2013). The selection criteria for the participants were based upon their responses to affirm that they have been diagnosed with PTSD and undergone online video conferencing therapy, prior to and during the Covid-19 pandemic. I waited for the demographic questionnaire, research and follow-up questions to be approved by Walden University's IRB approval # (05-11-21-0194069).

According to Kaiser (2017), purposeful sampling intends to select only qualified participants to answer the research questions. I used purposeful sampling to recruit the participants. This sampling technique was used to recruit the study participants. A recruitment flyer was posted in various American Legion Posts and VFW Posts in

Louisville, Kentucky. The flyer contained my contact information and details about the study to determine participants' eligibility.

Participation

The sample consisted of 20 participants who met the study's criteria. I contacted qualified participants to arrange an interview. The sample size was less than anticipated due to the Covid-19 pandemic. It was difficult to find veterans to participate in this research study. I also gave each participant my contact information and details about the study. The participants were not be forced or coerced to partake in the study. Patton (2018) stated that the sharing of information between the researcher and participant was an important step before starting the interview process.

Patton et al. indicated that the researcher may need to discuss the study's importance with the participant. An informed consent form may protect participants' rights during data collection. Patton et al. also indicated that the interview process and consent form includes the participant's rights to ensure the confidentiality of their information. However, before the interviews can be conducted the participants will have to read and sign an informed consent form (Creswell, 2018).

Data Collection

The data collected information from relevant sources to find an answer for the research problem, purpose, and research questions. The data was collected by interviewing former military service members diagnosed with PTSD who had experienced online video conferencing therapy. The demographic questions were asked during the interviews gathered veterans' responses to understand their perceptions,

attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic. I used a survey found in (Appendix A) to attain a response from the participants. According to Creswell (2018), a demographic questionnaire survey can be used to gather information from the participants related to characteristics such as age, race, income, marital status, and income. The participant's data was collected through semi-structured interviews over a six-week period.

The interviews took 30 to 45 minutes and be conducted in a private location and time and be agreed upon by each participant. The interviews of the participant will be audio- taped, recorded, and written word-for-word in transcript form. Patton (2018) stated that qualitative researchers used open-ended questions and semi-structured interviews to speak to participants about their perceptions and lived experiences. I used a list of guiding questions to ask each participant tangential questions. The questions and applicable topics emerged each theme during the interviewing process of each participant.

Data Analysis Plan

According to Moustakas (2011), a data analysis plan is a road map that may be used to analyze and organize the participant's data. Moustakas et al. indicated that a qualitative phenomenological study is a systematic analysis or theme that describes participants' lived experiences. Once the study was completed, I listened to the recording of each participant's interview to its totality. I then created a word-for-word transcription for the coding and analysis process. I transcribed the participant's interviews to keep the data analysis process emergent. I improved data consistency by asking participants the

interview and follow-up questions found in (Appendix B). I stored the transcriptions of the veteran's interview responses and my field notes in a word document. The electronic files on my computer's external hard drive were stored in my home under a protected password. According to Patton (2018), inconsistencies indicate there is a need to dig deeper into the data. Patton et al. indicated that researchers will know when data does not fit the pattern of the themes. Patton et al. also indicated that these discrepant cases can be further investigated by the researcher.

Moustakas (2011) stated that phenomenological methods such as reduction, bracketing, imaginative variation, and data synthesis were valuable to the researcher's intent. Dr. Clark Moustakas was an educational psychologist. He believed that phenomenology shared meanings and experiences that were interpreted through humanistic and clinical psychology. He founded the Farmington Hills, Michigan School of Psychology and Humanistic Studies. The following outline that I will be implementing is a review of Moustakas (2011) seven-step sequence to analyze the data.

1. Horizonalization was used to identify pertinent statements about the participant's experiences. An evaluation was also used to make sure the statements of each participant's experience were representative of the entire population.
2. The statements were listed that were applicable to the participant's experiences to remove the frequent, overlapping, and unclear expressions.
3. The selected relevant statements were labeled and deemed prospects of the participant's experience.

4. The labeled invariant constituents were labeled according to core themes related to the participant's experiences, opinions, and perceptions. The invariant constituents were clustered and grouped together by the participant's experiences.
5. The invariant constituents and themes were compared to each participant's transcript. The validated constituents were eliminated that do not mirror the lived experiences and perceptions of the participants.
6. A comprehensive description for each participant's experience was constructed and included direct quotations from the interviews.
7. The textual descriptions for each participant were synthesized to gain a better understanding related to the phenomenon.

An integrated structured description was used to explain in rich detail the lived experiences of participants. Moustakas (2011) stated that the textual perspective explained the thoughts, beliefs, opinions, perceptions, and attitudes of each participant related to the phenomenon. Moustakas et al. indicated that the structured description explained fundamental dynamics of individuals or group experiences to organize the themes. A complex portrayal can be formed to represent a synthesized meaning of individual and groups' experiences.

These core themes can be merged from a composite description of meanings. I documented all the patterns, relationships, and themes in the findings to describe the salient data (Patton, 2018). The participant's data was identified by letters and numbers i.e. P1 not names on the documentation. The participant's data can be found in the

Demographics Section of (Table 1). This table shows the demographics of each participant involved in the study.

In conclusion, if the participants decided to give more than one interview, the second interview was identified with an additional letter, number, and date. The privacy of each participant was protected under Walden University and the IRB. The participant's data was confidential throughout the entire research process. The participants were assigned numeric identifiers in all the audio memory cards, files, field notes, consent forms, and contact information used during the interviewing process. These written and electronic files were stored in my home and locked safely under a protected password. The research documents and information were private and protected the rights of each participant.

The participant's information was removed from the data records. The research participant's files and audio whether written or electronic were kept for five years. However, once the study was completed and the five years are met, all files will be destroyed. I explained the purpose of the research clearly for each participant involved in the study. I stated there were no known psychological risks regarding participation. The participants were not forced and could discontinue the interview at one's own discretion. In the sample, each person was 18 years of age and older and be a United States citizen. Each person had a choice whether to participate or discontinue involvement in the study. NVivo was used to analyze and manage the data of the participants.

I also used NVivo to consolidate the data into sub folders to understand participants' perceptions and experiences to relocate from unambiguous to general

meanings. The researcher may use the data to identify, organize, and shed light on the development of the framework (Patton, 2018). I emerged themes that underline the relationships among them. The participants were given a summary of the study once the dissertation obtained a final approval. According to Creswell (2018), briefing includes researchers providing detailed knowledge to participants regarding the research topic. A debriefing is conducted with participants after the study is completed to address the elements of the study in detail. However, researchers that use deception to recruit participants disrupt the purpose and nature of the research (Patton, 2018).

The participants could choose not to partake in the study if there were any feelings of discomfort. The confidentiality standards were met according to Walden University's IRB. The participants have my personal information to answer any concerns or questions. Kaiser (2017) stated that follow-ups with participants are used to support the research design and end the study. Kaiser et al. indicated that follow-ups are also be used to thank participants for their time and patience during the research study. The participants during this study were asked to clarify certain information during a follow-up call to verify the accuracy of the participant's information on the transcript.

Issues of Trustworthiness

Credibility

Patton (2018) stated that member checking assisted participants with verifying the accuracy of the data collected in their recorded interviews. Patton et al. indicated that trustworthiness related to credibility meant the researcher was accurately interpreting the perceptions, attitudes, and opinions of the participants. I used member checking, detailed

transcriptions, prolonged engagement and triangulation during the participant's interviews to analyze the data. Perry (2013) stated that member checking was used to validate information and feedback during the interview process at the conclusion of the study. Perry et al. indicated that researchers may gain a rapport with the participants to obtain honest responses. Perry et al. also indicated that this method may help the researcher to improve accuracy, transferability, credibility, and validity.

Transferability

According to Creswell (2018), trustworthiness related to transferability means the findings may help researchers to duplicate this study. Creswell et al. indicated that transferability forms generalizations when the participants are used in the same context. The research study's findings cannot be applied to anyone who did not serve in combat, suffer from PTSD, and experience online video conferencing therapy. I provided a detailed interpretation of the participant characteristics.

Dependability

According to Creswell (2018), trustworthiness related to dependability refers to researchers replicating the findings in the identical context using similar participants. Therefore, participants during this process may review their transcribed interview. The participants may be asked specific questions to verify the reliability of their interview. The participants may also be asked if there is anything they would like to add, omit or change in their interviews to reach personal satisfaction (2018).

The study's findings cannot be reported in a way that qualitative researchers can conduct this same study to attain a duplicate result. The audit trails will be made by

judiciously documenting the entire study process. This includes using a calendar with dates of the interviews and transcriptions of responses from participants' interviews (Creswell, 2018). I used field notes to pay attention to participants' body language, facial expression, and voice tone when discussing their experiences.

Confirmability

Perry (2013) stated that in qualitative research, confirmability was the final criterion of trustworthiness. Perry et al. indicated that this is based on verifying the participants' narratives and words compared to researchers' biases, assumptions, and expectations. In qualitative research, biases may interfere with the study's credibility and findings. I maintained reflexivity by using a journal to gather biases, assumptions, and preconceptions. I used a journal to gather my personal thoughts and feelings related to participants' responses during the interviews.

According to Patton (2018), trustworthiness refers to the study's outcome being grounded in the data through an examination compared to research bias. The results were supported by the data collection regarding the participant's interviews. Audit trail is a technique that researchers use to establish confirmability with the findings. Researchers may record topics that were unique during data collection. Researchers may write up the final results and coding to provide a rationale for each theme (Creswell, 2018).

I verified the accuracy of the audio recordings and transcribed the interviews of each participant. I used member checking and data triangulation to avoid concerns with research bias. I also used Moustakas' phenomenological methods, such as reduction, bracketing, imaginative variation, and data synthesis, to understand participants'

experiences through a more defined lens. In conclusion, my personal biases and expectations did not interfere with the study's credibility.

Ethical Procedures

Research that employs human participants may have ethical considerations. These concerns for researchers need to be identified and understood. Each participant in the study was treated according to the guidelines of Walden University and the IRB. I have completed the National Institutes of Health Office of Extramural Research certification program for protecting human research (Training Certification Number: 1713401, dated March 1st, 2015). The participant recruitment and data collection process occurred only after I received approval from the IRB to conduct the study. I consulted with my committee chair person and methodologist to make sure all considerations were covered to uphold integrity and performance.

The anonymity of participants and no known risks were maintained regarding involvement in this research study. I followed the guidelines of the IRB regarding respect, beneficence, and justice. I did not start the data collection process, recruit participants, conduct interviews or begin research until obtaining IRB's approval. A flyer was posted in Veterans of Foreign Wars and American Legion Posts to recruit participants. However, for confidentiality purposes, all the data of the participants were stored in a safe place. The data was locked in my home safely under a password and key. I informed the participants who partook in the interview process that this was voluntary.

I explained the purpose of the research clearly to the adult participants involved in the research study. I stated there were no known psychological risks regarding

participation in this study. In the sample, each person was 18 years of age and older be a United States citizen. Each person also suffered from PTSD and had undergone online video conferencing therapy. The participants were not be coerced or forced to partake in the research study and had the option to withdraw at any time. A licensed mental health clinician was present for participants who experienced distress related to PTSD. The risk factors and benefits for participating in this research study were addressed prior to data collection. Once, the five years are met for the research study the participant's information will be destroyed.

Summary

Chapter 3 included the research methodology, role of the researcher, researcher biases, and rationale for the chosen design. Chapter 3 also included topics such as evidence of trustworthiness and its connection to credibility, transferability, and dependability. Chapter 3 discussed the logic used to select the participants, instrumentation, data collection, research design and research traditions and data analysis plan. I provided a detailed explanation of the ways to avoid research bias and expectations. Chapter 4 will provide the results for the research study that will be conducted using the qualitative phenomenological methodology as described above in Chapter 3.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to use interviewing to understand former military service members diagnosed with PTSD perceptions, attitudes, and opinions related to online video conferencing therapy. The interviews were conducted with 20 veterans who were 18 and older, U.S. citizens who served in Iraq or Afghanistan's combat zones, were diagnosed with PTSD, and had undergone online video conferencing therapy. The veterans did not have any affiliation with the Department of Veterans Affairs, active duty, National Guard or reserve military service.

The research questions used to steer this study were (a) What are the lived experiences of former military service members diagnosed with PTSD who had experienced online video conferencing therapy, prior to and during the Covid-19 pandemic?, and (b) What perceptions, attitudes and opinions, do former military service members diagnosed with PTSD have related to social support, behavioral strategies, counseling, and medication management experienced during online video conferencing therapy, prior to and during the Covid-19 pandemic? In this chapter, I provided the study's setting, demographics, data analysis and data collection. I also provided the coding process and evidence of trustworthiness related to credibility, transferability, dependability, confirmability, themes and results of the study's findings based on each question.

Setting

The methods used to recruit participants were purposeful sampling, posted flyers, and a demographic questionnaire. The study participants did not have any affiliation with

the Department of Veterans Affairs, active duty, National Guard or reserve military service. To the best of my knowledge, all the participants served in Iraq or Afghanistan's combat zones and had been diagnosed with PTSD and experienced online video conferencing therapy. The participants who met the inclusion criteria and demographic screening agreed on a date, location, and time for an in-person interview. I used an audio recorder to gather participants' responses from the interviews. The participants' interviews were private and could not be seen or heard by other parties.

I used Covid-19 safety measures such as wearing a mask and practicing social distancing. Each participant reviewed the demographic questionnaire to confirm they met the study's criteria. I read the informed consent form aloud in front of each participant to ensure that they were conscious of the wording and purpose of the study before the interviews began. The participants reviewed and signed the informed consent form before participating in this study. I recorded and documented the interview data based on a distinctive identifier such as a sequence number. In this study, there were no biases that influenced participants' experiences to sway the results. The participants were not forced to participate and could withdraw from the study. I briefed each participant stating that a crisis number was available to speak with a counselor if they experienced any distress.

Demographics

The demographic information was obtained by completing a demographic questionnaire survey (Appendix A). The study included 20 participants who were U.S. citizens, residents of Kentucky, 18 and older, diagnosed with PTSD, and served in Iraq or Afghanistan. The participants also experienced online video conferencing therapy. The

veterans had no current relationship with the Department of Veterans Affairs, active duty, National Guard, or reserve military service. The 13 male and seven female participants were also from diverse backgrounds. The participants answered the survey questions truthfully to the best of their knowledge. The demographic questionnaire obtained data from participants such as gender, age, race, service branch, state, education, and combat zone (Table 1).

Table 1

Participant Demographics

Participant	Gender	Age	Race	Service branch	State	Education	Combat zone
1	Male	46	W	Marines	KY	Associates	Afghanistan
2	Male	35	W	Army	KY	Bachelors	Iraq
3	Male	32	B	Army	KY	Associates	Afghanistan
4	Male	38	B	Marines	KY	Bachelors	Iraq
5	Male	40	H	Army	KY	Masters	Iraq
6	Female	30	B	Navy	KY	Masters	Afghanistan
7	Male	32	W	Air Force	KY	High school	Iraq
8	Female	32	B	Air Force	KY	Bachelors	Afghanistan
9	Male	33	H	Navy	KY	Bachelors	Afghanistan
10	Male	35	B	Air Force	KY	Associates	Iraq
11	Female	33	W	Army	KY	Masters	Iraq
12	Female	35	H	Marines	KY	Bachelors	Afghanistan
13	Female	34	W	Navy	KY	Masters	Afghanistan
14	Male	37	W	Air Force	KY	High school	Iraq
15	Male	39	B	Navy	KY	Bachelors	Afghanistan
16	Male	38	H	Marines	KY	Bachelors	Iraq
17	Female	41	W	Navy	KY	Masters	Afghanistan
18	Male	36	B	Army	KY	High school	Iraq
19	Male	40	B	Marines	KY	Bachelors	Afghanistan
20	Female	42	W	Air Force	KY	Masters	Afghanistan

Data Collection

The participants were asked 10 to 15 semi-structured interview and follow-up questions found in (Appendix B). These questions were related to former military service

members who have been diagnosed with PTSD experiences related to online video conferencing therapy. The interview and follow-up questions were phrased to fit the research questions, purpose, and research problem. The two main overarching research questions that steered the study were.

1. What are the lived experiences of former military service members diagnosed with PTSD who have experienced online video conferencing therapy, prior to and during the Covid-19 pandemic
2. What perceptions, attitudes and opinions, do former military service members diagnosed with PTSD have related to social support, behavioral strategies, counseling and medication management experienced during online video conferencing therapy, prior to and during the Covid-19 pandemic?

The participants signed an informed consent form containing the study's title and description and researcher's contact information. The IRB approval number is (05-11-21-0194069) with an expiration date of 5-10-2022. The 10 to 15 interview and follow-up questions were used to elicit details of the participants' responses.

The purposeful sampling method identified participants who met the following criteria: a veteran, who served in Iraq or Afghanistan's combat zones, is a U.S. citizen, and 18 years of age or older, and has undergone online video conferencing therapy. The veterans had no affiliation with the Department of Veterans Affairs, active duty, National Guard, or reserve military service. The participants were diagnosed with PTSD and had experienced online video conferencing therapy. I distributed flyers to various local American Legions and Veterans of Foreign Wars posts in Louisville, Kentucky.

I did receive many inquiries from prospective participants who had served in Iraq or Afghanistan's combat zones and experienced online video conferencing therapy due to the Covid-19 pandemic. The participants were identified through using various military contacts. Once these contacts ran out, snowball sampling was used to solicit referrals from other former military service members. Eight additional participants were discovered employing this sampling method. In total, there were 20 participants who agreed to partake in the research study.

