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CONVERGING AND DIVERGING OUTCOMES OF POSTTRAUMATIC GROWTH (PTG)  
AND POSTTRAUMATIC DEPRECIATION (PTD) IN COMBAT VETERANS:  
A CASE STUDY

By

DAYTON ANN WILLIAMS, MBA

THESIS

Submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work at  
The University of Texas at Arlington  
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Arlington, Texas

Supervising committee:

Dr. Donna Schuman, LCSW, LPC, Thesis Chair  
Dr. Donald Schuman, LCSW, LCDC  
Kiva Harper, MSSW, LCSW

## **ABSTRACT**

### **CONVERGING AND DIVERGING OUTCOMES OF POSTTRAUMATIC GROWTH (PTG) AND POSTTRAUMATIC DEPRECIATION (PTD) IN COMBAT VETERANS: A CASE STUDY**

Dayton Ann Williams, MBA

The University of Texas at Arlington, 2023

Supervising Professor: Donna Schuman

Upon examining combat veterans' psychological responses to combat-related trauma, two emerged for consideration: posttraumatic growth (PTG) through making meaning out of a traumatic experience and a positive outcome or change, and posttraumatic depreciation (PTD) an inability to make meaning of a traumatic experience and a negative outcome or change.

Understanding how PTG and PTD converge, diverge, and impact an individual is crucial in supporting a veteran's journey to health and well-being.

A comparative study of the cases of two Marine combat veterans who served during OEF/OIF offers numerous similarities: both are in the millennial cohort; both are part of a group becoming the fastest-growing rate of death by suicide in our Nation's history; both served extended tours; both experienced combat trauma; both experienced posttraumatic stress; both experienced challenges with the Department of Veterans Affairs (VA) system; both experienced

challenges with substance use upon their return home; both struggled to reintegrate back into civilian life; and both became fathers. However, their outcomes to trauma were radically different. One Marine expanded, grew, and persisted in a thriving life. In contrast, one Marine declined, depreciated, and terminated in a suicide death.

Since individuals typically report PTG and PTD following a traumatic event as independent experiences, different processes leading to growth and depreciation infer distinct underlying variables. In sum, “the well-being, or sense of life meaning, a person experiences after dealing with a stressful event can best be understood by understanding both the growth and the depreciation the person has experienced” (Cann et al., 2010, p. 164).

*Keywords:* posttraumatic growth, posttraumatic depreciation, suicide, veterans, military

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## ACKNOWLEDGEMENTS

While it takes a village to raise a child, it takes a unique support system to complete the writing of a thesis. My unique village and support system, bar none, is extraordinary. Each member contributed in a manner that reflected their profound originality, professional acumen, and brilliant mind. I am humbled to have been mentored by this remarkable group of educators who bring a breadth and depth of passion to their work that inspires and transcends. Because of them, this paper is worthy of the lives of the Marines it explores. I am deeply grateful for their input every step of the way and for their commitment to excellence throughout the process. As leaders in their respective domains of specialization, their contribution to the social work field is outstanding.

My committee members, Dr. Donald Schuman and Professor Kiva Harper, and my distinguished committee chair, Dr. Donna Schuman, were unwavering in their support. Their contributions to this research enriched the work, and I developed as a social work student. Undoubtedly, this was my most amazing experience as I matriculated through the Master of Social Work program. As the culmination of my studies, it rises to the epitome. I offer my deepest thanks for the honor and privilege to receive from the best, and for the noteworthy contribution to, and leadership of, this work.

Special acknowledgment goes to my Chair, Dr. Donna Schuman, where I completed an outstanding advanced field placement in our research study titled *Posttraumatic Growth and Transformation in Military-Connected Populations* (PTG\_T). My experience was so magnificent I chose to change the trajectory of my degree plan and continue working on the project as a volunteer. In changing from Integrative Seminar to Thesis, I extended my graduation date another two semesters solely for the privilege of continuing to work with Dr. Schuman. I have

continued to grow as a social work student through Dr. Schuman's mentorship while contributing to the PTG\_T research study: a project born from our mutual passion for contributing to the profession we represent and making a difference in the lives of those we serve. And from our work, this thesis was born. It s been a great honor and privilege, Dr. Schuman.

From the beginning of this journey, Professor Christine Highfill (doctoral candidate) has been my mentor and compass. No question was too small, and no need was too great. As an emerging leader in her domain, Professor Highfill brings knowledge, passion, and empathy to everything she does. Whoever enters her orbit immensely benefits from the experience. Her help throughout this process has been phenomenal. Her desire to support and mentor others is well known.

My meeting with the University of Texas at Arlington Multidisciplinary Librarian Elle Covington allowed me to bring focus and structure to my research. They helped define the parameters, correlations, and clarity of the research process. Most importantly, they increased my confidence in gathering the data I needed to begin my journey and provided the foundation upon which I successfully built.

Jarrad Henderson produced the video *A War Within: The Battle Against PTSD and Veteran Suicide*, <https://www.jarradhenderson.com/war-within>, which accompanied the national story published by USA Today. An extraordinary creation reflecting the beauty, depth, heart, and quality of Mr. Henderson's talent, the video inspired me to choose Sgt Ketchum for the case study. I had the privilege of exchanging a few emails with Mr. Henderson and learned first-hand of his graciousness and generosity.

To my unique village, a thousand thanks.

## DEDICATION

My eldest son, a Marine combat veteran, was deployed to Iraq during the timeframe of the study participants. And while he made it home from his third and final tour, less than 90 days after arriving in the States an unknown perpetrator tragically ended his life in a hit-and-run. Forever loved and never forgotten, a veteran is selected annually to ‘sit in Ty’s place’ through an endowed scholarship established at The University of Texas at Austin in his honor and memory: <https://deanofstudents.utexas.edu/veterans/williams.php>.

Although Tyrell was briefly with us, it was clear he was not yet *all the way home*. Through the years, veterans and family members sharing their stories of pain, challenges, and struggles repeatedly offered this theme, this experience of not being *all the way home*. Ultimately this was the catalyst for my entering the Master of Social Work program at UTA and fulfilling my deep desire to provide pro-bono mental health services to veterans. Our responsibility, as a society, is to ensure every veteran arrives *all the way home*. Supporting our veterans in navigating their unique journey to wholeness and wellness demonstrates this call to action.

I dedicate this work to all who served. To my father, Edward Davis Jr., Navy veteran, and my rock and compass. To Bob Walker and Brandon Ketchum, Marine combat veterans, who moved me to stay the course for through the telling of their stories, I heard the echoing of their voices. And to Michael Knox, Marine combat veteran, whose humor, passion, veracity, and intellect inspire me like no other, and who is truly my hero.