Interviews are a data collection method in which an interviewer asks participants' questions in-person to unveil the meanings of key themes related to participants' lived experiences (Patton, 2018). I conducted 20 in-person interviews with veterans diagnosed with PTSD who have served in Iraq or Afghanistan's combat zones. The participants were asked 10 to 15 semi-structured interview and follow-up questions (Appendix B). The interview and follow-up questions were phrased to fit the research questions, purpose, and research problem. The interview and follow-up questions asked were used to obtain veteran's responses to understand their perceptions, attitudes, and opinions related to online video conferencing therapy, prior to and during the Covid-19 pandemic.. The two main overarching research questions that steered the study were:

1. What are the lived experiences of former military service members diagnosed with PTSD who have experienced online video conferencing therapy, prior to and during the Covid-19 pandemic
2. What perceptions, attitudes and opinions, do former military service members diagnosed with PTSD have related to social support, behavioral

strategies, counseling and medication management experienced during online video conferencing therapy, prior to and during the Covid-19 pandemic?

The interview for each participant was 30 to 45 minutes and held over a six-week period in a private location where no other parties could hear or witness the interview. The participants' interviews were digitally recorded with an audio recorder and organized into themes in NVivo. The participants' responses were stored in a computer's external hard drive under a password and key. I transcribed and recorded the audio interviews of each participant onto Microsoft Word. I was the only one with access to this study's data files and information throughout this process. I provided a $25.00 Amazon gift card for each participant involved in the study. I did not initiate any recordings or take field notes until each participant read and understood the study's benefits and signed a consent form.

It was vital to provide informed consent for each participant to explain that their study involvement was voluntary. The participants were briefed not to answer specific questions that may cause mental or emotional discomfort. The participants were instructed on having the right to discontinue the interviewing process for any reason. The participants were also instructed that a crisis hotline number was available if they were experiencing any concerns. I used techniques such as active listening, eye contact, and respecting the personal space of each participant during their interview. I did not ask participants any questions about combat experiences during their interview to avoid past emotional or psychological wounds. I monitored each participant's vocal tone, body

language, and physical responses to the interview questions to observe for signs of distress that may stop the interview.

It was also important to understand how my potential biases and assumptions may impact the outcome of the study (see Moustakas, 2011). A journal was used to document my experiences, expectations, and biases. I wrote in the journal to review my thoughts to understand the participants' firsthand accounts. I used member checking to avoid any potential biases during data collection. I also used NVivo to triangulate data to constitute participants' lived experiences. The participants' interviews and identities were masked for their protection to avoid potential data breach concerns. The location of each participant's interview was private, and no other parties could hear or witness their interviews. I coded participants' information to protect their confidentiality by substituting names with a number identifier (i.e., P 1).

Data Analysis

According to Creswell (2018), a data analysis plan is a road map used to analyze and organize the participants' data. Creswell et al. indicated that a qualitative phenomenological study is a systematic analysis or theme that describes participants' lived experiences related to a phenomenon. The qualitative phenomenological design can be used to understand a phenomenon from various perspectives without losing its natural connection to participants' experiences. This research design rationale focuses on attaining data from individual experiences (Moustakas, 2011). I used the qualitative phenomenological design to align the study's purpose, problem, and two research questions. This research design was employed for this study to examine participants'

lived experiences and their perceptions, attitudes, and opinions related to the phenomenon. Data analysis is one of the most significant, yet least implicit, elements of qualitative research (Kaiser, 2017). The researcher can explain human behavior and provide a voice for participants' lived experiences with a meticulous data analysis. Structured descriptions explain individuals or group experiences to organize themes representing a synthesized meaning (Creswell, 2018).

The data analysis process began immediately after my first interview and continued while recruiting participants, conducting interviews, and aligning the collected data. Transcripts from audio-recorded interviews constituted my data source. The transcribing process focuses on participants' comments to transcribe their full audio recording and revisited the recordings, and reread the transcript (Patton, 2018).

According to Kaiser (2017), during the data analysis process researchers may compare various transcriptions to refine the coding patterns with new or unreliable data. The participants' statements were evaluated and transformed into words or short phrases that represented the participants' statements. Coding themes help the researcher focus on specific characteristics related to similarities and differences when analyzing and interpreting data (Creswell, 2018).

I used NVivo software to organize codes and themes based on recognized patterns from participants' responses to interview and follow-up questions. There were no discrepant cases found during this research study. I used member checks to verify and ensure the accuracy of the participants' data. This resulted in organizing several codes

into categories and then ultimately into themes. There were five themes that emerged from the following two research questions.

1. What are the lived experiences of former military service members diagnosed with PTSD who have experienced online video conferencing therapy, prior to and during the Covid-19 pandemic?

2. What perceptions, attitudes and opinions, do former military service members diagnosed with PTSD have related to social support, behavioral strategies, counseling, and medication management experienced during online video conferencing therapy, prior to and during the Covid-19 pandemic?

The five themes that emerged from this study included: experiences suffering from PTSD, Covid-19's impact on finding mental health treatment, experiences and benefits using online video conferencing therapy, challenges with online video conferencing therapy, and ways that online video conferencing therapy improved PTSD.

Coding Process

According to Patton (2018), during qualitative research it may be difficult for researchers to memorize codes without using a codebook. Patton et al. indicated that code books help researchers to organize codes and themes throughout the data analysis process. Patton et al. also indicated that assigning codes into small words and phrases and then eventually categories or themes helps researchers capture each participant's feedback to analyze and summarize the data results. Themes are related to participants'

accounts that characterize perceptions and experiences that are relevant to the research questions (Creswell, 2018; Patton, 2018).

I used inductive coding to examine data similarities and differences relative to the research questions. I formed categories to find themes expressed in the text or analysis. I used the coding process to identify text, concepts, and data to determine how they related to one another. I also systematically searched through the data, interview transcripts, and observation notes to increase my knowledge of understanding the phenomenon.

Issues of Trustworthiness

Credibility

Member checking assisted with verifying the accuracy of the data collected in participants' recorded interviews (Patton, 2018; Perry, 2013). Patton et al. indicated that trustworthiness related to credibility validates participants' perceptions, attitudes, and opinions to gain an accurate response. I used member checking, detailed transcriptions, prolonged engagement, and triangulation to examine the data. I thoroughly reviewed each participant's transcript and recording to provide detailed information. I then asked each participant to review the document and transcript to confirm that the information accurately revealed their thoughts, ideas, and opinions. Each participant agreed there were no issues or corrections needed.

Transferability

Trustworthiness related to transferability means researchers can use the findings to replicate this study (Creswell, 2018). I provided a detailed interpretation of participants' characteristics to form generalizations. The research study's findings were

not applied to anyone who did not serve in combat, suffer from PTSD, and experience online video conferencing therapy. My intent was to record the participants' experiences so that they may be used in future research studies.

Dependability

Dependability refers to researchers duplicating the findings in the same context using similar participants (Patton, 2018). I reported the study's findings in a way that qualitative researchers may conduct this same study to attain a duplicate result. I used audit trails such as using a calendar to document dates of the interviews and transcriptions from participants' responses during interviews. I also used eye contact and active listening to pay attention participants' body language, facial expressions, and voice tone when discussing their PTSD experiences. My intent during this study was to explain the research process to properly confirm dependability.

Confirmability

In qualitative research studies, confirmability is the final criterion of trustworthiness and is based on validating the participants' narratives and words. Biases, expectations, and assumptions may interfere with the study's credibility and findings (Perry, 2013). I used a journal to gather any potential biases, assumptions, and preconceptions. According to Kaiser (2017), trustworthiness refers to the study's outcome being grounded in the data through an examination to compare research bias.

The study results were supported by the participants' interviews during data collection. According to Patton (2018), researchers may record distinctive topics during data collection. Patton et al. indicated that researchers may write up the final results and

coding process to provide a rationale for each theme. I verified the accuracy of each participant's audio recording and transcribed interview. I used member checking and data triangulation to avoid concerns with research bias. I also used Moustakas' (2011) phenomenological methods, such as reduction, bracketing, imaginative variation, and data synthesis to understand participants' experiences through a more defined lens. I made sure that my personal biases and assumptions did not interfere with the study's credibility. The field notes taken from this study have been safeguarded and confirm that the data was attained from participants to achieve a tentative conclusion.

Results

Theme 1: Experiences Suffering from PTSD

In this study, for theme one I interviewed participants who self-identified as having served in Afghanistan or Iraq's combat zones. The participants revealed that they were diagnosed with PTSD, but each participant had their own unique experience suffering from the effects of PTSD. Each participant also had different concerns transitioning to civilian life. PSTD impacted the participants' daily lives from various perspectives. I did not ask any questions about the participants' combat experiences in Iraq or Afghanistan during their interview to avoid past emotional and psychological wounds.

Participant #1 and Participant #2 both expressed that PTSD caused dysfunction within their family and work life. Participant #1 also expressed that PTSD had a negative impact on daily activities in the public setting:

> Um, my time serving in Afghanistan caused me to suffer from the effects of PTSD. I, um, experienced concerns related to elevated mood swings transitioning to civilian life. I, um, had concerns with extending trust toward family and friends. I found it difficult to function mentally in the public setting. I would consistently pace back and forth in restaurants, grocery and department stores when feeling apprehension. I was afraid to ask for emotional and social support from family and friends.
>
> I experienced fear-driven anxiety and uncontrollable mood changes. This caused me to, um, experience issues in the workplace. I found it difficult to collaborate with co-workers. Um, PTSD hindered my ability to succeed positively with group tasks and meet productivity requirements. I, um, was in need of mental health treatment for PTSD. My life and career, um, was quickly falling apart and going downwards.

Participant #2 stated,

> PTSD, um, caused me to experience emotional detachment from loved ones. Uh, I could not mentally function when I returned from Iraq. I sat in a room full of family, um, not realizing that a loved one gave me a gift. My brother asked. “Was I okay?” I quickly said “yes” I was fine.” [Sigh], I knew something, was wrong when my brother asked. “Was I doing okay? “I, uh, realized that my brother knew me better than I knew myself. I knew that a therapeutic intervention was needed for my PTSD concerns.

Participant #3 and Participant #4 both recalled that PTSD caused them to suffer from suicidal ideation. Participant #3 stated,

> I, um, had consistent problems trying to gather my thoughts, feelings, and emotions from serving in Afghanistan. PTSD created such a drastic toll on my mind, body, and soul. I was struggling to, um, maintain sanity. I-I, um, did not understand why I had difficulties eating and sleeping. Um, it was much easier for me to sleep during the day versus night.
>
> I struggled with unbalanced sleep patterns that, uh, caused dysfunction with day-to-day activities. I also struggled with home and family life. I experienced fear-driven paranoia. I also experienced on many occasions, uh, that I invaded the personal space of my wife and kids.
>
> I lost my confidence and, um, was no longer a supportive pillar within the family dynamics. I experienced fear and anxiety symptoms in the public setting. I had—um, I had concerns with attending movie theaters, amusement parks, music clubs, malls, flea markets, grocery stores, and restaurants. Um, I did not like flickering bright lights or the sounds of loud talking or music. I also did not like the fast movements of human body parts.
>
> I was too embarrassed to go on outings with family, friends, and co-workers. I um, spent more time inside my home. Um, so PTSD had a negative impact on my daily activities. At times, I broke down and cried and hoped that my PTSD symptoms would disappear. My, uh, PSTD symptoms continued to worsen

and caused me to experience suicidal ideation. I had to, uh, seek mental health treatment for PTSD. My, uh, life and happiness felt incomplete and hopeless.

Participant #4 expressed,

> Uh, during my experience serving in Iraq, I was so proud and honored to protect America. I built a psychological wall of, um, no fear during my transition to civilian life. I asked myself. How did I survive under such extreme circumstances? I-I began experiencing survivor's guilt and hopelessness. These, um, behavioral concerns caused me, um, to experience suicidal ideation. [Sigh], uh, I sat outside at night and cried wondering why, um, I survived when many other fellow military service members met their demise. I did not understand why, um, I had so many bottled up emotions, feelings, and thoughts.
>
> [Deep breath], I was suffering from the effects of PTSD. [Sigh], I was in denial and uh, became emotionally numb. I began, um, misusing substances such as drugs and alcohol to cope with fears related to suicidal ideation. I had a difficult time holding onto employment and concentrating on daily tasks. I was, um, evicted from my apartment and the bank repossessed my car. These traumatic experiences helped me to realize that I needed mental health treatment for my PTSD concerns. My life was spiraling downwards. I had no one to rely on for help or emotional support.

Participant #5 and Participant #6 both explained that PTSD caused them to experience concerns such as anxiety, agitation and difficulties with sleeping and eating. Participant #5 noted,

My time serving in Iraq caused me to, uh, experience nightmares and flashbacks related to PTSD. Uh, I was living in fear and refused to attend social gatherings with family and friends. I did not feel comfortable being around large crowds of people and hearing loud noises. I believed that terrorists were after me and wanted to invade America. I could not, um, watch military based movies. My mind continuously jogged back and forth thinking about past experiences in Iraq. I had many difficulties getting through my workday and home life.

Uh, at work I was constantly talking about my experiences in Iraq. These experiences struck the imagination of my co-workers. I was suffering from, umm, intrusive memories from past trauma in Iraq. I-I was losing myself from a mental perspective telling these stories.

I experienced PTSD concerns such as, um, nervousness, confusion, dizziness, and nausea. I had to literally, take a bathroom break to vomit and gather my thoughts, emotions, and feelings to get through my work shift. I would find an excuse to leave work early. The anxiety caused me to pace back and forth nonstop.

I began to, um, understand that PTSD was causing high levels of anxiety. I did not have a consistent eating or sleeping routine. I was living a miserable and dysfunctional lifestyle. I found through these experiences with PTSD that I needed to speak with a mental health clinician. I knew that I could not navigate through this mental health journey alone.

Participant #6 explained that PTSD caused a decrease in their appetite and weight:

> My experience in Afghanistan caused me to suffer from the effects of PTSD. I experienced concerns such as anxiety and survivor's guilt. I was not able to look at photos of military personnel who had served in my unit. I suffered from, um, poor judgment and decision-making and social dysfunction. Uh, this caused me to have problems with my everyday life and daily routine. I slept all day, misused alcohol, and remained socially isolated. I did not have a good appetite. I lost about 40 pounds in a month's span. I became confused and anxiety-driven when ordering from food menus in restaurants. I would forget the pronunciation of words that normally would be easy to say.

Participant #7 also expressed,

> I experienced issues in the work and home setting. PTSD caused me to, uh, experience delusions and paranoia. These PTSD symptoms were related to me serving in Iraq. I struggled to-to observe myself daily in the mirror. I did not want to, uh, stir up emotions, thoughts, and feelings from past experiences in Iraq. I was suffering from PTSD and could not fix these mental health concerns without therapy. My PTSD, um, symptoms would only occur when I heard loud popping sounds, gunfire or thundering or lightning.
>
> My, uh, PTSD symptoms would also occur when I saw flashing and flickering lights. I would become easily agitated, jittery, and impatient no matter the severity of the experience. I was impaired from a physical and mental perspective. [Sigh], I struggled to, uh, take deep breaths and decrease my heart beat rhythm. I decided to seek mental health counseling for my PTSD concerns.

Participant #6 and Participant #8 both recalled that PTSD caused them to experience appetite and weight concerns. Participant #8 further explained that PTSD caused an increase in their appetite and weight:

> During my time serving in Afghanistan I suffered from, uh, fear-driven anxiety and paranoia. I was in fear of the enemy 24 hours a day during my transition to civilian life. I experienced intrusive memories and flashbacks of war related to PTSD. I also, um, experienced various mood swings such as agitation, anxiety, and depression. I could not mentally function around huge crowds of people. I experienced mental health concerns being out in the public setting.
>
> I was, uh, addicted to eating and using the Internet and technology to obtain supplies for the home and self. I was secluded from family and friends and barely would attend work. I let myself go from a physical standpoint gaining about 50 pounds. I refused to, um, seek therapeutic services for PTSD. I, um, was too embarrassed that others in the public would make fun of my appearance.

Participant #9 noted,

> I, um, served in Afghanistan under the terms of duty and honor. I have no regrets with the decision to serve in Afghanistan. I was doing well for the first 90 days integrating into civilian life. I began experiencing nausea and anxiety. I became more apprehensive when it came to trusting people. I, uh, became fearful of those who were of foreign descent. I was suffering from the effects of PTSD. Due to the Covid-19 pandemic everyone was wearing face masks and practicing social

distancing. I automatically thought individuals who wore masks were terrorists who cannot be trusted.

I became so paranoid that, um; my blood pressure would rise. The sweat would pour off my chest and forehead drenching my shirt collar. I knew that something was wrong with me. I was suffering from severe PTSD symptoms. PTSD was taking a toll on my mental psyche and physical health. I was in need of mental health therapy for PTSD.

Both Participant #10 and Participant #11 struggled with emotional detachment. This caused them to experience social and emotional dysfunction in the home and work setting. Participant #10 stated,

> During my time serving in Iraq, I experienced emotional detachment and mental strain. I had, um, concerns with becoming emotionally attached to my wife and kids. PTSD caused me to have a loss of interest in social activities that were a part of my normal daily routine. In the past, I enjoyed going to my kids' school outings. PTSD, um, made it problematic for me to leave the home. I was struggling to overcome my fears and delusions related to serving in Iraq.
>
> I, um, had no real care in the world. The garage, master bathroom, and back porch were my only solitude in the home. I hung in these, um, safe spots for 14 to 20 hours a day without much entertainment, food or sleep. I consistently had old memories about past military buddies and serving in Iraq. I had no, um, emotional connection to my wife, children, mother, father or siblings.