**LIST OF FIGURES**

**FIGURE 1** Inclusion Criteria Posttraumatic Growth and Transformation in Military-Connected Populations.....11

**FIGURE 2** Convergence and Divergence of PTG and PTD.....23

**LIST OF TABLES**

**TABLE 1** Inclusion Criteria Posttraumatic Growth and Transformation in Military-Connected Populations.....2

**TABLE 2** PTGI categorizations of the 21-item scale. ....8

**TABLE 3** PTGI 6-point Likert scale.....8

**TABLE 4** Data Sources for Brandon Ketchum.....15

**TABLE 5** Outline of the Convergence and Divergence of PTG and PTD in BrandonKetchum..24

## LIST OF ABBREVIATIONS

BHS	Beck Hopelessness Scale
CPT	Cognitive Processing Therapy
FB	Facebook
H.R. 2441	Sgt. Ketchum Rural Veterans Mental Health Act of 2021. Bill originated in the House of Representatives on 12 April 2021 of the 117 <sup>th</sup> Congress (2021-2023) and enacted on 30 June 2021 upon signature of the President.
IED(s)	Improvised Explosive Device(s)
MALS-40	Marine Aviation Logistics Squadron 40. Falls under the command of the Marine Aircraft Group 40.
mTBI	Mild Traumatic Brain Injury
OEF	Operation Enduring Freedom (War in Afghanistan)
OIF	Operation Iraqi Freedom (War in Iraq)
OND	Operation New Dawn (War in Iraq)
PTD	Posttraumatic Depreciation
PTG	Posttraumatic Growth
PTGI	Posttraumatic Growth Inventory
PTGI-42	Paired Format Posttraumatic Growth Inventory
PTGI-SF	Posttraumatic Growth Inventory -Short Form
PTSS	Posttraumatic Stress Symptoms
RSES-4	Response to Stressful Experiences Scale (Adaptive)
VA	Department of Veterans Affairs

## Table of Contents

ABSTRACT .....	ii
COPYRIGHT .....	iv
ACKNOWLEDGEMENTS .....	v
DEDICATION .....	vii
LIST OF ABBREVIATIONS .....	x
CHAPTER 1 INTRODUCTION .....	1
Problem.....	1
Background.....	1
Relevance.....	3
Objectives .....	3
CHAPTER 2 LITERATURE REVIEW and CONCEPTUAL FRAMEWORK .....	5
Phoenix Rising from the Ashes .....	6
Possible Outcomes of Trauma.....	7
CHAPTER 3 RESEARCH DESIGN .....	9
Research Purpose and Importance of Study .....	9
Bracketing Statement.....	9
Research Questions.....	10
Methods .....	10
Overview of Case 1 demonstrates PTG – Bob Walker .....	12
Overview of Case 2 demonstrates PTD – Brandon Ketchum .....	12
Posttraumatic Growth (PTG).....	12
Posttraumatic Depreciation (PTD) .....	13
CHAPTER 4 RESULTS .....	16
A Case Study of PTG .....	16
In Bob Walker’s Words – “Why is anger my first response to everything?” .....	16
A Case Study of PTD .....	20
In Brandon Ketchum’s Words – “I am also at war with myself and my ‘demons’.” .....	20
Convergence and Divergence of PTG and PTD.....	23
CHAPTER 5 DISCUSSION and CONCLUSIONS .....	27
Answering Research Questions .....	27
Implications for Social Work Practice.....	30

Limitations.....	30
Further Research Directions .....	31
Conclusion.....	32
REFERENCES.....	33
APPENDIX A Codebook for Phase I (Online Survey) of the Posttraumatic Growth and Transformation in Military-Connected Populations Research Study .....	40
APPENDIX B Semi-Structured Interview Guide for Phase II (Interview) of the Posttraumatic Growth and Transformation in Military-Connected Populations Research Study .....	50
APPENDIX C Transcription of Video “ <i>A War Within: The Battle Against PTSD and Veteran Suicide</i> ” .....	54
APPENDIX D Ketchum’s biography submitted to Army Veteran Ian Benouis in preparation for a trip to Peru in May 2016 to participate in a veteran plant-medicine healing experience .	65
APPENDIX E Transcription of Video “ <i>PTSD is completely normal: Brandon Ketchum talks about how therapy helped him cope</i> ” .....	67
APPENDIX F Picture Gallery: Sgt. Brandon Ketchum through the years.....	69

# CHAPTER 1

## INTRODUCTION

### **Problem**

Psychological responses to war trauma have increased significantly for OEF/OIF/OND veterans.

### **Background**

Recent U.S. military conflicts include the War in Iraq and the War in Afghanistan. The War in Iraq included two operational phases: Operation Iraqi Freedom, (OIF; March 2003 to November 2011) and Operation New Dawn, (OND; September 2010 to December 2011). In conjunction with the reduction of U.S. troops during the Obama administration, OND became the new operational name for the War in Iraq. The official name for the War in Afghanistan is Operation Enduring Freedom (OEF; October 2001 to December 2014). These conflicts held an all-volunteer force and the longest enduring mobilization of the Reserve and National Guard since the Korean War, June 1950 to July 1953, (*Dates and Names of Conflicts - Veterans Employment Toolkit*, 2021).

The VA provides free medical care for at least five years to all post-9/11 veterans. Of the eligible 1,724,058 OEF/OIF/OND veterans, 59% are utilizing the VA health care system (Bilmes, 2021; *Health Care Use by Gulf War & OEF/OIF/OND Veterans - Public Health*, n.d.). In addition, VA certified “service-connected” injuries or illnesses and criteria such as low income will allow these veterans to continue receiving “free or subsidized healthcare treatment for the rest of their lives” (Bilmes, 2021).

The median age of post-9/11 veterans is 36.6 years old. Additional demographics of the OEF/OIF/OND veterans using the VA health care system between October 1, 2001, and

September 30, 2013, are found in the *Health Care Use, Gulf War Veterans and OEF/OIF/OND Veterans, October 1, 2001 – September 30, 2013* infographic and outlined in Table 1 (*Health Care Use by Gulf War & OEF/OIF/OND Veterans - Public Health, n.d.*).

**Table 1**

***VA Health Case Use of OEF/OIF/OND Veterans October 1, 2001 – September 30, 2013***

<b>Gender</b>	
Male	87.9%
Female	12.1%
<b>Unit Type</b>	
Active Duty	59.0%
Reserves	41.0%
<b>Branch</b>	
Airforce	12.8%
Army	59.4%
Marines	14.9%
Navy	13.7%
<b>Most Common Diagnosis (can have more than one diagnosis is a major category)</b>	
Diseases of the Musculoskeletal System / Connective System	59.2%
Mental Disorders	55.3%
Symptoms, Signs, and Ill-Defined Conditions	54.7%
Diseases of the Nervous System / Sense Organs	47.9%
Diseases of the Digestive System	36.7%

*Note.* The Symptoms, Signs, and Ill-Defined Conditions category has more than 160 sub-categories and includes common symptoms that do not have an immediately obvious cause or laboratory test abnormality.

Several unique characteristics of OEF/OIF contribute to these numbers. Having participated in the most sustained ground combat operation since the Vietnam era, the majority of military personnel endured high combat stress, experienced high-intensity guerrilla warfare, and chronic threats of roadside bombs with improvised explosive devices (IEDs) (Seal, et al., 2007; Hoge et al., 2004). Miliken et al. (2007) concluded combat exposure was extremely common in this cohort with 67% - 70% of their longitudinal study participants having more than one combat experience. Additionally, many had multiple tours of duty, a large number experienced traumatic injury, and more wounded survived than ever before (Seal, et al., 2007;

Friedman, 2005; Hoge et al., 2004). In total, the wide variety of war-zone-related stressors can impact psychological functioning in a multitude of ways, and “psychological responses to deployment experiences can be expected to change over time” (National Center for Post-Traumatic Stress Disorder [U.S.] & Walter Reed Army Medical Center, 2004, p. 3).

## **Relevance**

Humans encounter a kaleidoscope of experiences and within a lifetime individuals rarely escape the experience of trauma. With the inclusion of stressful situations such as those experienced by combat veterans, the probability of trauma profoundly increases. While it is possible to identify and outline a traumatic event logically and systematically, the journey of healing from the event is complex and multifaceted. Not only does a traumatic event impact a person’s body, mind, and soul, but the same event can have a varied effect on each person experiencing the event, thereby making the journey of healing unique.