> I was given a choice by my wife to seek mental health therapy for my PTSD concerns or else, um, a divorce may happen. I had been, uh, experiencing PTSD concerns for about two years. I believed it was time to make a change. I was socially withdrawn and emotionally unavailable to my loved ones. I believed that therapeutic services were needed to gain control of my mental and emotional well-being.

Participant #11 said,

> I experienced trauma serving in Iraq. This led to me, um, experiencing PTSD concerns such as insomnia and social isolation while transitioning to civilian life. I also experienced problems with maintaining steady employment. I suffered from, uh, unwanted thoughts and feelings. In Iraq, I was used to staying awake and patrolling the base perimeter for 12 to 16 hours a day.
>
> I was socially isolated for long extended periods from other military personnel. This experience bled into my daily routine and mental psyche. I began, um, experiencing PTSD concerns while transitioning to civilian life. I was struggling to collaborate with co-workers. I was experiencing PTSD concerns like emotional detachment and-and social isolation. I found it difficult to, uh, connect to and trust co-workers.

Participant #12 also responded,

> During my experience serving in Afghanistan, I experienced a lot of, um, mental trauma. This concern led to experiencing PTSD symptoms such as, um, anxiety, agitation, and confusion. I was in fear of losing my life and never seeing my loved

ones again. I started experiencing fear-driven anxiety and agitation during my transition to civilian life.

I had issues with using patience and uh, controlling my temper when in distress. I had concerns with agitation that led to individuals not wanting to be in my presence. I did not handle stress well. I became confrontational when agitated. I was not able to understand that these emotions, uh, feelings, and thoughts were related to PTSD. PTSD made it challenging for me to think and function from a rational point of view.

I was the one who, uh, signed that dotted line and agreed to guard everything within the limits of my post. I also agreed never to quit my post until properly relieved. I did not have any friends or family to provide me with social or emotional support. I was finally able to understand that mental health treatment was needed for PTSD.

Participant #13 and Participant #14 recalled that they experienced concerns related to PTSD such as depression and suicidal ideation. Participant #13:

Uh, serving in Afghanistan caused me to experience anxiety and depression. I thought that PTSD would not affect my transition into civilian life. I experienced trauma in Afghanistan that I did not want to mention or think about. The memories related to serving in Afghanistan led to me suffering from the effects of PTSD. I struggled with moments of depression when having flashbacks related to serving in Afghanistan.

> This experience caused me to, uh, um, suffer from suicidal ideation. I did not have courage to commit suicide or induce bodily harm. I was afraid to die. I also did not want to leave my children without a mother. I called the local mental health department to seek mental health therapy for PTSD.

Participant #14 stated,

> Serving in Iraq led to me forming the narrative that PTSD only affects those individuals who have weak minds. I discovered this assumption was not true. PTSD caused me to experience concerns such as anxiety, agitation and uh, survivor's guilt. I experienced concerns such as loneliness and despair. PTSD deeply affected my transition to civilian life.
>
> I struggled to connect with normal daily activities such as cooking, cleaning, and even hanging out with family and friends. I experienced so much guilt for still being alive and was depressed. I also was, um, having consistent migraine headaches. I was unable to manage my emotions, thoughts, and uh, feelings related to PTSD. These concerns only occurred when I was agitated. These concerns also led to me experiencing suicidal ideation. I was starting to understand that mental health therapy was needed for my PTSD concerns.

Participant #15:

> Serving in Afghanistan left a dark stain on my heart, mind, and soul. I misused alcohol in hope that I could run away from the effects of PTSD. [Sigh], I used alcohol, um, to decrease and numb my physical, emotional, and mental pain related to the

nightmares and war flashbacks. I had been experiencing these behavioral concerns stemming from PTSD while transitioning to civilian life.

I had no one to express or share my feelings and thoughts with. The anxiety alone, um, from PTSD caused me to experience misusing alcohol. I experienced kidney and liver failure due to misusing alcohol. I was told by a medical physician that I had to be placed on dialysis. It was time for me to seek mental health therapy for PTSD or my health and mental well-being may have continued to decline.

Participant #16:

My, um, PTSD concerns were related to serving in Iraq. I experienced fear and anxiety concerns transitioning to civilian life. I also could not take, um, my mind off the idea that I was going to die. I found it difficult to have an adequate sleeping and eating routine. I was experiencing episodes of intense sweating and bouts of defeat. I believed this problem was linked to apprehension and anxiety related to PTSD. I experienced nausea and panic attacks as well. For me, this, um, made it difficult to manage stressful situations.

I also experienced apprehension and uh, found it problematic to trust others. I struggled to seek and trust a therapist due to personal issues. It was not easy for me to allot trust at all. I did lose my appetite and lost weight alongside receiving a limited amount of sleep. I averaged three to five hours a sleep per night and um, ate under 1200 calories per day. I lost about 30 pounds and did not feel mentally stable or physically healthy.

Participant #17 and Participant #18 both recalled their experiences suffering from apprehension, isolation, and dysfunction related to PTSD. They also mentioned having concerns with being around large and small crowds of people. Participant #17 said,

> I, uh, experienced depression and survivor's guilt due to serving in Afghanistan. I felt emotionally isolated from loved ones, um, while transitioning to civilian life. I disliked the sounds of blaring cars, trucks, computers, cellphones, and motorcycles. I also disliked the sounds of helicopter blades and airplane engines and ambulance, police and fire truck sirens. I had problems with hearing car alarms and cellphone's ringing and loud beeping sounds of ATM machines and store cash registers.
>
> I did not enjoy being in airports, uh, flea markets, malls or bus stations. I wore earphones and sunglasses to decrease anxiety and fear concerns. I did not like fast movements of people. I would become easily startled and agitated. I, uh, was emotionally detached from family, friends, and co-workers. I did not enjoy being around large crowds of people. I found a remote job, um, that allowed me to work from home.
>
> I was drowning mentally and going in a downward spiral. PTSD was taking control of my life in every aspect. I had no way out from a mental perspective. I had to seek treatment for PTSD. I was losing hope and drive to live. As veterans, we sometimes forget that we are not invincible. It is okay to cry and ask for help no matter the severity of your PTSD symptoms.

Participant #18 stated,

> During my time serving in Iraq that, uh, anxiety and fear were huge concerns. I experienced PTSD concerns during my integration to civilian life. I was nervous and had no trust for family or friends. I had concerns with being okay around small crowds of people. PTSD caused me to, um, experience claustrophobia and acrophobia fearing tight spaces and heights. I was mentally suffering from confusion and did not have any hope. I quickly understood that mental health treatment was needed for PTSD to make positive behavioral changes.

Participant #19 expressed,

> I served in Afghanistan and have no, uh, regrets. I experienced intense moments of worry, agitation, and anxiety. These concerns caused difficulties transitioning to civilian life. I also experienced mood swings and had no control over my emotions. I, um, needed to numb the pain of these emotions and release the pressure. I agitated family and friends with my anxiety concerns causing a major uproar.
>
> I, um, always worried about issues that I would observe on the news. I became physically sick and would vomit from the anxiety. I also became a chain smoker and consistent marijuana enthusiast. PTSD was taking over my everyday life until I hit rock bottom. I had no friends and became more emotionally and socially dysfunctional. I felt there was a need to seek mental health treatment for PTSD, or else my life may continue to fall apart.

Participant #20 responded,

Serving in Afghanistan helped me to, uh, understand the meaning of honor, duty, and camaraderie. I experienced fear-driven anxiety and paranoia anxiety transitioning to civilian life. I also experienced high levels of anxiety when, um, watching action movies that involve violence, combat, shootings, and death. PTSD caused me to experience apprehension and agitation. I did not have the courage to ask for help.

I was letting my, um, ego keep me blind and in denial. I did not want to tell anyone about my PTSD symptoms. I began to suffer from so much anxiety that I carried a chip on my shoulder. I did not want to be a burden to my family, friends or work colleagues. I, uh, believed that I had enough courage to manage the thoughts, feelings, and emotions that drove PTSD on my own. I also believed that fear and anxiety took a massive toll on my mental well-being. My husband and children were my biggest supporters and led me to seeking mental health treatment for PTSD.

Theme 2: Covid-19's Impact on Finding Mental Health Treatment

In this study, for theme two I interviewed participants who shared their different experiences seeking mental health treatment for PTSD. The participants also shared the importance of having accessibility to mental health treatment to meet their needs related to PTSD. The participants during their interview spoke about their experiences seeking mental health treatment for PTSD prior to, and during the Covid-19 pandemic. The Covid-19 virus is a serious health concern that caused many deaths across the world.

In 2020, medical researchers for The Centers for Disease Control and Prevention discovered a vaccine for the Covid-19 virus. The developmental process of this vaccine is still on going and has many unanswered questions. In most cases, during the Covid-19 pandemic the participants explained they were willing to consider that in-person talk therapy was not accessible to fit their therapeutic needs related to PTSD. The majority of the participants expressed that receiving online video conferencing therapy was a better therapeutic option than not receiving any mental health treatment for PTSD. Participant #1 and Participant #2 both explained that PTSD caused their concerns integrating into civilian life. They also explained that the Covid-19 pandemic caused many concerns finding mental health therapy for their PTSD concerns. Participant #1:

> I um, experienced anxiety concerns surrounding the Covid-19 pandemic. This experience, um, increased my PTSD symptoms. I was spending so much time quarantined in the home. [Laughs], I felt like I was on a deserted island. I was, um, experiencing suicidal ideation and needed mental health treatment for PTSD. It was, um, difficult to find therapeutic services during the height of the Covid-19 pandemic. This was due to everyone being quarantined.
>
> I was, uh, advised by a medical physician to practice social distancing. I was also advised to hang out only in small groups and wear a face mask. Prior, to the Covid-19 pandemic, I spoke to a therapist in-person twice a week to, um, to share emotions, feelings, and thoughts related to PTSD. I had no choice, but to continue to quarantine during the Covid-19 pandemic.

> Uh, I had to deal with PTSD without any hopes of receiving mental health therapy. In the past, mental health treatment helped me to find different, um, strategies to cope with PTSD. I was told by a close friend that there may be mental health clinicians who will administer therapy using internet access and a computer. I began to make calls to inquire was this true? When, in fact, it was.
>
> I found a mental health clinician who was, um, experienced with administering online based mental health treatment. I was on board to incorporate online therapeutic services to manage stress and find coping mechanisms for my PTSD concerns.

Participant #2 stated,

> Um, I waited until Covid-19 was over to seek treatment for PTSD. [Sigh], I did not like wearing face masks. This reminded me of terrorists from the Middle East. I was okay with, um, quarantining in the home. I will say that apprehension, and isolation made me feel safe. Prior to the Covid-19 pandemic, I had no issues with, uh, finding a mental health therapist to discuss my PTSD concerns. This changed once the Covid-19 pandemic struck. I became socially and emotionally dysfunctional.
>
> I also became mentally distant from co-workers, family, and friends. I called the mental health department to get information about other treatment options for PTSD during Covid-19. I, um, did not know what to do. I was running out of, um, medication and had no social support. PTSD caused me to experience,

> um, anxiety and paranoia. I was in need of mental health treatment for PTSD. I called my primary mental health therapist.
>
> I was unable to contact her by phone. I did manage to send her an email. I expressed the need to meet her in-person. She, um, advised me via email that meeting in-person was too risky due to the Covid-19 pandemic. I asked was she trained to administer online video conferencing therapy. She said "yes." I agreed to participate in online video conferencing therapy. She then, proceeded to give me an online therapy appointment. I had no accessibility to any other therapeutic options for PTSD.

Participant #3, Participant #4, and Participant #5 recalled their experiences finding mental health treatment for PTSD prior to the Covid-19 pandemic. They did not have much knowledge about online video conferencing therapy. They also struggled to find therapeutic services during Covid-19. Participant #3 responded,

> During the start of the Covid-19 pandemic, I struggled to find mental health therapy for my PTSD concerns. I also struggled to find social and emotional support. I was skeptical about contracting the Covid-19 virus. I expressed to a group of friends that people were dying like flies from Covid-19. I also expressed that, um, PTSD caused me to experience concerns transitioning to civilian life.
>
> Prior to Covid-19, I had no problems finding a therapist to express my PTSD concerns. The mental health clinician provided many behavioral strategies to help manage my emotions when experiencing panic attacks. I enjoyed building

a rapport that was in-person. I was starting to um, understand the importance of speaking with a mental health clinician to address mental health concerns.

I followed protocols such as, um, social distancing, wearing a face mask, and constantly sanitizing my hands during the Covid-19 pandemic. I was, um, living in a rural town about 60 miles from the city. I had no additional treatment options to, um, support finding a mental health therapist. My wife asked had I ever experienced online video conferencing therapy.

I said "no," do you know anything about this, um, virtual treatment method? My wife explained this therapeutic method used internet access and a computer to administer talk therapy to those who have metal health concerns. I said to myself, "hmm," this may be a good treatment approach to consider."

The Covid-19 pandemic was a huge medical concern. I saw that virtual therapy existed on such a large scale. I, uh, found a few therapists who practiced online video conferencing therapy. I made an appointment to be assessed, and the rest was history.

Participant #4 stated,

I experienced agitation during the Covid-19 pandemic. This, um, made it challenging for me, um, to find mental health treatment for PTSD. I was frustrated and spent nearly 24 hours a day isolated in my home. My partner and kids were miserable during the Covid-19 pandemic.

Well, prior to Covid-19, um, I did not have any concerns finding a mental health therapist. I was having PTSD concerns and had been seeing a mental health

therapist twice a week. I was suffering from war flashbacks and intrusive memories related to past trauma. I was not for sure would I ever receive mental health treatment for PTSD.

I had many concerns during Covid-19. I, uh, struggled to find a mental health clinician to, uh, provide in-person therapeutic services. I was confused on what should be done to find treatment for PTSD. I found that in-person talk therapy was not a treatment option during the height of Covid-19. I was told by my medical physician to wear a face mask and practice social distancing not to contract the Covid-19 virus.

I discovered that in-person human interaction had nearly ceased. I recalled that virtual therapy was available for those who were computer savvy. I owned a computer and had internet access. I figured why not give online video conferencing therapy a chance?

Participant #5 mentioned,

I was not able to um, receive treatment in-person from a mental health therapist. This was due to all the health complications surrounding the Covid-19 virus. Uh, I was not focused so much on getting mental health treatment for PTSD. I was hoping that the mental health setting would get back to normal.

Well, um, prior to the Covid-19 pandemic, um, I-I, uh, was receiving therapy from a mental health clinician. [Sigh], I became frustrated, when, um, he explained due to Covid-19 there were no more in-person visits until further notice. I had this experience during the start of Covid-19 when medical and

research professionals had no real answers for a cure. I was apprehensive that he was not going to be able to find any mental health treatment options for PTSD.

Prior to Covid-19, I enjoyed my, um, treatment experience with in-person mental health therapy. I gained awesome behavioral strategies such as breathing techniques and meditation gradually to find a mental calmness. I still had concerns with transitioning to civilian life. I uh, was losing my, um, emotional bearing during the start of my PTSD symptoms.

I noticed during the Covid-19 pandemic that in-person therapeutic mental health services had somewhat decreased. I realized that, um, Covid-19 was a major health concern that negatively impacted the mental health setting. A friend told me about online video conferencing therapy.

I expressed to him, um, how, resourceful was web assisted therapy? My friend gave me the contact information for the mental health clinician who helped him with his PTSD concerns. I was told that uh, the therapy sessions would be remote and use a computer and internet access. I was okay with trying an online intervention to decrease my PTSD concerns.

Participant #6 and Participant #7 recalled the mental health setting becoming remote due to concerns related to the Covid-19 pandemic. They both had concerns with finding a mental health therapist who would administer in-person talk therapy during Covid-19. They also both understood that online video conferencing therapy was a relatively new therapeutic intervention. Participant #6 expressed,

I experienced firsthand the Covid-19 pandemic had a negative impact on finding mental health treatment for PTSD. I was struggling to manage my PTSD concerns. I was, um, also struggling with agitation and uh, controlling my temperament. I had concerns with transitioning to civilian life. It was challenging to find a mental health therapist to, um, administer in-person mental health treatment.

The Covid-19 pandemic had everyone in quarantine. This solidified that the Covid-19 virus was very deadly and there may not be a cure. I was losing hope due to so many reported deaths related to the Covid-19 virus. Prior to the Covid-19 pandemic, I did not have any concerns, um, with finding mental health treatment for PTSD.

I had a close encounter with the impact of Covid-19. [Deep breath] and [Sigh], my uncle contracted the Covid-19 virus and passed away seven days later. I uh, realized that I should be more worried about the Covid-19 virus. I had a wonderful treatment experience with in-person mental health therapy.

I heard in the past that online video conferencing therapy was therapeutic. I did not have a lot of, uh, computer knowledge or internet access. I called my health insurance provider to search for virtual mental health therapists who have practical knowledge about online video conferencing therapy. I found an experienced online mental health clinician. I then agreed to schedule a therapy appointment.