Nevertheless, through focused exploration and an empathic heart, we can begin to understand these stories richly nuanced with depth and breadth. As everyone has a “one and only life that is vulnerable and fragile” (Rifkin, 2010, 3:40), the telling of an individual story, or documentation of a research study, must convey the worth of this one and only life through the celebration of healing and growth or the memorialization of loss and death. And most important is the weaving of celebration and memorialization into the collective consciousness for the understanding, progressing, and optimal mental health of our species.

## **Objectives**

This research aims to examine combat veterans’ psychological responses to war trauma and explore the emergence and convergence of Posttraumatic Growth (PTG), resulting in a



positive psychological change from a trauma, and Posttraumatic Depreciation (PTD), resulting in a negative psychological change from a trauma.

## CHAPTER 2

### LITERATURE REVIEW and CONCEPTUAL FRAMEWORK

Street et al. (2009) postulate deployments supporting OEF/OIF, “characterized by insurgency warfare,” (p. 686) involve exposure to a vast range of potential stressors and traumas specific to being in a war zone: being attacked or ambushed, being fired on or firing on enemies, witnessing the injury and death of other military personnel, enemy combatants, and civilians, difficulties related to separation from loved ones, and interpersonal stressors associated with living and working close to other troops. To date, according to Street et al. (2009), the majority of the deployment health research has focused on understanding the consequences of war-zone stressors and combat exposure.

Results on studies completed within the immediate years following a veteran’s return from deployment reveal struggles with mental and physical health problems (Hoge et al., 2006; Miliken et al., 2007; Street et al., 2006; Tanielian and Jaycox, 2008). Interestingly, the research results compiled from various measures, i.e., self-reports, clinician-administered interviews, brief screening tools, and comprehensive assessments, uncover a positive association between combat exposure and posttraumatic stress symptomatology (Grieger et al., 2006; Hoge et al., 2004; Street et al., 2006).

More recent studies also affirm the complex challenges of this group. Fortier et al. (2018) identified multiple co-occurring conditions including “high co-prevalence rates of mild traumatic brain injury (mTBI), posttraumatic stress disorder (PTSD), depression, substance misuses, and chronic pain” (p. E17). Macatee et al. (2020) submits the prevalence of recently deployed veterans presenting with posttraumatic stress symptoms (PTSS) make “identification of biomarkers of PTSS in this population a public health priority” (p. e13423).

As posttraumatic stress is a key outcome of war exposure, it is critical to review and evaluate the mental health outcomes of traumas experienced by the combat veteran. This paper will complete a review and evaluation of outcomes through the lens of PTG and PTD.

### **Phoenix Rising from the Ashes**

“Phoenix rising from its ashes” is a phrase that invokes an image of immortality and transformation (McMillan, 1972, p. 239). Over the millennia, shared amongst and interpreted by countless societies and cultures as it migrated from its origin in the East and spanned the globe, the story of this mythological bird reverberates. However, what is often missing in the modern translation and Western perspective is the understanding that the Phoenix, once it lived 500-years, built a pyre and through self-incineration allowed a new Phoenix to emerge thereby creating another 500-year cycle (McMillan, 1972). The perceived sacrifice was a deliberate choice, and it represents the birth-life-death-rebirth cycle of the Phoenix.

In contrast, and far removed from the consciousness of a combat veteran in the throes of a loss or trauma, is the concept of rising from the ashes. Consumed by the unthinkable that pierced their sense of self in unimaginable ways, an invisible sword of despair and destruction severed their connection to self and often obliterated their connection to others. While they chose to serve a purpose greater than themselves, trauma was often the price they paid. And deep within, at the core of their being, a question emerges, “what now?” Pierre Teilhard de Chardin, French Philosopher, Jesuit Priest, and World War I veteran, offered an answer for consideration, “In the final analysis, the questions of why bad things happen to good people transmutes itself into some very different questions, no longer asking why something happened, but asking how we will respond, what we intend to do now that it happened” (Teilhard de Chardin, 1960, p. 86).

Answering Teilhard de Chardin's question begins the journey of PTG with major research conducted on the subject in combat veterans (Greenberg et al., 2021; Tedeschi, 2011), military medical personnel (McClellan et al., 2013), older military veterans (Whealin et al., 2020), and veterans with lower limb amputations (Tuncay et al., 2015). Additionally, research surrounds the examination of PTG in the context of life satisfaction (Evans et al., 2018), spiritual change (Tedeschi et al., 2017), and a multi-dimensional aspect including a personal strength dimension (Tsai et al., 2015). According to Kilpatrick et al. (2013), exposure to a traumatic event is not unusual and general population estimates reach as high as 90% over one's lifetime although military members are potentially at a greater risk.

### **Possible Outcomes of Trauma**

Two outcomes occurring after experiencing trauma are PTG and PTSD. Positive transformation, identified as PTG (O'Connor et al., 2022; Tedeschi et al., 2018), focuses on long-term changes with the caveat PTG is distinguished from resilience or recovery which is a return to baseline and/or a resistance to trauma (Tedeschi et al., 2018, p. 5). To quantify PTG, Tedeschi and Calhoun (1996) developed the Posttraumatic Growth Inventory (PTGI), a psychological measure of PTG that is a 21-item scale where participants indicate their score on a 6-point Likert scale for responses in five areas identified as factors: 1) appreciation of life, 2) relationships with others, 3) new possibilities in life, 4) personal strength, and 5) spiritual change. Table 2 highlights the categorizations of the 21-item scale and Table 3 highlights the scoring of the 6-point Likert scale of the PTGI.

**Table 2**

*PTGI categorizations of the 21-item scale*

<b>Factors</b>	<b>Item Numbers</b>
Appreciation of life	1, 2, 13
Relationship with others	6, 8, 9, 15, 16, 20, 21
New possibilities in life	3, 7, 11, 14, 17
Personal strength	4, 10, 12, 19
Spiritual change	5, 18

**Table 3**

*PTGI 6-point Likert scale*

<b>Scoring</b>	<b>Responses</b>
0	I did not experience this change as a result of my crisis
1	I experienced this change to a very small degree as a result of my crisis
2	I experienced this change to a small degree as a result of my crisis
3	I experienced this change to moderate degree as a result of my crisis
4	I experienced this change to a great degree as a result of my crisis
5	I experienced this change to a very great degree as a result of my crisis

Yet equally important for consideration, and for answering Teilhard de Chardin’s question, is PTSD. O’Connor et al. (2022, p. 1) define PTG as making meaning out of the traumatic experience and PTSD as the inability to make meaning from the trauma, i.e., “to become stuck.” In other words, a dichotomous relationship exists; one is a positive outcome and/or change (PTG) and one is a negative outcome and/or change (PTD) (Park et al., 2006). However, PTG and PTSD do not characterize polarity as the definitions imply. Rather, PTG and PTSD are theoretically and statistically uncorrelated and can co-exist (Baker et al., 2008; Cann et al., 2010; O’Connor et al., 2022; Taku et al., 2021), representing a fluidity of convergence and divergence as previously identified.

## **CHAPTER 3**

### **RESEARCH DESIGN**

#### **Research Purpose and Importance of Study**

Understanding how PTG and PTD converge, diverge, and impact an individual is crucial for the veteran's healing journey as well as for the behavioral specialist supporting the veteran through their process. The comparison of the case studies of two Marine combat veterans who served during OEF/OIF offer numerous similarities: both were in the millennial cohort; both were part of a group becoming the fastest-growing rate of death by suicide in our Nation's history; both served multiple and/or extended tours; both experienced combat trauma; both experienced posttraumatic stress; both experienced challenges with the Department of Veteran Affairs (VA) system; both experienced challenges with substance use upon their return home; both struggled reintegrating back into civilian life.; and both were fathers.

However, their outcomes were radically different: one life expanded, grew, and persisted in a thriving life; one life declined, depreciated, and resulted in a suicide death. Exploring these cases offers the possibility of gaining a deeper understanding of PTG and PTD.

#### **Bracketing Statement**

As the mother of a deceased combat Marine and cultural insider, the case study research approach was to gain an in-depth understanding of PTG and PTD in a real-life context. At the onset of the research project, identifying my preconceptions, e.g., all combat veterans have experienced trauma, was crucial. However, rather than a one-and-done event, it was a continual process woven throughout the project.

Tufford & Newman (2010) identify a reflexive journal as a method of bracketing, and this was my chosen approach. And while it was a useful tool in "sustaining a reflexive stance"

(p. 86), it was invaluable in processing the multitude of emotions that arose throughout the research process. Although I recognized the volatility of the subject matter and the inherent and potential emotional impact at the beginning of the project, I was startled by the repetition of visceral and emotional responses. Additionally, the project presented opportunities to process and examine preconceptions. The reflexive journal allowed me to process my immediate emotions from lived experiences, explore implications and impacts, and manage assumptions and beliefs, thereby developing rigor.

### **Research Questions**

The purpose of the study is to explore PTG, PTD, and answer the research questions: 1) after experiencing combat trauma, what characteristics, elements or common themes identify and/or contribute with an outcome of PTG?, 2) what characteristics, elements and common themes that identify and/or reduce resilience and contribute to an outcome of PTD?, and 3) how could one combat veteran overcome their trauma and the other could not? The research subject's stories offer a unique insight into the outcomes of traumatic events and examined through the framework perspective of cognitive restructuring theory.

### **Methods**

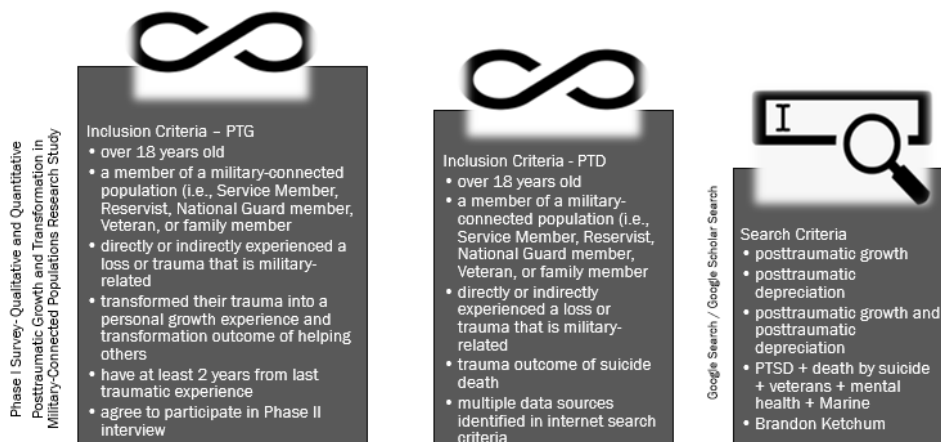
Yin's Case Study Method offers four stages and robust procedures: 1) design the case study, 2) conduct the case study, 3) analyze the case study evidence, and 4) develop the conclusions, recommendations, and implications (Tellis, 1997). Yin (2009) defines a case study as "an empirical inquiry that investigates a contemporary phenomenon within its real-life context (p. 18) "and the approach is well suited to gaining information on explanatory questions of 'how' 'what' and 'why' (Crowe et al., 2011). The author has chosen a single intrinsic case design which Stake affirms is "undertaken to learn about a unique phenomenon" (Crowe et al., 2011). In

sum, this paper explores the lives of two combat Marines who served during OEF/OIF through focusing on their real-life experience in the convergence and divergence of PTG and PTSD through an interpretative lens to “understand individual and shared social meanings” (Crowe et al., 2011).

The Posttraumatic Growth and Transformation in Military-Connected Populations research study established inclusion criteria for PTG and duplicated to identify a suitable candidate for PTSD, as seen in Figure 1, through the search criteria: posttraumatic growth; posttraumatic depreciation; posttraumatic growth and posttraumatic depreciation; and PTSD + death by suicide + veterans + mental health + Marine. For this study, two cases are examined. The first case participated in Phase I and Phase II of the Posttraumatic Growth and Transformation in Military-Connected Populations research study, exemplifies PTG and chose the pseudonym “Bob Walker.” The second case, identified through research as a representation of PTSD, is Brandon Ketchum.

**Figure 1**

*Inclusion Criteria Posttraumatic Growth and Transformation in Military-Connected Populations*





### **Overview of Case 1 demonstrates PTG – Bob Walker**

Bob Walker is a 35-year-old biracial/multiracial male who lives with his wife, son, and daughter. Walker works full-time while completing his MBA at the University of Texas at Arlington. To his knowledge, he will become the second person in his and his wife's extended family to secure a graduate degree. With the completion of this goal in sight, Walker is considering the pursuit of a doctorate. Walker served from 2007-2012 in the U.S. Marine Corps, Aviation Life Support Systems, spending the lion's share of 2011 in Afghanistan with the Marine Aviation Logistics Squadron 40 (MALS-40).

### **Overview of Case 2 demonstrates PTD – Brandon Ketchum**

Brandon Ketchum was a 33-year-old white male who had a close relationship with his girlfriend and daughter. He found purpose as an aspiring wood worker and had a dream to start a small business. Ketchum served in the U.S. Marine corps from 2004 – 2008 as a combat engineer and served two tours in Iraq. In July 2008 Ketchum joined the Army as a combat engineer and entered college. In 2010, Ketchum dropped out of college and did a tour in Afghanistan with the Iowa National Guard.

### **Posttraumatic Growth (PTG)**

The Posttraumatic Growth and Transformation in Military-Connected Populations research study, Protocol # 2022-0127, received IRB approval on 25 March 2022. The Phase I survey ran through December 2022 and IRB approval extended the survey from March 2023 through June 2023. Phase II interviews began September 2022. The purpose of the study was to better understand the experiences of military loss or trauma and the factors, elements, and turning points that contributed to the trauma resulting in a transformative growth experience. The specific aims are to: 1) profile the characteristics of the military-connected population (i.e., a

Service Member, Reservist, National Guard, Veteran, or a family member) who have channeled their trauma and pain through creative endeavors in serving others, 2) identify the lived experience of military-connected personnel whose trauma has been transformed, and 3) identify the nature of the trauma of the military-connected population. An additional purpose of the exploratory mixed-methods study is educating others on the power of posttraumatic growth and transformation outcomes through identifying factors that foster hope, resiliency, and purpose.

The Phase I survey of the Posttraumatic Growth and Transformation in Military-Connected Populations research study included basic demographic (e.g., age, gender, military service), psychological health questions, open-ended questions regarding their trauma, the adaptive Response to Stressful Experiences Scale (RSES-4), and Posttraumatic Growth Inventory -Short Form (PTGI-SF) (see Appendix A). The Phase II interview provided a deep dive into the participants trauma through the forty-one open-ended questions (see Appendix B). To clarify some interview responses, Walker completed two additional short interviews.