Participant #7 said,

> Prior to Covid-19, hmm, I had no issues with obtaining in-person talk therapy. I noticed when the Covid-19 pandemic struck, the, uh, mental health setting began to go remote. I was talking to a mental health therapist twice a week to share feelings and thoughts related to PTSD. I received an array of mental tools that, um, guided me through PTSD. I discovered during in-person therapy that unpacking mental health concerns improved the mental psyche.
>
> My mental health therapy sessions were canceled during the Covid-19 pandemic. The mental health setting took a drastic turn and became remote. I had concerns with finding mental health therapists who would take a risk administering in-person talk therapy. I saw that social distancing and wearing masks were coming into play a lot. I knew that computer supported therapy was a relatively new intervention.
>
> I had a computer and access to the Internet that may assist me with finding a treatment option for PTSD. I did find a mental health clinician who had practical knowledge for employing online video conferencing therapy. I then agreed to try online video conferencing therapy.

Participant #8 recalled prior to Covid-19 experiencing treatment with a mental health therapist who knew how to administer online video conferencing therapy:

> The Covid-19 pandemic did not impact my PTSD treatment process. I knew that, uh, using a traditional mental health therapist would have created many variables to consider. I would have been on a long waiting list and had scheduling concerns

and be forced to wear a face mask and practice social distancing. I also would have been more at risk for contracting the Covid-19 virus.

I saw that Covid-19 was not going anywhere. I was already familiar with using a mental health therapist who knew how to, um, administer online video conferencing therapy. I had already been working with a mental health therapist in-person prior to the Covid-19 pandemic.

In the beginning, I was a little skeptical about virtual supported therapy. I agreed to employ a mental health therapist who was willing to practice non-traditional web-based therapy. I did not have too many problems integrating into civilian life. I wanted to try a different treatment perspective. I did not want to use traditional in-person talk therapy to share feelings, thoughts, and uh, emotions related to PTSD.

I found that it was more convenient to, um, use a computer and internet access. I believed this virtual treatment method provided options such as flexible treatment times and locations. I also would not have to worry so much about the Covid-19 pandemic or even travel costs.

Participant #9 recalled that in-person talk therapy was more effective than web-based therapy. They expressed this depended upon the treatment style preference of the mental health patient and their treatment needs.

Uh, during the Covid-19 pandemic, I experienced many concerns finding mental health treatment for PTSD. I was experiencing anxiety, survivor's guilt, and intrusive memories that interrupted my sleeping and eating patterns. I could not

find a mental health clinician who, um, was willing to meet in-person to discuss my PTSD concerns. I was not comfortable with wearing a face mask or practicing social distancing. [Sigh], I experienced, um, nervousness and claustrophobia.

I have always been a naturally out-going person. The walls were closing in during my, um, quarantine experience with Covid-19. I did not like wearing a face mask, period. This caused an issue with my breathing and thinking when I was feeling stressed or agitated. I would rather experience in-person talk therapy versus web supported therapy. I am more comfortable with speaking about my feelings and thoughts in-person versus online.

I, um, believed that the Covid-19 pandemic decreased in-person human interaction. I was not computer savvy and enjoyed sharing my thoughts and feelings in-person. I was socially awkward and um, emotionally distant from family and friends. I realized that receiving mental health therapy for PTSD was needed to improve my mental psyche. I also realized therapy was beneficial no matter if it was administered in-person or online.

Participant #10 and Participant #11 recalled having no knowledge about virtually supported interventions. They both knew that in-person talk therapy was unsuitable due to health concerns related to the Covid-19 pandemic. They both also knew that online video conferencing was the only treatment option available to treat their PTSD concerns. Participant #10 said,

I believed that my mental psyche was doomed. The Covid-19 pandemic caused issues with receiving mental health treatment for PTSD. Prior to Covid-19, I was

attending therapy sessions with a mental health therapist and um, had built a strong rapport. The mental health therapist expressed that due to Covid-19 protocols regulated by the government.

"We cannot meet in-person for mental health treatment until further notice." I, uh, became agitated thinking about what I can do to manage my PTSD concerns. I was suffering from panic attacks and emotional imbalances. I figured I would continue to use breathing techniques and writing in a journal. I also figured these treatment objectives were going to help manage my PTSD symptoms. These interventions, um, did not work for me. I needed another therapeutic alternative such as speaking with a mental health clinician.

I knew nothing about web supported interventions. I had no true interest with speaking with a mental health counselor online. I was not into computers or the Internet like that. My emotions, thoughts, and uh, feelings were bottled up and needed to be dumped. The mental health therapist explained that we could discuss my feelings and thoughts related to PTSD in a remote setting.

I asked, did he own a computer and have internet access? He said, yes, and went on to explain we can speak online versus in-person. This was good news for me considering the Covid-19 pandemic had society in a mass quarantine. He asked, "was; I committed to the therapy process." I told him, "Yes," I was committed to undergoing online video conferencing therapy and to count me in.

Participant #11 expressed,

Prior to Covid-19, I found it easier to seek mental health therapy for PTSD. I used to talk in-person with a mental health therapist at least once a week. I had been dealing with various PTSD concerns for about five years. I built a strong rapport with the mental health therapist. I had a true understanding of the healing process and relationship building. I sat with a mental health therapist and internalized my PTSD symptoms.

I experienced quite a bit of isolation due to Covid-19. I was having concerns with not being able to, um, spend one on one time in-person with my assigned mental health clinician. Due to the Covid-19 pandemic, meeting in-person was unsuitable.

The mental health clinician explained, “According to federal regulations, though we can practice social distancing and wear a face mask." She expressed that it made more sense to avoid close contact and follow state and federal guidelines with Covid-19.

She asked would I be okay with sharing my feelings and thoughts about PTSD online using a computer and internet access. I said “yes” I was okay with trying this virtual therapeutic method. I came to the steep conclusion. I was in need of mental health treatment for PTSD.

Participant #12, Participant #13, and Participant #14 recalled the Covid-19 pandemic turning the mental health setting into a remote atmosphere. Covid-19 changed the way society and mental health professionals viewed online interventions. Participant #12 said,

> Um, I know that the Covid-19 pandemic changed the way mental health treatment can be administered. Prior to the Covid-19 pandemic, it was, um, much easier for me to obtain mental health treatment for PTSD. In the past, I suffered from PTSD and was isolated from society. I was attending in-person talk therapy prior to Covid-19. During Covid-19, I knew this was going to, um, start a new trend in the mental health setting. I was not familiar with computer-based therapy. I discovered that web-based interventions were becoming the new treatment standard.
>
> I experienced that online video conferencing therapy formed a conscious barrier. Well, in my opinion, this virtual treatment method was, um, not as structured and formal as in-person talk therapy. I preferred using in-person talk therapy. In the past, uh, I had experienced online video conferencing therapy too. I adapted to virtual supported therapy due to Covid-19. I liked that online video conferencing therapy used a computer and internet access. I found that online video conferencing therapy had benefits and barriers to consider.

Participant #13 said,

> I, uh, experienced the Covid-19 pandemic turning in-person interaction upside down. I saw that technology was becoming a force to be reckoned with. I was having in-person talk therapy sessions with a mental health therapist prior to Covid-19. I suffered from PTSD concerns such as insomnia and agitation. I did openly agree to seek online video conferencing therapy. I was not experiencing

too many concerns integrating into civilian life. I knew that in-person talk therapy was not going to be feasible due to Covid-19.

I sought to, um, find a virtual based mental health therapist to assist with treating my PTSD symptoms. Prior to Covid-19, I learned, uh, new behavioral strategies to address my PTSD symptoms. The mental health therapist expressed to me that taking quiet walks, lying in a hammock and taking deep breaths and using meditation was beneficial for managing PTSD. I was more focused on quarantining and avoiding the contraction of the Covid-19 virus. [Sigh], I was afraid of dying from Covid-19. I um, figured that online video conferencing therapy would be the new treatment norm.

Participant #14: stated,

I had seen that, uh, the mental health setting was becoming remote. I believed online video conferencing therapy was going to be a new treatment norm. Prior to Covid-19, I had been going through therapy sessions with a mental health clinician. I experienced the influence and power of Covid-19. I contracted the Covid-19 virus and had to isolate myself from others. This medical condition made it difficult for me to obtain mental health treatment for PTSD.

I was having mental concerns related to PTSD such as insomnia and um, anxiety while integrating into civilian life. I had to wait for a vaccine since I was more prone to contracting or possibly spreading the Covid-19 virus. I knew that receiving in-person mental health treatment to discuss my PTSD concerns was not

going to happen. This did not matter even if I practiced social distancing and wore a face mask.

During the Covid-19 pandemic, uh, it was best for me to use a computer and internet access to communicate online with, um, a mental health therapist to share PTSD concerns. I was remote and did not have to worry about spreading or contracting the Covid-19 virus.

Participant #15 and Participant #16 both recalled their experiences searching for mental health clinicians who could administer in-person talk therapy during the Covid-19 pandemic. They also found that receiving online video conferencing therapy was a way to avoid issues related to Covid-19. Participant #15 expressed,

I, uh, observed a big change in the mental health setting during the Covid-19 pandemic. I also observed that technology was becoming a new vessel for human communication. I was suffering from severe PTSD symptoms. PTSD caused me to, uh, experience anxiety and suicidal ideation. I was struggling to transition to civilian life. Prior, to the Covid-19 pandemic, I had been attending in-person talk therapy sessions. I gained a mass amount of mental support from this experience.

I experienced mental setbacks during the Covid-19 pandemic. I searched the internet to find mental health therapists who were available to provide in-person talk therapy. I found that most of the mental health therapists were, um, administering mental health therapy in a remote setting. I saw that, uh, in-person human interaction was at a standstill. I also saw that online based mental health

therapy was taking over during the Covid-19 pandemic. I made a conscious decision to employ online video conferencing therapy for my PTSD concerns. Participant #16 noted,

> I was puzzled when the Covid-19 pandemic struck, oh, um, by the way. I was in the middle of going through in-person talk therapy. The mental health therapist had to terminate my therapy sessions. This was due to the Covid-19 pandemic. I was diagnosed with PTSD six months prior to Covid-19. I had no understanding that society would be forced into a remote atmosphere. I needed mental health therapy for my PTSD concerns. I um, was experiencing nightmares and, um, intrusive memories. These issues caused me to, uh, struggle with integrating to civilian life.
>
> During Covid-19 most mental health clinicians were not hosting the idea of in-person talk therapy. I knew that Covid-19 was not leaving and would continue to cause issues. I agreed to wear a face mask and practice social distancing to receive mental health treatment for PTSD. I used the internet to seek mental health therapy for PTSD. I read many reviews about online video conferencing therapy. The reviews expressed this was a virtual therapeutic option for those in need of, um, mental health treatment. I also read that a computer and internet access were the only tools needed to participate.
>
> I started searching for mental health clinicians who were willing to practice virtual counseling. I found a long list of potential mental health therapists who had experience with practicing online video conferencing therapy. I called

every virtual tele-mental health professional on this list. Unfortunately, only one mental health clinician returned my call to schedule a therapy appointment.

Participant #17 recalled having a prior treatment experience with online video conferencing therapy before the Covid-19 pandemic. Participant #17 also recalled this virtual treatment method was just as effective as in-person talk therapy:

> I, uh, experienced the impact of the Covid-19 pandemic. I observed that mental health therapy was becoming more computer-integrated. I could not find any mental health therapists to meet in-person for talk therapy. I was hoping to wear a face mask and um, practice social distancing. I had PTSD concerns and struggled to transition to civilian life.
>
> I struggled with concerns such as, um, depression and misuse of alcohol and drugs. The mental health setting was steering away from in-person talk therapy due to Covid-19. I noticed the mental health setting was starting to use technology such as access to the Internet and a computer to administer mental health treatment. I experienced that no mental health clinician was trying to risk contracting, um, or spreading Covid-19 to administer in-person talk therapy. I did have some experience with virtual therapy prior to, and during the Covid-19 pandemic.
>
> My husband and I experienced couples and individual online therapy sessions. We chose this virtual therapeutic method because we have two disabled kids and had long work schedules. We both believed that online video

conferencing therapy provided them with adequate behavioral strategies just as in-person talk therapy did.

Participant #18 and Participant #19 recalled the Covid-19 pandemic not making a huge impact on mental health treatment. They expressed the world has become more technologically sound. They also expressed that computers and internet access can be used to improve therapeutic options for those with mental health concerns. Participant #18 said,

> During the Covid-19 pandemic, I had no, um, concerns finding mental health therapy for my PTSD concerns. I made a positive progression with my mental psyche. I already understood the, um, impact of technology on the world today. I knew that once a major crisis happened that involved the widespread of a deadly illness.
>
> The mental health setting would begin to use various applications, internet access, cellphones, and computers for therapeutic purposes. I think that people, um, nowadays are becoming more comfortable with phone texting and communication online with a computer and internet access.
>
> I um, do not think that the Covid-19 pandemic made that huge of an impact. I have had experiences with online video conferencing therapy and in-person talk therapy. I do not think that society has to worry about the impact of Covid-19 on mental health therapy. I believed that online and in-person talk therapy has their benefits and challenges. I also believed what works for one person may not work for the other.

Participant #19 said,

> I uh, experienced many concerns during the Covid-19 pandemic. I had been suffering from PTSD for quite some time. I was struggling to integrate to civilian life. [Sigh], I lost my job and spent a couple of months in jail. I was um, misusing alcohol and experiencing elevated mood swings. Due to Covid-19, I was searching for a mental health clinician to administer in-person talk therapy.
>
> I um, experienced web supported therapy, uh, being the only mental health treatment method for PTSD during Covid-19. Um, Covid-19 was a pandemic that caused most mental health therapists to work in a remote setting. I found that, um, web supported therapy was much different and did not require in-person communication to discuss my, um, PTSD concerns.
>
> I was put in the direction of a mental health therapist who had a lot of, uh, practical knowledge administering online video conferencing therapy. The Covid-19 did not limit the mental health setting's capabilities with cutting-edge technology such as internet access, cellphones, apps, and computers. I gave the online video conferencing therapy a shot to determine its effectiveness.

Participant #20 expressed,

> Uh, prior to and during the Covid-19 pandemic, I, uh, was seeking mental health therapy for PTSD. I had issues transitioning into civilian life. I was, um, suffering from anxiety and bouts of depression. I was consistently receiving mental health treatment for PTSD prior to Covid-19. I did not find the right therapist who

would, um, fit my mental health needs. I did not think about the impact that Covid-19 would cause on society.

I pursued online video conferencing therapy. Um, I knew this virtual therapeutic treatment method did not have a lot of traction in the mental health setting. I closely observed the wrath of the Covid-19 pandemic, hitting society like a storm. I found that in-person talk therapy was, um, not going to happen due to the Covid-19 virus.

I had to um, quarantine myself from the world and follow protocols such as wearing a face mask and practicing social distancing. I knew that the mental health setting would be depending on remoteness. I also knew um, that using online communication and not in-person communication was going to be the new norm. I was fine with experiencing online video conferencing therapy.

Theme 3: Experiences and Benefits of Using Online Video Conferencing Therapy

In this study, for theme three I interviewed participants who shared their firsthand experiences related to undergoing online video conferencing therapy. The participants also shared the benefits of using online video conferencing therapy. In most cases, during the Covid-19 pandemic the participants' mental health treatment was administered in a remote setting. The participants during their interview explained how online video conferencing assisted their therapeutic needs related to PTSD. Participant #1 and Participant #2 recalled enjoying their treatment experience. They also enjoyed therapeutic options related to online video conferencing therapy providing privacy and flexible treatment times and locations. Participant #1 stated,

> I had a great experience using online video conferencing therapy. I addressed my PTSD concerns with a mental health therapist virtually in my home. I did not have any issues setting up and um, making the scheduled time for the therapy appointment. Online video conferencing therapy made it safe for me to receive mental health treatment during the Covid-19 pandemic. I soon discovered that online video conferencing therapy was just as beneficial as experiencing in-person talk therapy.
>
> Um, My PTSD concerns were adequately addressed online by a mental health therapist. I gained a clear objective from the mental health therapist to focus on using copings skills to manage my PTSD concerns. I, uh, spoke from an emotional perspective in the privacy of my home. I found that online video conferencing therapy was the new therapeutic wave of the future for those who suffered from PTSD.

Participant #2 said,

> I had a phenomenal experience using online video conferencing therapy. I was suffering from PTSD and had no other treatment options. I um, spoke with a mental health clinician online on a weekday during a lunch break at work. The mental health therapist and I covered treatment options that may decrease my PTSD symptoms. Uh, in my opinion, my online treatment experience with online video conferencing therapy was awesome and effective.
>
> I was impressed with, um, the flexibility and convenience that a computer and internet access provided for my treatment experience. The Covid-19 virus had

> many of us in fear and isolation. I enjoyed the privacy and convenience that online video conferencing therapy provided.

Participant #3, Participant #4, and Participant #5 recalled having a positive treatment experience undergoing online video conferencing therapy for their PTSD concerns. They all agreed that online video conferencing therapy was effective. Participant #3 noted,

> I had a positive experience using online video conferencing therapy. I shared my, um, PSTD concerns online with a mental health clinician. I found a mental health clinician who, um, had seven plus years of experience administering online video conferencing therapy. I observed due to the Covid-19 pandemic in-person talk therapy was not available. I was already accustomed to being quarantined and isolated from humanity. I figured why not give online video conferencing a try?
>
> I had computer knowledge and internet access. I did have a few concerns with the Internet connection. The mental health clinician expressed that her Internet connection was weak. She explained that the Internet was, um, connected to several other devices in her office building. The mental health clinician provided various coping skills that managed my PTSD concerns. This virtual treatment method assisted me with finding additional social support.

Participant #4 mentioned,

> The cutting-edge technology of online video conferencing therapy came during the Covid-19 pandemic. I thought that in-person talk therapy was the only type of mental health therapy. Um, I did speak with an old military buddy who expressed

that online video conferencing provided great benefits from a therapeutic perspective. I found a mental health therapist who um, understood the abilities of web assisted interventions. I also found that online video conferencing therapy was effective and provided behavioral strategies to manage PTSD.

I had a wonderful treatment experience with online video conferencing therapy. I was captivated with the benefits of um, using online video conferencing therapy. I liked that this online treatment method provided flexible treatment times and locations for therapy. I had a computer and strong internet access. I experienced that online video conferencing therapy provided a new means for receiving mental health treatment for my PTSD concerns.

Participant #5 said,

I had an amazing experience, um, undergoing online video conferencing therapy. The Covid-19 pandemic was a concern that impacted receiving mental health treatment. I discovered that online therapy sessions were one on one and very confidential. The mental health clinician and I, um, built a fast rapport online. I saw that online video conferencing therapy provided privacy. I was in the confinements of my own home. I did not have to, um, worry about any distractions, nor was I in fear of contracting Covid-19.

I enjoyed using a computer and internet access to discuss PTSD. Um, I said to myself, [laughs], how cool was that, it, um, felt so surreal to speak to a mental health clinician online. The mental health clinician was instrumental during my treatment experience with undergoing online video conferencing

> therapy. I received resourceful coping skills to use such as, um, meditation, and positive thinking to redirect the narrative when experiencing PTSD.

Participant #6 and Participant #7 recalled they had a great treatment experience undergoing online video conferencing therapy. They were satisfied with this virtual therapeutic method's ability to provide privacy alongside flexible treatment times and locations. Participant #6 said,

> I was going through a really difficult time. [Sigh], my father, uh, passed due to Covid-19. I was suffering from PTSD. PTSD did not allow me to, um, function well with work and everyday life activities. I, um, needed mental health treatment to discuss my PTSD concerns and father's passing. I discovered from calling the mental health department that in-person talk therapy was not available. I was told that only online video conferencing therapy was available due to Covid-19 concerns.
>
> I was asked by a mental health representative did I have a computer and internet access. I said, "Yes I do" to her questions and received an appointment for online video conferencing therapy. I, uh, spoke online with a mental health clinician about my feelings and thoughts related to PTSD. The therapy session provided me with positive thinking. I liked the idea of using online video conferencing therapy.

Participant #7 stated,

> I enjoyed my treatment experience with undergoing online video conferencing therapy. This web supported treatment method worked well for me. I addressed

my PTSD concerns online in a private location. I avoided concerns with the Covid-19 virus.

I used online video conferencing therapy to, um, discuss my PTSD concerns with a mental health therapist. I felt that it was awesome to try something new. The mental health setting was remote and did not provide in-person contact. I was on vacation and did not want to leave my hotel room.

I was satisfied, um, with using this virtual intervention. I, um, found that online video conferencing therapy provided flexible treatment times and locations. I was receiving mental health therapy for PTSD basically using the tip of my fingers.

Participant #8, Participant #9, and Participant #10 recalled they had a phenomenal treatment experience undergoing online video conferencing therapy. They all had positive experiences discussing their emotions, feelings, and thoughts related to PTSD online with their mental health therapist. Participant #8 stated,

I, um, had a good treatment experience with undergoing online video conferencing therapy. I was given the opportunity to speak with a mental health clinician online using a computer and internet access. I was curious about what could be gained from using online video conferencing therapy. I expressed my feelings, emotions, and thoughts related to PTSD.

I did not use in-person talk therapy due to Covid-19. I gained coping skills and beliefs from using this virtual intervention. I would recommend to anyone who suffers from mental health concerns to use online video conferencing

therapy. I had a great treatment experience using online video conference therapy without any issues worth mentioning.

Participant #9 noted,

> Today's society is driven by technology and internet access. I figured, um, if a computer and internet access can be used to speak with a medical physician online about health concerns, then, why can I not use a computer and internet access to speak with a mental health clinician about PTSD? I did not believe that using a computer and internet access would suffice, but oh I was so wrong.
>
> I spoke online with a virtual mental health therapist who was willing to build a rapport. The mental health clinician kept an open mind throughout the online video conferencing therapy treatment process. I unpacked my feelings and thoughts about my PTSD concerns. I, um, identified how PTSD impacted my home and work life.
>
> I left this online therapy session with, um, a new and improved mindset. I understood that online video conferencing therapy was a relatively new therapeutic intervention. I found that virtual interventions were just as beneficial as those interventions that can be administered in-person. I was given a sense of improved mental health during my treatment experience with online video conferencing therapy.

Participant #10 said,

> I, um, liked my treatment experience using online video conferencing therapy. I used internet access and a computer to speak online with a mental health

> counselor. I expressed my feelings and thoughts related to PTSD in private in my home. This virtual intervention provided me with positive coping and behavioral strategies.
>
> I, uh, spoke with a mental health therapist who was knowledgeable with administering online video conferencing therapy. I did have a problem with my computer. An updating icon kept popping up on the computer screen requiring the computer to restart. This had nothing to do with the mental health therapist.
>
> I, um, quickly restarted my computer and reconnected with the online therapy session. I still had a great treatment experience using online video conferencing therapy. I would recommend this, uh, web-based intervention for those individuals who may be experiencing PTSD.

Participant #11 and Participant #12 both recalled their positive experiences during online video conferencing therapy. They also recalled this virtual therapeutic intervention saved on travel cost and providing flexible treatment locations, dates, and times. Participant #11 stated,

> This was my first time experiencing online video conferencing therapy. I did not, um, like the idea of using a computer and internet access to share my feelings, thoughts, and emotions related to PTSD. I was more accustomed to using in-person talk therapy. I, um, agreed to try online video conferencing therapy. This virtual treatment option provided the social support that I needed to find coping skills for PTSD.

I enjoyed my treatment experience with undergoing online video conferencing therapy. This concern had a lot to do with my initial decision for not liking online video conferencing therapy's features. I was experiencing a huge rainstorm passing through that interrupted the internet connection. I gained more experience with undergoing online video conferencing therapy during Covid-19.

I discovered that online video conferencing therapy was, um, convenient and provided flexible treatment locations, dates, and times. I addressed my PTSD concerns online with a mental health clinician. I liked my treatment experience with undergoing online video conferencing therapy. It was beneficial for obtaining coping skills. I think this decision could be based on whether the individual has computer knowledge or prefers using in-person talk therapy. Online video conferencing therapy was, um, effective for improving my PTSD concerns.

Participant #12 said,

Um, my treatment experience during online video conferencing therapy went extremely well. I purchased a new computer because my old workstation was outdated. I had prior experience with using online video conferencing therapy. I, um, built a strong rapport with the online mental health therapist. I expressed my feelings and thoughts related to PTSD. I enjoyed learning new coping techniques. Uh, I saved on travel cost with using online video conferencing therapy. I gained many behavioral strategies while sitting comfortably in my apartment. I found

> that online video conferencing therapy, um, was a savior for those suffering from PTSD during Covid-19.

Participant #13, Participant #14, and Participant #15 recalled they had a great treatment experience undergoing online video conferencing therapy. They also recalled this web based therapeutic method as being just as effective as in-person talk therapy. Participant #13 said,

> I experienced in-person talk therapy and online video conferencing therapy. I found from experience that online video conferencing therapy was a better mental health treatment option. I remained safely in my home during Covid-19. I shared my PTSD concerns online with a mental health therapist.
>
> I, um, spoke with a mental health therapist who was professional and kept the flow of the therapy session in-sync. I discovered more improved coping strategies to manage my PTSD concerns. Online video conferencing therapy was beneficial for my mental psyche. It was therapeutic for unpacking my feelings and thoughts related to PTSD online. I would recommend this web supported therapeutic option to others who suffer from PTSD.

Participant #14 expressed,

> Uh, I was hesitant at first to use online video conferencing therapy. I, um, used a computer and internet access to discuss my PTSD concerns online with a mental health counselor. [Laughs], I enjoyed my treatment experience undergoing online video conferencing therapy. I unpacked many feelings, emotions, and thoughts related to PTSD.

This web assisted intervention was an effective treatment method. I did learn quite a bit about the triggers that caused my PTSD concerns. I thought that I, um, would have concerns building rapport with the mental health counselor. I believed that online versus in-person communication did not have the same value.

I did not have issues with building a rapport online with the mental health counselor. I was, um, enthused that online video conferencing therapy was so effective. I gained new coping skills during this virtual intervention. I had no concerns with understanding that online video conferencing therapy was here to stay.

The Covid-19 pandemic really helped me to, um, appreciate this web supported intervention. I found that in-person talk therapy was not available due to Covid-19. I did not have any other treatment options for PTSD.

Participant #15 said,

I, uh, believed that online video conferencing therapy was a phenomenal treatment option during the Covid-19 pandemic. I learned how to, um, manage stress and emotions when in distress. The mental health clinician did not, um, skip a beat during my therapy session. I saw that he was informative with his therapeutic skills. I was, um, intrigued with the convenience and privacy aspect using a computer and internet access. I liked speaking with a mental health therapist online about my emotions, feelings, and thoughts related to PTSD.

Um, PTSD was a huge concern that impacted my daily routine. My, um, PTSD concerns were more severe that I thought. After, uh, my treatment

> experience with undergoing online video conferencing therapy. The mental health clinician identified why I responded to, um, certain stimuli the way I did. I gained new behavioral strategies and coping skills to use when suffering from agitation.

Participant #16 and Participant #17 recalled they had a positive experience undergoing online video conferencing therapy. They also recalled discovering useful behavioral strategies while undergoing online video conferencing therapy. Participant #16 stated,

> I knew that in-person talk therapy would not be available during the Covid-19 pandemic. Uh, I was told by a close friend that, um, mental health treatment was becoming more technological due to Covid-19. I also knew that online video conferencing therapy was more convenient and flexible with my work schedule. I took it upon myself to find a mental health clinician who specialized in using computer supported treatment methods.
>
> I made the personal choice to use online video conferencing therapy. The treatment objective related to this virtual therapeutic method was effective. My computer and internet access was, um, compatible for online communication. I liked that I did not have to travel or worry about the therapy session's location, date or time. I also liked that the therapy session did not feel like an inconvenience.
>
> I did not experience any distractions during my therapy session. The mental clinician and I covered a lot of ground with my PTSD concerns. I gained coping skills using online video conferencing therapy that improved PTSD. My

> treatment experience with online video conferencing allowed me to be, um, more expressive with feelings, emotions, and thoughts concerning PTSD.

Participant #17 said,

> I, um, had no intentions of using online video conferencing therapy to address PTSD. My mindset changed in regard to mental health treatment. This was due to the Covid-19 pandemic. I saw that the mental health setting was, um, going in a remote direction. I could not find a mental health clinician who was willing to practice in-person talk therapy. I had severe PTSD concerns that caused me to, um, experience panic attacks. I had to find a mental health therapist who understood web-based interventions and fast.
>
> I had a positive online therapy session with the mental health therapist. The internet connection was a little faulty. This issue, um, had nothing to do with the mental health therapist. I rebooted my computer to improve the internet signal. The therapy session from this point, uh, went well. The mental health therapist assisted me with finding behavioral strategies to manage stress and emotions related to PTSD. I had a wonderful treatment experience with undergoing online video conferencing therapy.

Participant #18 and Participant #19 recalled their wonderful experience undergoing online video conferencing therapy. They also recalled gaining a fresh perspective about web-based intervention's ability to provide treatment options such as counseling, clinical and social support and medication management. Participant #18 said,

> My experience with undergoing online video conferencing therapy, um, forced me to, um, think critically. The mental health clinician expressed himself in a way that I was not accustomed to. I was comfortable with using computers and internet access. I was not afraid to take a step in a different direction. I stepped outside the box and tried a new mental health treatment method for PTSD.
>
> I shared my feelings and thoughts related to PTSD online with a mental health therapist. This treatment experience with online video conferencing therapy gave me a fresh perspective about web-based interventions. I, um, built a strong rapport with the mental health therapist. I was not for sure that online video conferencing therapy would provide therapeutic benefits. I discovered that virtual interventions were suitable for providing therapeutic options such as counseling, behavioral interventions, social support, and medication management.

Participant #19 noted,

> My treatment experience with undergoing online video conferencing therapy was amazing. I was, um, open to trying a different intervention to improve PTSD. I did not expect online video conferencing therapy to be effective. I also did not expect positive behavioral changes with PTSD to happen overnight. I spoke with a mental health therapist who had experience administering treatment in a virtual setting. [Laughs], I chuckled to myself! I was online using a computer and internet access to share my feelings and emotions related to PTSD.
>
> I was more comfortable speaking with a mental health therapist in-person versus online. I had to adjust myself mentally to, um, speak with a mental health

therapist online. I found that online video conferencing therapy provided coping skills for PTSD.

Participant #20 said,

> My, um, treatment experience with undergoing online video conferencing therapy was unique. I liked my treatment experience with, um, using this virtual treatment method. I discussed my PTSD concerns online, in a way that made me feel comfortable. I was ecstatic to use internet access and a computer to speak with a mental health clinician online about PTSD.
>
> I enjoyed the convenience of using online video conferencing therapy. The mental health clinician was helpful with guiding me through each step of the treatment process. The mental health clinician and I did not have any concerns with building a rapport. I noticed that the mental health therapist was computer savvy. I, uh, had no negative concerns to mention. The online therapy session helped with managing PTSD and improving my coping skills.
>
> I would recommend a virtual intervention such as online video conferencing therapy for, um, individuals who prefer speaking online with a mental health clinician. I would also recommend this virtual therapeutic treatment method to those individuals who have computer knowledge. They need to have the ability to overcome any glitches with their internet connection.

Theme 4: Challenges with Online Video Conferencing Therapy

In this study, for theme four I interviewed participants who shared their unique challenges related to experiencing online video conferencing therapy. The participants

also shared their functioning concerns with hardware and software related to computer and internet access. The participants during their interview spoke about what they did like or did not like about using online video conferencing therapy. Participant #1 and Participant #2 recalled they had challenges with their webcam and microphone settings. Participant #1 had concerns with software and the web connection alongside hearing the mental health clinician's voice:

> The challenge that I, um experienced with using online video conferencing therapy was its not designed for in-person therapy. I struggled to hear the mental health therapist's interview questions. I, um, experienced hearing issues related to understanding the mental health clinician. The pitch of the therapist's voice sounded a bit too low and muffled.
>
> I did share my feelings and thoughts related to PTSD online with the mental health therapist. I, um, also discovered there were functioning concerns with my computer's web cam and microphone settings. This, um, caused me to experience a visual and audio problem during my treatment experience with web-based therapy.
>
> I disliked that online video conferencing therapy may have concerns with confidentiality. I was, um, worried that computer hackers could hear our conversation. I was also afraid that my personal information would be leaked to a third party, the public or black web market.

Participant #2 recalled the internet connection failing and struggling to build a rapport with the mental health therapist. These problems caused scheduling concerns with

receiving online video conferencing therapy. The focus was more so on online video conferencing therapy's malfunctioning issues versus receiving mental health therapy for PTSD. Participant #2 stated,

> I was sold on the idea that online video conferencing therapy would help to manage my PTSD concerns. I had one challenge during my, um, treatment experience with undergoing this virtual therapeutic method. This problem was my internet connection failed during the therapy session. I, um, disliked online video conferencing therapy's high probability for malfunctioning. This made it, um, difficult for me to build a rapport with the mental health therapist. My mind was more focused on malfunctioning concerns with software and hardware versus receiving therapy.
>
> Due to the Covid-19 pandemic online video conferencing therapy was becoming the new treatment wave in the mental health setting. This online based intervention has become more popular in the mental health setting. I, um, believed this was how individuals with, um, mental health concerns will receive therapy during the Covid-19 pandemic.

Participant #3 and Participant #4 both had unique perspectives to add. Participant #3 recalled not having any challenges undergoing online video conferencing therapy:

> Um, I did not have any concerns with my treatment experience during online video conferencing therapy. This web supported treatment method opened my eyes during Covid-19. I, um, realized that change was needed in the mental health

setting. I experienced prior to Covid-19 that society had already begun depending upon computers and internet access.

I had no issues communicating online with a mental health therapist. I liked that online video conferencing therapy provided online individual and group communication. I did not feel too awkward speaking online with a mental health clinician about PTSD. This virtual treatment method may create concerns for individuals who may not be computer literate.

Participant #4 recalled experiencing challenges with the web. The internet caused issues such as not being able to understand the mental health therapist's interview questions.

The challenge that I, um, struggled with during online video conferencing therapy was having a slow internet connection. The mental health therapist's mouth was moving at a different pace. The sounds of his words were out of sync. I did not like going through so much confusion and became overwhelmed. I had to observe the mental health clinician's body language and read lips.

I asked him was it, um, possible to restart the therapy session by rebooting the internet connection? The mental health clinician said "yes" I can restart my computer. I restarted my computer and rebooted the internet access. The internet connection came back stronger. I did not have any more issues. I was now able to observe, hear, and understand the mental health clinician much better.