### **Posttraumatic Depreciation (PTD)**

Three main sources, and various secondary sources, as outlined in Table 1 provided data for Ketchum. The transcription of Henderson's video (2022) revealed multiple quotes from Ketchum's personal journal adding a richness to the data and a depth of insight obtainable only through the expression of Ketchum's words. Zoroyo & Leys (2016) investigative report provided deep insight into Ketchum's experience with the VA system and his mental health challenges. Two outcomes of Ketchum's death made him a household name and also contributed to the research: 1) Congress introduced and passed a Veterans Bill named after him, H.R.2441 – Sgt. Ketchum Rural Veterans Mental Health Act of 2021 (2021a), (2021b), and 2) the Department of Veterans Affairs Office of Inspector General opened a Healthcare Inspection on the alleged

inadequate mental health care in the Iowa City VA Health care System after receiving review requests from five Members of Congress: Senator Tammy Baldwin, Senator Joni Ernst, Senator Chuck Grassley, Senator Ron Johnson, and Representative David Loebsack (2017).

**Table 4**

*Data Sources for Brandon Ketchum*

<b>Author(s)</b>	<b>Title</b>	<b>Source</b>	<b>Summary Points</b>
<b>MAIN SOURCES</b>			
Madison.com	<i>Sgt. Brandon M. Ketchum</i>	Obituary	Birth, death, military history, survivors, and funeral services
Gregg Zoroya and Tony Leys	<i>A war within myself: One veteran's struggle for Life after combat</i>	Investigative Report	An in-depth investigative report of the challenges Ketchum experienced
Jarrad Henderson	<i>"A War Within: The Battle Against PTSD and Veteran Suicide"</i>	Video Created for USA Today	Included over 40 hours of interview footage, over 650GB of visual content, and multiple assignments.
<b>SECONDARY SOURCES</b>			
			Numerous secondary sources were found ranging from members of the U.S. Congress, news outlets, and social media.
Brandon Ketchum	<i>Remembering Brandon Ketchum</i>	FB page	Last post was 26 June 2016 where Ketchum updated his profile picture and cover photo.
Corey Hunt	<i>National Epidemic: Another Veteran Commits Suicide After Being Refused Treatment</i>	Website	Corey is the co-founder of the #illegallyhealed movement.
Ian Benouis	Ian Benouis	FB page	Ketchum reached out to Benouis providing a bio in preparation for attending the veteran plant-medicine healing experience in Peru.

## CHAPTER 4

### RESULTS

#### **A Case Study of PTG**

The interview of Bob Walker, conducted as part of Phase II of the Posttraumatic Growth and Transformation in Military-Connected Populations research study, provides an overview of his journey through PTG, PTD, and his ultimate transformation. In the nine years before addressing his posttraumatic stress symptoms, Walker experienced the non-linear convergence and divergence of PTG and PTD as he struggled with mental health issues and reintegration into civilian life. However, as he journeyed through the healing process, Walker continued to show a decrease in his symptoms and an increase in his general well-being.

#### **In Bob Walker's Words – "Why is anger my first response to everything?"**

When Walker recounts his story of healing from PTSD and Crohn's, he talks of the deeper understanding and perspective he gained and how "the whole thing has helped me develop as a human." To be able to look within and ask tough questions takes an enormous amount of time, effort, and courage. Reflection is deep work, and it is not for the faint-hearted. Walker acknowledges that "it is hard to find answers," yet he diligently sought answers, and through his journey, he discovered more than he could ever have imagined for he exposed the depth and breadth of his warrior's heart.

For him, the first step was "admitting something was there" and this came approximately nine years post his latest trauma and on the heels of an argument with his wife where she asked why he was so mean to his family. The question gave him pause and prompted a question he then posed to himself, "why do I automatically respond by yelling instead of being rational?" Once he realized he could not answer the question, he committed to "trying to find an answer; to

trying to find out why.” And the declaration of admitting became the catalyst to accepting, and this began the PTG process for Walker.

One of the research questions posed to Walker provoked a powerful response, “was there a time or period when you felt your life was forever changed and from that moment forward you knew you were different?”

*The thing that jumps out to me is when they (psychiatrist for the VA) did the evaluation (for my disability) and after I shared about my wife asking me why I was mean all the time...um...and I lost it...we call this crying my eyes out. Just trying to think of the last time I cried before and that probably was when I was a teenager and my grandmother, who lived with us, passed away. I mean it easily had been like a decade before I shed tears.*

*She starts to explain to me the kind of disconnect that happens in processing information with PTSD...the shooting off instead of going to rational decisions...that whole interaction was like...ok, this is real. It was a powerful meeting with her.*

“I do value life more in general,” Walker said. And with that statement he began to tell a story.

*I know six Marines. Five were from my shop and the sixth was a guy that grew up with me and we joined at the same time. Of course, they were traveling with their own stuff, and I don't know if they tried or what, but we talked, and everything was cool. And then a week later they were gone. Seeing the kind of aftermath that creates because a lot of them had families. Seeing all of that definitely changed me...and it made me value life and family much more. It's a relief just to speak about it. A big relief.*

Walker talks about what changed when he began his healing journey. He explores how those experiences contributed to his transformative growth and interaction with others.

*Before (I began my journey of healing) I would say I was very self-destructive...looking for relief in the moment and not really knowing how to find that. I tried a lot of avenues that were a detriment to my life and the people around me as well. I then began to see what was possible and to experience it. In my journey there are certainly low points and it's not perfect...I won't pretend like I still don't have things to work through. I definitely do. But I think seeing the differences that can be made just from listening is a big deal.*

In a sense, the experiences of his journey are the foundations of Walker's hopefulness and what motivates him to keep moving forward when he becomes stuck.

*This is always in the back of my head, and I've told my son this a couple of times. I tell him life is hard and it's probably not going to get really easier as you go along. You just adapt. Life doesn't adapt to you; you adapt to life.*

*And I keep this in the back of my head because it's very easy to get down on yourself or get stuck in a rut and I do it from time to time, but I am always able to get back. I worked for a guy and basically all he did was deliver bad news for us and he used to always say afterwards, "it is what it is". That's true...just like life. But you can always work to improve it. That's a long way of saying you just can't quit.*

Walker reflects on what has helped him through his journey and especially through the dark nights of the soul.

*Different people at different points. My wife has been very, very helpful and supportive. When I did Friday peer support that was a really good point. Having that*

*outlet to just talk and feel heard was a big help. Sharing helps, and being able to relate to other people that are experiencing the same thing. I have also learned there is a whole community trying to help and I didn't really see that before.*

Walker experienced challenges along the way and one challenge he spoke about was the VA: “to be blunt, it’s not a good system.” And while his experiences reflect what the research indicates regarding PTG and PTD, i.e., non-linear process with multiple converging and diverging permutations where positive changes do not equal a person free of distress (Skalski & Hardy, 2013), he also experienced the indomitable nature of the human spirit where the complexity of healing reverberates across time, space, and lives. Walker’s answer to de Chardin’s question of “what will you do now that it happened?” is *I will heal*.

One of the impacts of living with PTSD that Walker experienced was the challenge of maintaining physical contact with another person. It would make him “very anxious, and it was very uncomfortable.” Usually he could deal with it, but sometimes he simply could not. A recent experience gave him a powerful message as he witnessed how far he has come on his healing journey.

*I went on a field trip with my daughter's class on Valentine's Day. As we were walking, my daughter grabbed my hand and one of the little girls in our group asked to hold my hand. I am extremely uncomfortable with prolonged human contact, to the point where hugging my kids too long freaks me out. I smiled and stuck my hand out, while screaming on the inside. Almost immediately after taking my hand she looks me in the eyes and tells me that her dad was supposed to come but he didn't show up. I told her that it wasn't over so there was still a chance, but even if he didn't she would be with us. There were several times throughout the day that lead me to believe she came from a*



*lower income home that dad either wasn't around at all or not very much. At the end of the trip, she was very sad and while we were leaving asked me for a hug.*

*I haven't been able to stop thinking about the entire interaction. I feel like it forced me to grow almost instantly. My daughter has asked me many times to be a watch dog dad, but I never thought I had it in me. I was very wrong.*

### **A Case Study of PTSD**

Brandon Ketchum's journey, his experiences with PTSD and PTD, and his death by suicide are documented in numerous sources with specific details in the in-depth investigative report of Zoroya and Leys (2016) and reflected chronologically in Table 5. Ketchum repeatedly experienced a convergence and divergence of PTSD and PTD with bouts of extreme behaviors on both ends of the spectrum. Ultimately the risk factors for suicide identified by Brown et al. (2000; i.e., hopelessness, suicide ideation, previous psychiatric treatment, and previous suicide attempts), won out in Ketchum's final battle.

### **In Brandon Ketchum's Words – "I am also at war with myself and my 'demons'."**

Various writings of Brandon Ketchum were located on the internet: personal journal posts, Facebook (FB) posts, and biographies to name a few. From a research perspective, having access allows the author to indirectly gain insight to Ketchum's thoughts and feelings. What did he value? What interested him? What did he choose to share? Accessing his writings also provokes a sense of voyeurism as an observer into Ketchum's private world without his invitation or invocation.

Prior to May 2016, Ketchum submitted his biography, see Appendix D, to Army Veteran Ian Benouis, Co-Founder of the Church of Sacred Synthesis, Advisor at Mission Within, and Founder of Sacred Medicines Church, in preparation for a trip to Peru in May 2016 to participate

in a veteran plant-medicine healing experience. Benouis subsequently shared Ketchum's bio to Illegally Healed for the website article *National Epidemic: Another Veteran Commits Suicide After Being Refused Treatment* (Hunt, 2016). Benouis authored a FB post on 3 May 2016 referencing Ketchum's passport issues which prevented him from attending and acknowledging that Ketchum, and the other veterans not in attendance physically, were present "energetically in spirit" (Ian Benouis, n.d.). In searching Benouis' profile, several posts can be found honoring and memorializing Brandon Ketchum over the past several years. A portion of Ketchum's bio in his own words:

*I have been involved with the substance use disorder program at the VA since 2014 and will graduate the final portion of the outpatient program this Thursday, the 24th of March 2016. Now that I have more control of myself and my life I have begun the daunting task of starting to piece my life back together after the traumas of three hard fought combat tours had taken a costly toll on nearly every aspect of my life.*

*I have watched several documentaries about ayahuasca and considered it in the past for my substance use disorder but opted instead for a residential VA facility. I have found purpose in life again as an aspiring wood worker and am trying to start a small business, but for now work out of my woodshop in my backyard. Although I find a great deal of therapeutic value in woodworking, every day I am haunted by my past; I struggle to find meaning in the wars I waged against people I felt we didn't protect or help.*

Ketchum's FB page is designated a memorialized account, Remembering Brandon Ketchum, where the following has been added (Brandon Ketchum, n.d.):

*We hope people who love Brandon will find comfort in visiting his profile to remember and celebrate his life. Learn more about the [legacy contact](#) setting and [memorialized accounts](#) on Facebook.*

The page remains intact with Ketchum's postings, pictures, likes, etc. Four FB profiles addressing the national Veteran suicide rate were important to Ketchum which he liked and followed: 22 No more, 22 Too Many, 22 Until None, and 22 for 22.

On 26 June 2016, twelve days prior to his death, Ketchum updated his profile picture and cover photo on his FB page (Brandon Ketchum, n.d.). His profile picture is a beautiful expression of his partner, Kristine Nichols, his daughter, Layla, and himself. Each is dressed in various shades of pink and the light grey background invokes an ethereal feeling as if we are viewing angels perched high in the heavens.

Ketchum's cover photo shows a man in fatigues sitting on his front porch and holding a beer with both hands. His downward gaze is pensive. His shoulders are rolled forward, elbows resting on his knees, as if he is holding the weight of the entire world and the suffering of all humanity. Scattered across the porch are the ghosts of four brothers-in-arms, also in fatigues, drinking, smoking, smiling; a memory transported from another time, another place. The sense of foreshadowing is palatable, and the response is visceral. Out of respect, reverence, or a deep sense of acknowledgement for all who are no longer with us, the moment demands a pause as the words 'fair winds and following seas' reverberate from within.

On the morning of 8 July 2016, a little after 2:00 a.m., Ketchum posted what ultimately became his final words on the OIF/OEF Veterans – Military Empire FB page (Hunt, 2016), a private group with 11.6K members "established to give OIF/OEF Veterans a place to feel at home and a sense of belonging" (OIF/OEF Veterans - Military Empire, n.d.) (unedited):

*I went in to see my psych doc for an emergency appt due to some serious mental health issues I've been having. I requested that I get admitted to 9W (psych ward) and get things straightened out. Not only did I get a NO, but three reasons of no based on me not being 'fucked up enough.' They gave up on me, so why shouldn't I give up on myself? Right now, that is the only viable option given my circumstances and frame of mind.*

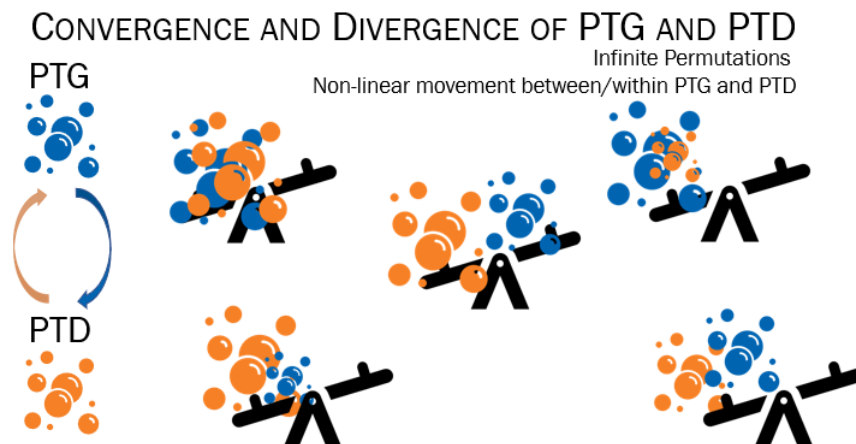
Later that morning, a mere hours after writing his final words, Ketchum performed his last act and brought an end to his incessant battle and unbearable struggle. As he sat on the floor of an upstairs bedroom with his back against a wall, wrapped in a blanket with images of his daughter and partner, he surrounded himself with photos of himself and his daughter, Layla. A .45-caliber pistol, reported stolen months earlier, delivered the fatal shot (Zoroyo & Leys, 2016).

### **Convergence and Divergence of PTG and PTD**

The research indicates PTG and PTD can be experienced simultaneously. Additionally, experiencing PTG and PTD can be an iterative, non-linear process with multiple converging and diverging permutations where positive changes do not equal a person free of distress (Skalski & Hardy, 2013).

**Figure 2**

*Convergence and Divergence of PTG and PTD*



Zoroyo & Leys (2016) investigative report provides a chronological history of Brandon Ketchum’s PTG and PTD experiences before, during, and post his military service. Table 5 reflects the chronological history and offers an excellent example of the complexity PTG and PTD. As one follows the story of Ketchum’s journey, the non-linear movements between PTG and PTD become apparent, as do the coexistence of two seemingly opposing states of being. Moreover, both offer a deeper insight into the complexity and nuances of PTG and PTD experiences. For example, it is possible that events concurrently indicate positive and negative impacts during and after the initial encounter.