Participant #5 recalled online video conferencing therapy's lack of in-person communication caused concerns with building a rapport and trust with their mental health clinician:

> I had challenges building a rapport with the mental health clinician. I, um, was not impressed that online video conferencing therapy lacked in-person communication. I was having an issue with trusting the mental health clinician. I found myself struggling to make eye contact and smile.
>
> I, uh, [Sigh] felt out of place during the mental health therapy session. Um, the therapy session had no traction. The mental health clinician and I did not, um, have a great therapeutic flow. I believed that he was just going through the motions. This concern was related to online video conferencing therapy's lack for in-person communication.

Participants #6, Participant #7, and Participant #8 recalled having different challenges during their treatment experience undergoing online video conferencing therapy. Participant #6 did not have any challenges to mention undergoing this virtual supported intervention. Participant #7 and Participant #8 had challenges related to privacy and confidentiality during their treatment experience undergoing online video conferencing therapy. Participant #6 recalled being able to build a rapport and not having any challenges during their treatment experience undergoing computer supported therapy:

> My, uh, online video conferencing therapy treatment experience went well. I had no issues with using this virtual treatment intervention to, um, discuss feelings and thoughts related to PTSD. I did not have any concerns building a rapport with the mental health therapist though one hundred percent of the communication was online.

> I enjoyed my, uh, treatment process with undergoing online video conferencing therapy. I shared my PTSD at home with no distractions. I discovered that, um, I can reform or redirect the narratives that caused my, um, PTSD concerns. I had no challenges to address during my treatment experience undergoing virtual supported therapy.

Participant #7 expressed,

> I did have, um, challenges during my treatment experience with undergoing online video conferencing therapy. I disliked that this virtual treatment method has, um, limitations with privacy of sensitive information. I experienced a privacy breach during my therapy session. I was apprehensive about using this virtual intervention. I was afraid that my financial and personal information would be at risk.
>
> Uh, the mental health clinician lost control of the setting. A third party entered the therapy setting while I was discussing my concerns related to PTSD. I discovered this was a cleaning professional who was not aware that a mental health clinician and patient were in the middle of a therapy session.
>
> The mental health clinician did tell me to discontinue talking until the person left the office. He also apologized if any personal information was leaked to the third party who entered the therapy session unannounced. He said, um, concerns as such can cause ethical issues related to breaches with confidentiality.
>
> The mental health clinician and I both, um, agreed that mistakes do happen. We both agreed nothing was designed to be perfect. The mental health

> clinician reassured me that our therapeutic conversation was protected and not leaked to the third-party person.

Participant #8 said,

> I had no concerns worth discussing during my, um, treatment experience with undergoing online video conferencing therapy. I had plenty of time to speak with a mental health therapist about my feelings, thoughts, and emotions related to PTSD. I spoke openly with the mental health clinician without any interruptions or distractions.
>
> I liked speaking online with a mental health clinician online to discuss my PTSD concerns. I felt that the, um, mental health clinician did a great job with confidentially. According to the therapist I had no third-party concerns to worry about. I was briefed and debriefed during the online video conferencing therapy session.

Participant #9 recalled they did not build a rapport quickly with their mental health therapist during their treatment experience with online video conferencing therapy. Participant #9 also recalled that it took some time to get accustomed to undergoing online video conferencing therapy:

> I attended a few virtual sessions to build a rapport with a mental health clinician. These therapeutic sessions were administered in my home and did not have any distractions. I admitted that, um, I was not computer-savvy. I also admitted to enjoying in-person communication. I discovered this virtual treatment method was not as personal as in-person talk therapy.

> This made it difficult for me to, um, open up to the mental health clinician and express my thoughts and feelings related to PTSD online. I cannot say that um, I did not like my treatment experience with online video conferencing therapy. This, um, virtual supported intervention was designed for those individuals accustomed to being in isolation and away from others.

Participant #10 had challenges related to computer volume, web cam and audio and judging the mental health clinician's competence level with treatment and technology:

> The challenge that grabbed my attention was, um, the mental health clinician's inexperience with computers. I had challenges with not being able to understand him clearly. I did not like that online video conferencing therapy provided unexpected challenges with computer software and hardware. I did wonder about the mental health clinician's level of competence. He could not tell me how to go into my computer settings to increase its volume.
>
> I did internalize there was a problem. He did not have much computer knowledge. The mental health therapist was not for sure how to find the volume setting on my computer. My son fixed the volume issue with my computer. We completed the online therapy sessions without any further volume or hearing concerns.
>
> I had this feeling that the mental health clinician had a low competence for administering online video conferencing therapy. I was wrong for making such a negative judgment about the mental health clinician. The mental health clinician

was obviously highly educated and licensed to, um, administer virtual intervention methods.

I was also wrong for passing judgment about the mental health therapist's inability to understand technology. This, um, caused me to experience a little mental discomfort about the mental health clinician's therapeutic skill set.

Participant #11 expressed not having concerns with observing and hearing the mental health clinician:

I had no challenges during my, um, treatment experience with undergoing online video conferencing therapy. I grasped onto the coping strategies provided by the mental health clinician. I liked the convenience of using a computer and internet access for therapy. I could hear and see the mental health clinician without any concerns. I was comfortable with sharing my PTSD concerns online with a mental health clinician.

I discussed the influence of the Covid-19 pandemic on my decision to try online video conferencing therapy. I figured why not use online video conferencing therapy to treat my PSTD concerns? I experienced a rude awakening during online video conferencing therapy. The treatment process went extremely well improving my mental health concerns.

Participant #12 recalled it was difficult to build a rapport with the mental health clinician. Participant #13 recalled having technical issues with their web cam and audio settings during this virtual therapeutic treatment method. Participant #12 said,

> I understood that mental health treatment was designed to take patients out of their comfort zones. I also understood that therapy involved, um, unpacking feelings thoughts, and emotions related to trauma. I found that online video conferencing therapy took me out of my comfort zone. I had been suffering from PTSD for nearly three years. I did not have any therapy sessions scheduled. This problem for me was due to the limitations connected to the Covid-19 pandemic.
>
> Virtual therapeutic interventions were not designed to be administered in person. This feature, in my opinion, made it challenging for me to build a rapport with the mental health therapist. The online conversation felt restricted like something was missing. I did not like the virtual aspect of online video conferencing therapy. I did not have any other, um, challenges to mention during my treatment experience.

Participant #13 noted,

> Uh, the only challenge that I, um, experienced undergoing online video conferencing therapy was having technical issues. I had problems with the malfunctioning of my web camera and microphone. I, um, had difficulties communicating with the mental health clinician causing a treatment gap. This was a problematic issue that stressed me out. I did not like the fact that online video conferencing therapy can have visual and audio issues.
>
> This technical issue caused the audio and video to freeze on numerous occasions. I had difficulties with starting and finishing sentences during my therapy session. The mental health clinician and I had to repeat ourselves on a

> continuous basis. I was becoming a little agitated. The mental health clinician assisted me with, um, calming down and taking a few deep breaths to redirect the conversation.
>
> We decided the only way to avoid this challenge in the future. It will be resourceful to test the audio, web cam, and internet connection. We were intending to make sure in the upcoming future the therapy sessions will be of great quality.

Participant #14 and Participant #15 both had no challenges undergoing online video conferencing therapy. They liked this online therapeutic method's flexibility with treatment times and locations. They also liked there were no travel costs or taking any risks for contracting the Covid-19 virus. Participant #14 said,

> I liked using online video conferencing therapy. Uh, I found that it was more convenient to use. I enjoyed expressing my feelings in the privacy and comfort of my home around family and friends. I used online video conferencing therapy's flexible treatment times and locations to discuss my feelings and thoughts related to PTSD. Neither I nor the mental health clinician had any problems getting their point across.
>
> Uh, I had no challenges conversing with the mental health clinician. I understood the mental health therapist during the therapy session. I found that it was easier to observe and listen to the mental health clinician online. I did not want to place too much emphasis on in-person communication with eye contact and interpreting body language.

Participant #15 said,

> I had no challenges during my treatment experience with undergoing online video conferencing therapy. I enjoyed the convenience involved with using this virtual treatment method. I liked that online video conferencing therapy provided, um, flexible treatment times, locations, and dates. I had no issues speaking with a mental health clinician online about my PTSD concerns. I used my cell phone and internet access to express feelings and thoughts related to PTSD.
>
> Uh, I also liked that I did not have to pay for travel costs or take risks related to contracting the Covid-19 virus. I was not aware that online video conferencing therapy had so many benefits. [Laughs] I, um, enjoyed my treatment experience with this web supported intervention. I would most definitely use this virtual therapeutic intervention again.

Participant #16 and Participant #17 had hardware and software compatibility issues that caused them to experience treatment challenges. They also realized this web assisted intervention was a technology-based intervention that required compatible software and hardware to function in an effective manner. Participant #16 said,

> I had challenges using on online video conferencing therapy. I did not comprehend how this virtual treatment intervention functioned with other electronic devices. Uh, I normally use my laptop computer or i Pad to speak with a mental health clinician about my PTSD concerns. I always experienced online video conferencing therapy in my home.

I was out grocery shopping and forgot about my 12 PM therapy session. I did not bring my i Pad or laptop computer. I almost cancelled my mental health therapy appointment. I was in luck and had an internet source: my android phone. I thought my android phone was compatible with the app used for the therapy sessions. I believed that I would be able to, um, log into the virtual app.

My phone was not well-suited to be used for the virtual session. I had to cancel and reschedule the virtual therapy session. I did not understand if online video conferencing therapy could be transferred to other electronic devices. This concern caused a lot of frustration and doubt for me, um, about web-based interventions.

Participant #17 stated,

The only challenge that I, um, experienced with undergoing online video conferencing therapy was my home desk-top not being compatible with virtual therapy. I could hear the mental health therapist, but could not see him. I transferred the therapy session to my Apple cellphone. This was more compatible than my desk-top computer. She was okay with this idea though it was a mental challenge to transfer my therapy session.

Uh, I did not have much computer knowledge. I figured out that my home desk-top computer's sound and video cards were outdated. I upgraded my computer's sound and video cards. I did not have any more issues with seeing or hearing therapy sessions on my home desk-top. I liked my treatment experience

with undergoing online video conferencing therapy. I also liked that this computer supported intervention provided the uses of various types of technology.

Participant #18 recalled not having any challenges undergoing online video conferencing therapy. Participant #18 also recalled that online video conferencing therapy was beneficial, safe, and effective:

> I did not have any challenges with my treatment experience undergoing online video conferencing therapy. I shared my emotions, feelings, and, um, thought related to PTSD online with a mental health therapist.
>
> I did not have to pay for travel cost and could receive therapeutic services in the privacy of my home. This was the best feature of this virtual treatment method. I sat in my home without any fear from the public. I could not leave the home due to immobility concerns. I, uh, struggled with anxiety and trusting people.
>
> I found that online video conferencing therapy made it beneficial to stay home and receive mental health treatment for PTSD. I enjoyed using a computer and internet access to share my PTSD concerns online. I, um, felt safe and did not have any distractions during my therapy session.

Participant #19 expressed having a unique treatment challenge during rain or storms. The computer screen would freeze, but the voice of the mental health clinician could be heard. Participant #19 also expressed recommending a virtual intervention such as online video conferencing therapy to individuals who understand technology:

I liked that online video conferencing therapy sessions provided flexible treatment locations, dates, and times. My internet source was through the local cable company. Uh, I knew the internet connection was reliable and safe to use during online video conferencing therapy. Uh, I did have one challenge during my treatment experience with using online video conferencing therapy.

I noticed on days that it would rain or storm during my therapy session. The computer screen picture would freeze. I was agitated as to why this was happening. After the rain or storms, um, the screen on my computer would unfreeze and go back to normal. These technical issues caused the computer screen to freeze. I could still hear the voice of the mental health clinician.

This was always a weird experience. This concern helped me to understand that technology had its challenges. I felt it may be smart to lower my expectations for online video conferencing therapy. I still would recommend the use of online video conferencing therapy for individuals who understand technology.

Participant #20 said,

I did not have any challenges with undergoing online video conferencing therapy. I liked the idea of sharing my PTSD concerns using a computer and internet access. Uh, I spoke with a mental health clinician online who had experience administering online video conferencing therapy.

I could clearly understand the mental health clinician from a visual and audio perspective. I had just upgraded my laptop computer. I, um, did not have

any issues to mention related to non-compatibility issues with technology during my treatment experience undergoing online video conferencing therapy. I did not have any reasons to dislike this virtual treatment method. I recommend that online video conferencing therapy was beneficial for individuals with computer knowledge.

Theme 5: Ways that Online Video Conferencing Therapy Improved PTSD

In this study, for theme five I interviewed participants who shared their individual experiences related to ways that online video conferencing therapy improved PTSD. The participants also shared their feelings and thoughts related to social support, behavioral strategies, counseling, and medication management received during online video conferencing therapy. Each participant during their interview focused on which of these specific treatment aspects decreased their PTSD concerns during online video conferencing therapy. The participants also spoke about this online therapeutic treatment method improving their accessibility to mental health treatment. The participants were also given the opportunity to add anything else detrimental that came to mind during their treatment experience undergoing online video conferencing therapy.

Participant #1, Participant #2, and Participant #3 recalled online video conferencing therapy improving their PTSD concerns. Participant #2 also recalled this online therapeutic method improved counseling and behavioral strategies. These therapeutic treatment options decreased their PTSD concerns. Participant #1 and Participant #3 explained that online video conferencing therapy improved their means for

gaining social support from family and friends. These therapeutic treatment options decreased their PTSD concerns. Participant #1 said,

> Uh, for me social support improved during online video conferencing therapy. This online therapeutic treatment method provided a way for me to communicate with family and friends. I spoke with a mental health clinician online who assisted me with understanding my triggers related to PTSD. I received a significant amount of love and support from my family and friends.
>
> The emotional and social support that I received improved my overall well-being and mental health. Both my mother and father were involved in my online therapy sessions. It was therapeutic for me to, um, receive support from my parents. My parents have been an inspiration to me. Online video conferencing therapy provided for me adequate social support and behavioral strategies such as meditation and positive self-talk and thinking.

Participant #2 stated,

> Uh, for me online video conferencing therapy improved counseling frequency and behavioral strategies. I received extensive virtual counseling and behavioral strategies. This assisted me with decreasing my thoughts, and feelings related to PTSD. The mental health therapist provided me with alternative coping skills.
>
> I learned behavioral strategies such as taking deep breaths before overreacting when in distress. I also learned to incorporate positive thinking patterns. Uh, I implemented behavioral strategies such as taking quiet walks, meditation and taking a time away for self in an isolated space. These

interventions provided for me a way to redirect my feelings and thoughts related to PTSD.

Online video conferencing therapy provided me an opportunity to speak with a mental health therapist online. I received intensive counseling two to three times a week. Online video conferencing therapy was an effective therapeutic option that decreased my PTSD symptoms.

Participant #3 said,

> For me, um, online video conferencing therapy improved social support. I was skeptical that this virtual therapeutic method may not decrease my PTSD symptoms. I was unsure about online video conferencing therapy's effectiveness. I, um, had been suffering from PTSD concerns for quite some time. I found a few past military friends that I, um, served in the military with.
>
> They were interested in joining my online therapy sessions to gain a few behavioral strategies to decrease their PTSD concerns. Online video conferencing therapy provided a treatment option feature for gathering individuals or groups of people to discuss their mental health concerns. My, um, threshold for social support increased and decreased my PTSD concerns. I made many new friends online during social support groups using online video conferencing therapy.

Participant #4 recalled the aspects of counseling and behavioral strategies such as behavioral activation to decrease PTSD. Participant #4 also recalled online video conferencing therapy improved social support to build positive relationships:

> For me, uh, online video conferencing therapy improved counseling and behavioral strategies. I did not receive medication management for my, um, PTSD concerns. Though, in the past, I have been prescribed psycho-active medications. I received online counseling and behavioral strategies such as positive self-talk and behavioral activation. These treatment objectives for me emphasized discussing positive goals and activities.
>
> I um, focused on avoiding behaviors that were not resourceful for building a relationship with those I enjoyed spending time with. Online video conferencing therapy, um, alongside behavioral activation increased aspects of social support. This virtual therapeutic treatment method also decreased PTSD. I found more improved coping skills. I kept myself surrounded around, um, individuals who had my best interest at heart. This objective helped me to feel more valued and connected to others from a social perspective. [Sigh], this improved my sense of well-being.

Participant #5 and Participant #6 recalled that the use of social support in conjunction with this virtual therapeutic treatment method decreased their PTSD concerns. Participant #5 said,

> Social support improved during my treatment experience with online video conferencing therapy. I was connected to the universe and, um, not losing sight on treatment for my PTSD concerns. I experienced individual and group therapy sessions using online video conferencing therapy.

> I um, met other fellow service members who had been suffering from the effects of PTSD. We shared our feelings, thoughts, and um, emotions related to PTSD. This treatment objective improved the group's coping skills and decreased our PTSD concerns.
>
> Um, online video conferencing therapy for me improved social support and behavioral strategies. The mental health clinician recommended behavioral strategies such as journaling, activity scheduling and behavior activation to stimulate my mind. I received individual therapy that involved my immediate family members and friends. I also received group therapy that involved fellow military service members. These treatment objectives uh, decreased my PTSD symptoms.