**TABLE 5**

*Outline of the Convergence and Divergence of PTG and PTD in Brandon Ketchum*

<b>An Outline of the Convergence and Divergence of PTG and PTD in Brandon Ketchum from the Investigative Report of (Zoroyo &amp; Leys, 2016)</b>			
<b>Event</b>	<b>Date</b>	<b>Impact</b>	<b>Notes</b>
Service-related injuries (Marine Corps & Army National Guard)	2004 - 2013	-	Knees, back, traumatic brain injury, posttraumatic stress disorder, depression, substance abuse, headaches and ringing in the ears
Explosion. Marines required to pick up body parts. Many were crying. Ketchum yelled at them calling them demeaning names.	October 14, 2007	-	“The event has caused me to see myself as a failure, remain on guard or hyper-vigilant, powerless or not in control and distant from many people who I care deeply,” wrote Ketchum.
Seizure / Evacuated back to US from U.S. Military Base in Bagram	2010	-	Began using drugs for chronic pain, marriage quickly disintegrated, wife found him one night with a gun barrel in his mouth. Before year ended, Army sent Ketchum to a civilian detoxification center in Kentucky. Divorce papers arrived while he was under care.
Medical Discharge from Army National Guard	July 2013	-	"I didn't decide to leave the military. The military told me I had to leave," he explained to a classroom of students during a talk that was videotaped. "I was medically and mentally unfit. I have nine screws around my spine, diagnosed with post-traumatic stress and traumatic brain injury."
Online Dating – Plenty of Fish	After July 2013	+	Met Kristine Nichols and began developing a relationship
Commenced studies at a community college	After July 2013	+ / -	Couldn't relax during lectures and forgot when to be in class
Job in construction	After July 2013	+ / -	Missed too much work
Ketchum speaks to	March 14, 2014	+ / -	Talks about the challenges and misconceptions of PTSD

<b>An Outline of the Convergence and Divergence of PTG and PTD in Brandon Ketchum from the Investigative Report of (Zoroyo &amp; Leys, 2016)</b>			
<b>Event</b>	<b>Date</b>	<b>Impact</b>	<b>Notes</b>
a group of students			
Stopped for driving under the influence	September 2014	-	Driver license revoked
Overdose	October 2014	-	According to medical files, this was an apparent suicide attempt with heroin and Xanax.
Entered VA detox center in MN	October 2014	+ / -	Stayed for a number of weeks (exact number is not listed in investigative report)
Emerged from treatment focused and optimistic	November 2014	+	"I feel like I'm in a much better place," Ketchum told a VA therapist. He joined Alcoholics Anonymous, loved Nichols and was seeing his daughter six hours a week. It was his goal to secure more time with his daughter.
Reoccurring challenges and substance use	January 2015	-	Depression returned along with heroin use
Overdose	February 2015	-	Found overdosed by Nichols who performed CPR until paramedics arrived. Admitted to a private hospital in Davenport, Iowa.
Lifestyle changes / Moved into Nichols' home	After February 2015	+ / -	Nichols and Ketchum attending couples counseling. Ketchum attended several types of group therapy including anger management and relapse prevention. Nichols enrolled in a VA caregiver program. Agency social workers conducted home visits to see how the couple was managing.
No use of substances	Remainder of 2015	+ / -	"Began to address feeling of abandonment, mistrust, and a sense of being 'defective' or a failure through therapy. Began to make plans for the future. Drew satisfaction working and crafting in wood. Made plans to attend a woodworking trade school in St. Louis"
Increased feelings of well-being	January 2016	+ / -	"Earned \$4,300/month in disability payments from VA and Social Security. "Expressed optimism for his future with his girlfriend, his role as a father, his physical health goals and starting his woodworking career. Signed up to be a member of Nichols' gym, began volunteering three days a week at an assisted-living home, and took parenting classes. He tapered off using the detoxification drug suboxone."
Drug free	February 2016	+	Almost a year without using heroin
Graduated from intensive outpatient therapy for substance use	March 2016	+ / -	Got his driver's license back. Attended child-custody court hearing.
Family Episode	April 2016	-	Notes of Kirby, therapist: Ketchum wanted to visit his stepfather, who had undergone open-heart surgery, but was told visitors were not a good idea. However, he learned one other family member was there so that his mother could go back to work resulting in him feeling rejected. Ketchum also began to have increased thoughts of becoming a burden to his girlfriend.
Self-care declines	April / May 2016	-	Ketchum began missing group and individual therapy sessions.
Resumes use of heroin	Early June 2016	-	Ketchum began using heroin
Call to VA suicide	June 14, 2016		Late on the night of June 14, Ketchum called the VA

<b>An Outline of the Convergence and Divergence of PTG and PTD in Brandon Ketchum from the Investigative Report of (Zoroyo &amp; Leys, 2016)</b>			
<b>Event</b>	<b>Date</b>	<b>Impact</b>	<b>Notes</b>
hotline			suicide hotline and said he was thinking about ending his life. He showed up for counseling the next day complaining about a deep depression.  Ketchum had also stopped volunteering his time and exercising.
Suicidal ideations	Prior to July 7, 2016	-	“Prior to seeing the psychiatrist, Ketchum wrote 3 pages of thoughts about ending his life.”
Appointment with Dr. Miller, psychiatrist	July 7, 2016	+ / -	Appointment at the Veteran Affairs Medical Clinic in Iowa City, IA. Brandon confessed using heroin in early June and asked to be admitted. Dr. Miller stated rooms were full and it was more appropriate to treat Ketchum on an outpatient basis. Ketchum got up, thanked Miller for his time and walked out.
Text to his mother	Evening of July 7, 2016	-	Expressed his bitterness toward the VA, “The blood is on their hands now”. His mother responded by text that help was out there, and she would call him the next day.
Posted about the VA on Facebook site frequented by veterans	July 8, 2016, shortly after 2:00 a.m.	-	“Not only did I get a NO, but three reasons of no based (on) me not being ‘f----- up enough,” he wrote. “They gave up on me, so why shouldn’t I give up on myself?”
Ketchum’s Final Act	Morning of July 8, 2016	-	“In an upstairs bedroom of his wood-frame home in Davenport, Ketchum gathered photos of himself and Layla. He sat down on the floor with his back against the wall and put the pictures near him. He drew close a fleece blanket embroidered with images of his girlfriend and daughter — a Christmas gift from Nichols. He reached for a .45-caliber pistol he had reported stolen months before and fatally shot himself”.

*NOTE* – Impact (+) represents PTG. Impact (-) represents PTD.

## CHAPTER 5

### DISCUSSION and CONCLUSIONS

#### Answering Research Questions

The first research question addresses characteristics of a PTG outcome after experiencing combat trauma: what characteristics elements, or common themes identify and/or contribute with an outcome of PTG? A common theme, contributing to an outcome of PTG for both Walker and Ketchum, was the support they received from family members and through finding purpose in life. Walker accomplished this as he observed the aftermath of friends who died by suicide. For him it changed his perspective and made him "value life and family much more". Ketchum found his "purpose in life again as an aspiring wood worker" with a goal of establishing a small business (Hunt, 2016).

The second research question addresses a PTD outcome after experiencing combat trauma: what are the characteristics, elements, or common themes that identify or reduce resilience and contribute to PTD? While the experience of PTD does not always result in a death by suicide, exploring the research question from this perspective offers a valuable understanding of an individual's experience and whether or not a decision to include this aspect in a treatment protocol is invoked. Brown, et al. (2000) posit several risk factors for suicide have been identified including "hopelessness, suicide ideation, previous psychiatric treatment, previous suicide attempts, and a family history of mental disorder." Through exploring Brandon Ketchum's story, these risk factors arise repeatedly. In addition, the concept of hopelessness is blatantly intertwined in Ketchum's final words, "At this point, I say, 'why even try anymore.' They gave up on me, so why shouldn't I give up on myself?" (OIF/OEF Veterans - Military Empire, 2014). Coupled with the fact that Ketchum died by suicide not long after writing these



words, there appears to be a tipping point where the reduction of resiliency was so great that a return to hopefulness was impossible.