Participant #6 expressed that receiving behavioral strategies such as positive thinking and taking deep breaths improved PTSD and coping skills:

> I, um, gained many behavioral strategies when feeling stress related to PTSD. I received wonderful coping tools such as taking deep breaths and long walks and using positive thinking skills. The mental health clinician provided additional therapy time to teach me these resourceful coping mechanisms.
>
> My, um, PTSD concerns decreased with undergoing online video conferencing therapy. I can now take deep breaths and redirect feelings and thoughts related to PTSD. In the past, I experienced, um, panic attacks that caused emotional and physical imbalances. Online video conferencing therapy improved my way of thinking when in distress.

Participant #7 explained that online video conferencing therapy provided intensive counseling that decreased PTSD:

> I, um, received intense counseling undergoing online video conferencing therapy. This improved my mental well-being and psyche. The mental health clinician did not prescribe to me any medication. I did not receive medication management. I did ask questions about the dosage of the psycho-active medication that was prescribed to me by a psychiatrist. I was prescribed this medication prior to my therapy session.
>
> I um, believed that I was taking too high of a dosage. The medication caused me to experience drowsiness and nausea. It was explained to me by the mental health clinician to have a more extensive conversation about these side effects with the prescribing physician. This approach assisted me with understanding what can be done about the medication's side effects.
>
> The mental health clinician continued to counsel me in a therapeutic and professional manner. I was encouraged during the therapy session to unpack my feelings and thoughts related to PTSD. Online video conferencing therapy was resourceful for receiving counseling and decreasing my PTSD concerns.

Participant #8, Participant #9, and Participant #10 recalled online video conferencing therapy improving the treatment aspect of social support. This decreased their PTSD concerns and improved their coping skills. Participant #8 said,

> I experienced an increased amount of social support with undergoing online video conferencing therapy. I um, involved my brother and partner during the virtual

counseling session. The mental health clinician guided me in the right direction to improve my coping skills.

The increased social support that was received from my partner and brother made me feel, um awesome. This treatment aspect was essential for my emotional and mental growth. Online video conferencing therapy's capabilities with improving social support decreased my PTSD concerns. This um, improved my thinking patterns about myself and decreased PTSD.

Participant #9 noted,

Um, for me online video conferencing therapy improved social support. The mental health clinician and I worked closely to find solutions for PTSD. I worked for the school district and received a lot of support from co-workers and students. I feel that PTSD can make just about anyone feel alone, scared or not loved. I received an outcry of love and support from family and friends too.

Social support influenced, um, me to have positive-thinking. This was an important factor that decreased my PTSD concerns. I gained, um, a new and improved outlook with life. My life ideals were no longer spiraling down or out of control. Online video conferencing therapy improved my ability to cope with stress and manage emotions related to PTSD.

Participant #10 expressed,

Um, for me online video conferencing therapy improved social support. I received increased social support. This treatment objective provided me with coping skills that decreased PTSD. My uh, grandparents were involved in the therapy sessions.

> This helped me to understand. I do not have to travel alone on this mental health journey by myself. I um, had childhood issues with trauma that bled into my adulthood. This concern coincided with me suffering from PTSD.
>
> Nowadays, cutting-edge technology can be a beneficial treatment option for those individuals suffering from mental concerns. I experienced online video conferencing therapy's ability to provide social support. This treatment experience with online video conferencing therapy decreased PTSD concerns and improved my coping skills.

Participant #11 said,

For me, uh, online video conferencing therapy improved medication management. I received medication management and behavioral strategies such as positive self-talk and intense online counseling twice a week. I spent three to four times a week discussing my PTSD online with an experienced virtual therapist.

I was under the supervision of a mental health clinician and psychiatrist. They intended to, um, make sure that the prescribed medication and therapeutic process were aligned. I observed the psychiatrist paying close attention to the side effects of each medication. The mental health clinician answered my uh, emails and phone calls.

Online video conferencing therapy improved my access to mental health treatment. This virtual therapeutic treatment method also decreased PTSD and improved my coping skills. For me, uh, online video conferencing therapy improved medication management. I was medically supervised in a professional manner from a clinical perspective.

Participant #12, Participant, #13, and Participant #14 recalled that online video conferencing therapy improved their way of thinking, PTSD concerns, and coping skills. Participant #13 also recalled social support increasing during their treatment experience with online video conferencing therapy. Participant #12 and Participant #14 recalled online video conferencing therapy improving for them counseling frequency and behavioral strategies such as doing positive activities decreasing their PTSD concerns. Participant #12 said,

> For me, um, online video conferencing therapy improved social support. This feature provided a way for me to speak with other individuals suffering from PTSD concerns. I participated in individual and group therapy sessions meeting people from various backgrounds. This treatment objective related to social support improved my mental psyche, thinking patterns, and decreased PTSD. Social support provided a foundation for positive thinking for me to overcome negative feelings and emotions that cause distress.

Participant#13 stated,

> Online video conferencing therapy, um, improved behavioral strategies and individual and group counseling sessions. The mental health clinician used online video conferencing therapy to teach me the importance of deep breathing and positive thinking. Uh, I shared my PTSD experiences during individual and group therapy sessions. I learned there was a value in having faith and positive thinking. This narrative redirected my feelings, um, thoughts and emotions and decreased my PTSD concerns.

> I used behavioral strategies such as keeping a written journal and recorded audio to, um, express my feelings, emotions, and thoughts to self. I gained improved coping skills to interpret my feelings and thoughts better. This assisted me with staying motivated and dedicated to positive thinking.

Participant #14 expressed,

> Online video conferencing therapy provided behavioral strategies that improved my way of thinking and feeling. These strategies decreased my PTSD concerns and improved my coping skills. This aspect helped me to understand that, um, mental health treatment was necessary for my emotional, spiritual, and mental growth. I figured out what hobbies or interests would contribute to positive changes for me.

> Online video conferencing therapy was beneficial for providing behavioral strategies. I was taught behavioral strategies such as meditation, positive thinking and uh, doing constructive activities was essential for my mental stimulation and well-being. I spoke with a mental health clinician to find hobbies such as writing, fishing, hiking, basketball, listening to music, and drawing emotional based art. My, uh, involvement in these hobbies also decreased my PTSD concerns.

Participant #15 recalled that online video conferencing therapy improved social support and decreased PTSD:

> Uh, for me online video conferencing therapy improved social support. This computer supported intervention improved my coping skills. I received additional

social support from my mother, father, and grandparents. They all made it a point to become involved during my therapy sessions.

Um, the mental health therapist would join us and ask specific interview questions to support my treatment needs. This treatment objective decreased my, um, PTSD concerns. I needed support and could not find my way back to emotional peace. Online video conferencing therapy provided a feature such as, um social support that made it easier for me to cope during stressful moments.

This virtual treatment method provided me, um, with individual and group therapy sessions. This therapeutic intervention was a positive factor that decreased my PTSD concerns. An intervention such as online video conferencing therapy allowed me to be, um, more expressive. I uh, openly shared my emotions, thoughts, and feelings with loved ones about my past traumatic experiences serving in the military.

Participant #16 said,

I used um, online video conferencing therapy to receive mental health treatment for PTSD. I did not have an alternative treatment option such as in-person talk therapy. I enjoyed using technologies such as the internet, computers, and cellphones. I used online video conferencing therapy to speak virtually with a mental health counselor about my PTSD concerns.

This treatment objective allowed me to um, routinely speak to a mental health therapist two to three times a week. Uh, for me online video conferencing therapy improved counseling frequency. This was a phenomenal feature that

> decreased my PTSD concerns. For me, um, the counseling aspect improved during online video conferencing therapy. Technology improved treatment frequency and improved my coping skills.

Participant #17 and Participant #18 recalled online video conferencing therapy improving social support for them. They expressed that social support decreased their PTSD concerns. They also expressed that social support provided an opportunity to share their feelings and thoughts with other individuals who suffered from PTSD concerns. Participant #17 said,

> For me, um, online video conferencing therapy improved social support. I involved my closest family and friends during online therapy sessions. Social support decreased my PTSD concerns. This virtual therapeutic treatment method intensified social support. The internet and a computer made it easier for me to speak online with a mental health therapist and support system. I uh, shared my feelings and thoughts online with other individuals who suffered from PTSD as well. This changed my way of thinking and decreased PTSD.

Participant #18 stated,

> For me, uh, online video conferencing therapy improved social support. This, um, online therapeutic intervention provided an increased focus on social support. I shared emotions, thoughts, and feelings with fellow individuals who suffered from PTSD as well. This treatment objective decreased my, um, my PTSD concerns.

> I was not aware that online video conferencing therapy provided social support. I did not understand the therapeutic nature of networking with other individuals who suffered from PTSD. Social support improved the way I, um, managed agitation, anxiety, stress and emotions. This, um, treatment objective improved my mental well-being.

Participant #19 recalled that online video conferencing therapy improved counseling frequency to speak with an online mental health clinician three times a week. Participant #19 expressed this therapeutic treatment method improved access to mental health treatment:

> For me, um, online video conferencing therapy improved counseling frequency. I could frequently meet three times a week online with a mental health clinician. Online video conferencing therapy improved my access to mental health treatment. This therapeutic intervention provided for me intensive therapy online with a mental health clinician. I shared my PTSD concerns in a way that was convenient and practical.
>
> Online video conferencing therapy improved my, uh, coping skills. Uh, I learned to manage my emotions and feelings better when experiencing distress. I also learned to avoid specific triggers that caused PTSD. The therapy sessions were intense and focused-driven on finding a solution for PTSD. The mental health clinician and I, um, built a strong rapport. These treatment objectives decreased my PTSD concerns.

Participant #20 said,

> Uh, for me online video conferencing therapy improved behavioral strategies. I, um, discovered that the counseling aspect of web assisted therapy decreased PTSD. I um, gained new direction with positive mental health. The mental health therapist shared with me therapeutic interventions such as um, meditation, reading, music and art therapy. Online video conferencing therapy enhanced my, um, access to mental health treatment and provided intense therapy sessions that improved my, uh, coping skills and mental psyche.

Summary

In Chapter 4, I presented a summation of a qualitative phenomenological study that used interviewing to understand participants diagnosed with PTSD attitudes, perceptions, and opinions related to online video conferencing therapy. The participants' responses were themes merged into distinguished patterns and categories, which formed different themes. The two research questions were presented to understand the study's research problem. The participants were all diagnosed with PTSD, served in Iraq or Afghanistan's combat zones and had undergone online video conferencing therapy. Many of the participants explained that online therapy interventions decreased their travel costs and provided flexible treatment dates, times and locations for therapy sessions. Most of the participants agreed that this virtual treatment method improved their coping skills and access to mental health treatment.

A few participants agreed that medication management was not a strong feature of online video conferencing therapy. Some participants had privacy and confidentially concerns. Some participants also had concerns with their internet access, computer

settings, and software. All the participants agreed that online video conferencing therapy was beneficial for improving behavioral strategies, counseling frequency, and social support, which decreased their PTSD concerns. I summarized the research, interview, and follow-up questions to form emerging themes during the data analysis process.

The study themes included experiences suffering from PTSD, Covid-19's impact on mental health treatment for PTSD, and benefits of using online video conferencing therapy. The study themes also included challenges with online video conferencing therapy and ways that online video conferencing therapy improved PTSD. Chapter 4 provided an introduction, setting, evidence of trustworthiness, demographics, data collection and data analysis process. Chapter 5 will provide an introduction, interpretation of the study results, and summary, theoretical framework, study's limitations, recommendations for future research, and impact on positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative phenomenological study was to use interviewing to understand veterans diagnosed with PTSD attitudes, perceptions, and opinions related to online video conferencing therapy. I provided veterans diagnosed with PTSD who served in Iraq and Afghanistan's combat zones the opportunity to share their feelings and thoughts related to experiencing online video conferencing therapy. In this study, I used phenomenological research design to collect and analyze data from 20 participants. I applied Moustakas (2011) data analysis for phenomenological research methods. I also applied phenomenology methods to focus on describing and sharing participants' lived experiences to attain firsthand data.

I conducted this study using qualitative phenomenological methods to capture participants diagnosed with PTSD experiences with online video conferencing therapy. Knowledge was gained by systematically collecting and analyzing participants' lived experiences to make meanings through discourse (Moustakas, 2011). I identified a gap in the literature to understand veterans diagnosed with PTSD attitudes, perceptions, and opinions related to online video conferencing therapy. I used themes and categories to identify veterans' different attitudes, perceptions, and opinions related to online video conferencing therapy. Chapter 5 included an interpretation of the findings and limitations of the study. Chapter 5 also included the recommendations for research, implications for social change, and a conclusion for the research study.

Interpretation of the Findings

Other researchers have conducted studies about the benefits and challenges related to web based therapeutic interventions. But this online treatment method is a relatively new therapeutic method in the mental health setting and is not commonly used to treat veterans PTSD symptoms (Anderson & Titov, 2016; Hoge et al., 2017; Junger et al., 2017). The findings from this study provided a way to examine the attitudes and perceptions of veterans diagnosed with PTSD related to online video conferencing therapy, filling a gap in the literature. The findings from this study also provided a deeper understanding for veterans diagnosed with PTSD experiences related to social support, behavioral strategies, counseling, and medication management undergoing online video conferencing therapy prior to, and during the Covid-19 pandemic.

Based on participants' responses, online video conferencing therapy was a beneficial therapeutic intervention for veterans diagnosed with PTSD. I also found that this virtual therapeutic treatment method improved social support for veterans. Each veteran stated that social support provided social networking for individuals and groups to find solutions for their PTSD concerns, which also decreased veterans' PTSD concerns and improved their coping skills. All 20 veterans mentioned that online video conferencing therapy was just as effective as in-person talk therapy and decreased their PTSD concerns.

All 20 veterans also agreed they would recommend this web assisted intervention to other individuals who have mental health concerns. Based on participants' responses, I formulated five themes such as experiences suffering from PTSD, Covid-19's impact on

mental health treatment, experiences and benefits of using online video conferencing therapy, challenges with online video conferencing therapy, and ways that online video conferencing therapy improved PTSD.

Theme 1: Experiences Suffering from PTSD

Each veteran had different experiences suffering from the effects of PTSD. Most of the veterans found it difficult to transition to civilian life and conduct their daily activities. However, during interviews the veterans were asked about their perspective with serving in Iraq and Afghanistan's combat zones, and most of the veterans believed it was their honor and duty to serve the United States of America. Regardless, all 20 veterans agreed that PTSD caused emotional and mental imbalances and health concerns for them. These problems made it difficult for veterans to balance their home and work life and even social relationships.

All 20 veterans experienced PTSD concerns such as anxiety, depression, emotional detachment, war flashbacks, intrusive memories, nightmares, and intense sweating. They also experienced concerns such as loss and gain of appetite, high blood pressure, panic attacks, insomnia, suicidal ideation, survivor's guilt, and paranoia (see Hoge, 2017). They also experienced social dysfunction, homelessness, unemployment, incarceration, substance misuse, and sensitivity to loud sounds and bright lights (see The National Center for PTSD, 2017 c). All 20 veterans stated that mental health treatment was needed to make positive behavioral changes for their PTSD concerns. All 20 veterans also stated that they sought mental health therapy for PTSD. This is an important step for veterans diagnosed with PTSD to successfully transition to civilian life to avoid

unpredictable concerns related to dysfunction. Veterans who receive mental health treatment for PTSD tend to have fewer concerns compared to those veterans who do not receive therapy (The National Center for PTSD, 2017 d). There was a general acceptance noted that PTSD is a mental health concern for veterans who serve in combat.

Theme 2: Covid-19's Impact on Finding Mental Health Treatment

In the United States, the Covid-19 pandemic has decreased in-person human contact and communication, which has made it difficult for veterans diagnosed with PTSD to find mental health treatment. Each of the 20 veteran participants struggled during the Covid-19 pandemic to find mental health treatment for PTSD. Each veteran had a different perspective to discuss related to their treatment experiences prior to and during Covid-19. For instance, two veterans out of 20 had family members that died from the Covid-19 virus and one veteran contracted Covid-19 and was in quarantine for two weeks. All 20 veterans agreed that Covid-19 was a hindrance when seeking mental health treatment for PTSD. Prior to Covid-19, 17 of the 20 veterans mentioned they were experiencing in-person talk therapy, which did not happen during the Covid-19 pandemic.

However, each of the 20 veterans unanimously agreed that receiving mental health treatment for PTSD was a critical step to successfully transition to civilian life. The veterans agreed to try a relatively new web-assisted treatment method such as online video conferencing therapy. A virtual therapeutic intervention such as online video conferencing therapy was a beneficial treatment option for the veterans who suffered from PTSD during the Covid-19 pandemic. Online therapy provides a therapeutic option

for veterans to express their emotions, feelings, and thoughts related to PTSD (Jordan, 2016). Online video conferencing therapy can be delivered to individuals or groups of veterans in conjunction with CBT (Delaney et al., 2016). The study results showed that computer tailored interventions in conjunction with CBT were beneficial to veterans who sought mental health treatment for PTSD. These research studies confirmed that this virtual therapeutic treatment method can be an asset to veterans diagnosed with PTSD.

A virtual therapeutic intervention such as online video conferencing therapy was a beneficial treatment option for veterans who suffered from PTSD during the Covid-19 pandemic. The veterans agreed to try a relatively new web assisted treatment method such as online video conferencing therapy. All 20 veterans mentioned that the mental health setting was getting away from in-person human contact. This concern led to veterans searching for a new therapeutic option to decrease their PTSD concerns.

Online video conferencing therapy is a treatment option that uses technology such as a computer and internet access to treat veterans who suffer from PTSD. Three of the 20 veterans had already experienced online video conferencing therapy prior to Covid-19. Many of the veterans agreed that online video conferencing therapy was a savior to the mental health setting. Many of the veterans also agreed the Covid-19 pandemic opened up a new door to use technology to administer mental health treatment to veterans who suffer from the effects of PTSD.

Theme 3: Experiences and Benefits of Using Online Video Conferencing Therapy

All 20 veterans agreed that online video conferencing therapy was effective and beneficial to their mental health treatment process. They agreed that online video

conferencing therapy was convenient and provided flexible treatment times and locations to receive mental health therapy for PTSD (see Gottlieb et al., 2016). This online therapeutic intervention also provided privacy within the confinements of each veteran's home or chosen treatment location. All 20 veterans mentioned that online video conferencing therapy was resourceful during the Covid-19 pandemic. Each veteran experienced weeks and even months of being quarantined in their residence, and without online video conferencing therapy they would not be receiving mental health treatment for their PTSD concerns.

Theme 4: Challenges with Online Video Conferencing Therapy

The mental health setting is becoming remote due to the Covid-19 pandemic. Nowadays, due to Covid-19, mental health therapists and patients are advised to practice social distancing, wear a face mask, and decrease in-person human contact. However, veterans who suffer the effects of PTSD need therapeutic services to successfully transition to civilian life. The study concluded that the challenges related to undergoing online video conferencing therapy had a different treatment outcome for each of the 20 veterans. Many of the veterans had concerns about internet access during their therapy session. The veterans agreed that online video conferencing therapy does not use in-person communication. This concern made it somewhat difficult to build a rapport with their mental health clinician. All 20 veterans struggled to find a mental health clinician to administer online video conferencing therapy.

The National Mental Health Institute (2016) conducted a research study that examined online video conferencing therapy's impact veterans who suffered from PTSD.

The study results showed that online video conferencing therapy was beneficial for decreasing individuals and small groups of veterans' PTSD concerns. This study confirmed that web-based interventions can be beneficial for veterans who suffer from PTSD. A few of the veterans had concerns with computer hardware such as their web cam and microphone settings. These visual and audio concerns made it difficult to observe and hear the mental health clinician. The veterans mentioned that computer tailored therapy was just as effective as in-person talk therapy.

The veterans agreed that they gained more improved coping skills to manage distress. Many of the veterans had software issues such as an outdated sound and video card. This led to veterans having concerns about their computer or cell phone being compatible with the treatment application. The Covid-19 pandemic has made it clear that this computer tailored intervention is not leaving anytime soon. Therefore, more mental health clinicians are training to administer online video conferencing therapy. In conclusion, this treatment option is more suitable for veterans who have computer knowledge and prefer using the Internet to discuss their PTSD concerns.

Theme 5: Ways That Online Video Conferencing Therapy Improved PTSD

I analyzed the theme results based upon the responses of each veteran's lived experience. I paid close attention to each veteran's response to reach a conclusion for this section's analysis. The study concluded that each veteran did not have the same mental health concerns and treatment needs. This led to a different treatment outcome for each veteran. Online video conferencing therapy provided various treatment features such as counseling, behavioral strategies, social support, and medication management. However,

13 out of the 20 veterans mentioned that online video conferencing therapy improved social support. Veterans use a computer and internet access to social network with friends, family, and past military buddies during their therapy session.

Social support improved their emotional and mental well-being and decreased their PTSD concerns. The 13 veterans agreed that social support made a positive impact on their mental psyche and reframed their PTSD behaviors. The mental health clinician provided therapeutic techniques online such as behavioral activation and positive self-talk and thinking. The veterans used social support as a therapeutic instrument to gain emotional and mental support from loved ones and friends. Seven out of the 13 veterans mentioned that online video conferencing therapy improved counseling frequency and behavioral strategies.

Pyne et al. (2016) conducted a study to examine online video conferring therapy's impact on veterans who suffer from anxiety and suicidal ideation related to PTSD. The study showed that this virtual treatment method decreased the veterans' PTSD concerns. This study confirmed this virtual treatment method can support the mental health needs of veterans who suffer from the effects of PTSD. Shavlev (2016) conducted a study to examine online video conferencing therapy's impact on veterans who suffered from anxiety and depression related to PTSD. The study results showed that computer tailored intervention improved satisfaction and cohesion and decreased PTSD concerns. This study confirmed that online video conferencing therapy was an effective treatment option for veterans who suffer from PTSD. The veterans found more improved coping skills to manage stress and decrease their PTSD concerns.

In conclusion, seven out of 20 veterans agreed the mental health therapist provided techniques such as deep breathing, meditation, writing in a journal, and taking long walks to redirect feelings, emotions, and thoughts. One of the 20 veterans did discuss medication management being a positive feature for computer tailored interventions. The veteran expressed they were being monitored simultaneously by a mental health clinician and psychiatrist. The veteran mentioned having concerns related to experiencing psychotropic medication side effects. The veteran also mentioned having to discuss this concern with the prescribing psychiatrist and not the mental health therapist.

Theoretical Framework

Beck et al. (1988) stated that CBT was designed to understand mental health patients' harmful behavioral patterns following the disclosure of negative cognitions. All the participants in my study expressed how destructive cognitions related to PTSD caused them to seek mental health therapy. This showed a correlation to the concept that negative cognitions are misinterpretations of prior situations (Hollon, 2010). CBT reframed the mental health patient's thinking patterns. The majority of the participants in my study agreed that the benefits of CBT reframed their thought processes.

CBT highlighted and minimized their negative emotions, thoughts, and feelings related to PTSD. CBT also decreased their PTSD symptoms and improved their coping skills to manage stress. This also coincided with the framework, which specified that when mental health patients handle their thoughts, feelings, and emotions they tend to adapt and have successful behavioral patterns that avoid negative cognitions (Hollon,

2010). Many participants realized that reliable mental health treatment was needed to decrease their PTSD concerns. This is consistent with research showing that CBT transformed mental health patients' harmful beliefs and thoughts to reverse negative thinking patterns (Beck et al., 1988).

The mental health patients gain further clarity to heal when they face their undesirable behavioral concerns. The participants in my study realized that adverse thinking was not conducive to gaining improved coping skills. Hollon (2010) stated that CBT has a strong theoretical foundation that was beneficial for assisting individual who have mental health concerns. CBT is supported by empirical evidence touting its effectiveness for tackling mental health patients' psychological issues. CBT is a gold standard therapeutic intervention in the mental health setting used to treat patients' PTSD concerns. In conclusion, mental health clinicians should be familiar with CBT (Beck et.al, 1988). The participants in my study recalled receiving CBT in the form of online video conferencing therapy. They also discussed the characteristics of this online based CBT. This virtual therapeutic treatment method used a computer and internet access to discuss feelings and thoughts related to PTSD online with a mental health clinician.

All the participants stated that CBT provided them with an opportunity to unpack their feelings, thoughts, and emotions related to PTSD. Each participant did not have the same treatment outcome experience with CBT. Many participants agreed that CBT improved their thinking patterns and beliefs. One study participant recalled CBT providing a true spiritual and psychological awakening. Another study participant mentioned that CBT provided a way to reinvent the mental psyche. Both views of these

participants were aligned with Beck et.al (1988), who noted that CBT was a treatment method that provided in-person communication. Beck et al. noted that CBT implemented strategies to motivate behavior change and find solutions for thoughts, feelings, and emotions related to unhealthy behaviors.

Limitations of the Study

The purpose of this qualitative phenomenological study was to use interviewing to understand former military service members diagnosed with PTSD perceptions, attitudes, and opinions related to online video conferencing therapy. However, study limitations are a part of research that cannot be controlled and can cause a negative impact on the study's outcome (Creswell, 2018). According to Moustakas (2011), phenomenology examines participants' visible and concealed meanings to emerge into existence. These attitudes, opinions, and perceptions are intended to understand participants' experiences related to the phenomenon. Moustakas et al. indicated that phenomenological methods observed participants' experiences through a more defined lens. I identified various limitations with this research study.

The study focused on veterans diagnosed with PTSD who served in Iraq and Afghanistan's combat zones. This eliminated possible data collection from other veterans who served in conflict areas such as Vietnam, the Gulf War, and Desert Storm. Another limitation was this study used a small sample size less than 24 participants. This was due to health concerns related to the Covid-19 pandemic. The sample consisted of 20 participants to gather sufficient firsthand data related to the phenomenon. The participants were purposefully selected to fit the criteria for the study. Qualitative studies

are based upon participants' willingness to share their personal accounts (Creswell, 2018). I maintained having a conversational rapport with each participant for information sharing purposes. A further limitation to mention in this study was the geographical location. All 20 participants were from the State of Kentucky, and other candidates from other geographical areas were excluded from the study.

The last limitation was that each participant expressed they were diagnosed with PTSD, served in the United States military, and experienced online video conferencing therapy. I did not verify any evidence related to the participants' diagnoses, military service, and mental health treatment background. The final limitation of this study was the potential for research bias.

As the primary researcher, data collector, and analyzer it is possible that I developed preconceived opinions prior to the data collection process. I made a conscious decision to be aware of this potential concern. I took additional time to review the data with an open mind free of misconceptions. I did a manual review for corrections with the transcriptions. I used NVivo to assist with coding and themes during this research study. I utilized hands-on descriptive manual coding. I felt comfortable with the participants and did not have any concerns during the data collection and analyzing phase.

Recommendations

This study's results focused on a small number of Iraq and Afghanistan veterans who served in combat. They were diagnosed with PTSD and experienced online video conferencing therapy. These veterans were only located in Louisville, Kentucky. Furthermore, conducting a study using more participants and spreading out the

geographical location may hopefully achieve more data in the future. Additionally, I asked the participant's questions related to their experiences undergoing online video conferencing therapy. This computer tailored intervention is a relatively new in the mental health setting and not commonly used by mental health clinicians to treat veterans' PTSD concerns (Anderson & Titov, 2016).

In this study, each veteran provided information about their experiences suffering from the effects of PTSD while transitioning to civilian life. Each veteran also provided information related to their personal experiences undergoing online video conferencing therapy. All the veterans openly disclosed information about their PTSD struggles. The veterans shared information about what they liked and disliked about their treatment experience undergoing online video conferencing therapy. All 20 veterans agreed that this computer tailored treatment method was effective for improving their coping skills and decreasing their PTSD concerns.

In conclusion, it seems that in due time, research on computer-assisted treatment methods can hopefully be expanded in the future. However, impending research can add to understanding the effects of PTSD on veterans who serve in combat zones. Future research can also add to the understanding of online video conferencing therapy's impact on veterans' PTSD concerns. A related study can aid the understanding of additional resources needed to support veterans' mental health concerns. A similar study can also bring awareness to veterans and mental health clinicians concerning the benefits related to online video conferencing therapy.

Implications

The intent of this qualitative phenomenological study was to use interviewing to understand former military service members diagnosed with PTSD perceptions, attitudes, and opinion related to online video conferencing therapy. This study may provide positive social change by bringing awareness concerning how online video conferencing improves veterans' PTSD behaviors. This study may also provide social change for veterans and their families to understand the effects of PTSD.

This study provided information about computer tailored interventions. Veterans who receive treatment for PTSD tend to have fewer concerns than those veterans who do not receive help (Junger, 2017). This coincided with Hoge et al. (2017), who revealed that veterans who served in combat tend to face numerous concerns integrating into civilian life. Veterans who served in combat tend to be at an elevated risk for having PTSD. PTSD negatively impacts veterans' family, social, and work life. This study provided an opportunity for veterans to express and share their lived experiences related to online video conferencing therapy. This research study may provide insight for Iraq and Afghanistan's veterans who suffer from the effects of PTSD.

The findings were aligned with Junger et al. (2017), who explained that research must highlight the needs related to veterans' PTSD concerns. This research may provide options for strategies and resources to decrease veterans' PTSD concerns. The findings from this study may educate various professional disciplines about the challenges of veterans diagnosed with PTSD transitioning to civilian life. Future researchers and mental health professional may have a better understanding about the benefits of online

video conferencing therapy. This study may provide a clear understanding for computer tailored interventions alongside improving veterans diagnosed with PTSD accessibility to mental health treatment.

Conclusion

The purpose of this qualitative phenomenological study was to use interviewing to understand veterans diagnosed with PTSD perceptions, attitudes, and opinions related to online video conferencing therapy. This purpose coincided with Moustakas et al. (2011), who revealed that the aim of phenomenology was to encourage thinking that provokes reinterpretations of firsthand accounts or lived experiences. Each veteran in this study was diagnosed with PTSD and disclosed their lived experience undergoing online video conferencing therapy. The veterans expressed values while answering questions during their interviews. The majority of the veterans stated that serving in the United States military was about duty, honor, respect, and integrity.

The outcomes related to these firsthand accounts corresponded with Junger et al. (2017), who revealed that the effects of PTSD may vary for each veteran who served in combat. PTSD symptoms can be persistent and last years or even a lifetime. The veterans in this study professed that online video conferencing therapy improved social support. This virtual therapeutic treatment method provided the ability for veterans to social network and experience therapy with family, and friends to overcome their PTSD concerns. This study allowed me to convey information about a population group that may be misunderstood by the public and government sectors. This concern may be related to the lack of understanding military culture or knowledge.

I formulated five mutual themes in this study titled: experiences suffering from PTSD, Covid-19's impact on mental health treatment, experiences and benefits of online video conferencing therapy and challenges with online video conferencing therapy and ways that online video conferencing therapy improved PTSD. In conclusion, mental health providers' lack of knowledge related to therapeutic resources, and services can negatively impact veterans diagnosed with PTSD perspectives about seeking mental health treatment.

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Appendix A: Demographic Questions

This demographic questionnaire will be confidential and not share or identify any of the participant's information. This survey intends to gather responses from veterans diagnosed with PTSD who have served in Iraq or Afghanistan's combat zones. This research study intends to use interviewing to examine 15 to 24 veterans' perceptions, opinions, and attitudes related to online video conferencing therapy, prior to and during the Covid-19 pandemic. The veteran must have no current affiliation with the Department of Veterans Affairs, Active duty, National Guard or Reserves military service. This research may provide information for veterans who suffer from the effects of PTSD. This research may also provide quality research data to understand whether online video conferencing therapy improves veteran's PTSD behaviors.

1. What is your gender?
    - o Male
    - o Female
2. What is your age according to the categories below?
    - o 18-24
    - o 25-34
    - o 35-44
    - o 45-54
    - o 55 and older
3. Do you reside within the city and state Louisville, Kentucky?

- o Yes
- o No

4. What is your relationship status?
   - o Married
   - o Single
   - o Divorced
   - o Widowed
   - o Separated
5. What is the highest education that you have received?
   - o High school/GED
   - o Some College
   - o Associates
   - o Bachelors
   - o Graduate Degree
6. What is your race?
   - o African American
   - o Caucasian
   - o Hispanic
   - o Some other race please specify
7. Have you served in a branch or (branches) of the United States military?
   - o Yes
   - o No

8. Which branch or (branches) of the United States military did you serve in?

- o Army
- o Marine Corps
- o Navy
- o Air Force
- o Coast Guard

9. Do you have a current relationship with the Department of Veterans Affairs, active-duty military, National Guard or reserves?

- o Yes
- o No

10. Are you a member of an American Legion Post or Veterans of Foreign Wars?

- o Yes
- o No

11. Did you ever serve during war time in Iraq or Afghanistan's combat zones?

- o Yes
- o No

12. Did your experiences in Iraq or Afghanistan's combat zones cause you to suffer from the effects of PTSD?

- o Yes
- o No

13. Did you experience enemy fire or witness the death of fellow veterans serving in combat?

- o Yes
- o No

14. Did suffering from the effects of PTSD cause you to have concerns with integrating into civilian life?

- o Yes
- o No

15. Have you ever experienced a mental health clinician who used online video conferencing therapy (i.e. internet access, a computer, and video chat) to examine your thoughts and feelings related to PTSD?

- o Yes
- o No

Based on your above responses would you be interested in participating in a 30-60 minute research interview? If you have any interest in participating in an interview in the space below, please print your name and contact information thanks for your help.

Name _____

Contact Phone # _____

Email Address _____

If you need more information or have any questions you can contact me at [redacted].

Appendix B: Interview Questions and Follow-Up Questions

1. How has exposure to combat impacted your family and work life and overall quality of life?

2. Can you briefly describe your lived experiences suffering from PTSD while integrating into civilian life?

A: What concerns did you experience integrating into civilian life?

3. Have you sought a mental health diagnosis for PTSD if yes, what defining moment led to you seeking mental health treatment for PTSD?

4. Can you briefly describe your experiences seeking Department of Veterans Affairs approved mental health treatment for PTSD?

5. How do you describe receiving online video conferencing therapy for PTSD?

B: What was your experience undergoing online video conferencing therapy, prior to and during the Covid-19 pandemic?

6. How do you describe your treatment experiences related to online video conferencing therapy?

C: What challenges did you experience undergoing online video conferencing therapy, prior to and during the Covid-19 pandemic?

7. Can you briefly describe your treatment experiences related to social support, behavioral strategies, counseling, and medication management while receiving online video conferencing therapy, prior to and during the Covid-19 pandemic?

8. Can you briefly describe what you liked and did not like about undergoing online video conferencing therapy?

9. How do you describe your treatment experiences related to online video conferencing therapy that improved your PTSD symptoms?

10. How did online video conferencing therapy improve your mental health and access to treatment?

11. Is there anything else that you would like to share related to your treatment experience receiving online video conferencing therapy?