Brown, et al. (2000) discuss two additional factors worthy of consideration: 1) “patients who scored a 9 or above on the BHS (Beck Hopelessness Scale) were approximately four times more likely to commit suicide within a given year of follow-up” and 2) “hopelessness is a set of beliefs that can be specifically addressed and modified through treatment” (p.375). For example, CPT (Cognitive Processing Therapy) is a prevalent treatment for PTSD (*Cognitive Processing Therapy (CPT)*, 2017). And while hopelessness is only one risk factor among many, further examination is warranted.

The final research question asks, “how could one combat veteran overcome their trauma and the other could not?” In a sense, the question is rhetorical and impossible to answer. One can guess, infer, or surmise, but without input from a person who was unable to overcome their trauma and chose death by suicide, a comprehensive answer will be unattainable.

In pondering possibilities for gaining insight, considering stories of suicide thoughts or attempts posted on the 988 Suicide and Crises Lifeline website, <https://988lifeline.org/story-categories/suicidal-thoughts>, appears a viable option in developing an understanding. In clicking on the post from Mike Liguori, we are transferred to the Vibrant Emotional Health webpage to read about Liguori’s story titled “*Here’s What I Learned From My Suicide Attempt*” (Liguori, 2018). Liguori was a Marine combat veteran who also served during OEF/OIF and his story echoes what we have learned from Walker and Ketchum. Liguori was “quite comfortable dying in war” (Liguori, 2018). In contrast, he was unprepared to survive the war and make it home.

*I went to college, but the secret guilt of still being alive stayed with me throughout college. Nothing in college felt remotely close to the military, to the purpose of the war. I*

*started to drink heavily my freshman year and struggled with alcohol for years after that. Pot became a nice addition with alcohol. When I was drinking and smoking, I didn't have to deal with the world. I didn't have to think about life. Couple those two with some pills and I had quite the cocktail for numbing my existence.*

*One day in December, I decided that life was too hard to bear. In the moment of my suicide attempt, I thought of the times that were tough and the times that brought me joy. I realized during that dark hour that this was not how I wanted things to end. This was not how I wanted to be remembered. Making it home from war was a blessing in disguise that I didn't see until the moment I nearly ended my life, eight years ago.*

As a society, there is cause to celebrate. In Liguori's darkest moment, deep within the recesses of his mind, the tiniest of flames ignited and supported the rise above his internal anguish and discover a path through the darkness that sought to consume him.

In a final interview with Walker, he reflects on why he never attempted to take his life. For him, the reasons began long before he joined the service and offered him strength and resiliency based upon a belief system that he has honed due to his life experiences.

*I think there may be some other factor that contributed to that. My sister tried to take her own life multiple times, unsuccessfully. I also know that my biological mother planned on aborting me, she was a prostitute, and I was the result of a trick; she also already had a 1-year-old. My adoptive mom talked her out of it and helped her get by until I was born. I value the chance that I have been given and think those help me keep fighting when others stop.*

Although immensely challenging, learning how to duplicate Liguori's success, in realizing that "making it home from war was a blessing in disguise" (Liguori, 2018), and

Walker's success, based upon his life experiences and belief system, must be the ongoing focus of behavioral health providers.

### **Implications for Social Work Practice**

Another aspect to consider relates to the non-linear nature of the healing process (i.e., experiencing PTG and PTD simultaneously or through an iterative process with multiple permutations of convergence and divergence). A profound approach for the behavioral specialist to consider is the concept that a positive change does not equal a person free of distress (Skalski & Hardy, 2013). Rather than using the therapeutic process to alleviate disintegration and suffering, acknowledging an adaptive transformation is potentially developing shows a deeper understanding of the nuanced and often symbiotic relationship of PTG and PTD. Gaining a deeper understanding of PTG and PTD promotes insight allowing a behavioral specialist to increase their cultural competency and body of knowledge as well as expand their application of trauma-informed care.

### **Limitations**

Research with military populations indicates the occurrence of "traumatic events across the lifespan can have a cumulative or 'additive' negative impact on post-deployment adjustment and well-being" (Street et al., 2009, p. 690). Additionally, according to Street et al. (2009), any trauma experienced before military service is "predictive of veterans future exposure to potentially traumatic events during and after military service" (p. 690).

The author affirms identification of traumas Bob Walker or Brandon Ketchum experienced prior to their military service, as well as the nature and impact of the trauma(s), theoretically provides a deeper insight into their military-connected trauma. Numerous traumas experienced by Ketchum prior to military service were documented in the Zoroya & Leys (2016)

investigative report. However, traumas experienced prior to military service were not included in the Posttraumatic Growth and Transformation in Military-Connected Populations' qualitative or quantitative data making information regarding prior traumas unavailable for Walker. Therefore, the occurrence of trauma prior to military service is not considered or included in the data thus generating a limitation.

### **Further Research Directions**

Cann et al. (2010) discovered a gap in the current research which conjointly serves our focus on the convergence and divergence of PTG and PTD in the healing process. The authors were aware of only one published study (Baker et. al., 2008) that examined both PTG and the corresponding negative changes, PTD, in the same domains. Thus, they chose to direct their study to PTG, PTD, and their relationships “between benefit finding, stress-related growth and PTG on one hand, and measures of well-being on the other” (Cann et al., 2010). Assessing both growth and depreciation, the researchers used the Paired Format Posttraumatic Growth Inventory (PTGI-42) developed by Baker et al. (2008) which “includes the 21 items from the original PTGI and 21 matched but negatively worded items to measure posttraumatic depreciation” (Cann et al., 2010, p. 155).

Results confirm important points for consideration. First, reliably connected to reports of the quality of one's life and declared meaning in one's life are both PTG and PTD. In addition, while the positive relationship of PTG and the negative relationship of PTD appear to be conflicting forces, to fully appreciate the sense of well-being and meaning an individual currently enjoys, both need to be considered. For example, the study found that the effect of high PTD can be moderated by high PTG thereby allowing those experiencing difficulties to report “quality of life and meaning comparable to levels found in those reporting low levels of

PTD” (Cann et al., 2010, p. 164). Additionally, PTG and PTD interact in “predicting both quality of life and the presence of meaning” (Cann et al., 2010, p. 164).

### **Conclusion**

As individuals report PTG and PTD following a traumatic event as independent experiences, different processes leading to growth and depreciation infer different underlying variables. In sum, “the well-being, or sense of life meaning, a person experiences after dealing with a stressful event can best be understood by understanding both the growth and the depreciation the person has experienced” (Cann et al., 2010, p. 164).

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## APPENDIX A

### Codebook for Phase I (Online Survey) of the Posttraumatic Growth and Transformation in Military-Connected Populations Research Study

Variable	Value	Question
<b>QUALIFYING QUESTIONS</b>		
Q1	0=I agree 1=I do not agree	I am over 18 and I agree to this study.
Q2	0=Yes 1=No	I am a member of a military-connected population (i.e., Service Member, Reservist, National Guard, Veteran, family member or friend).
Q3	0=Yes 1=No	I have directly or indirectly experienced a loss or trauma that is military related.
Q4	0=Yes 1=No	I have transformed my trauma into a personal growth experience contributing to the growth and/or transformation of others.
Q5	0=Yes 1=No	At least 2 years has passed since my last traumatic experience.
<b>DEMOGRAPHICS</b>		
Q6	0=20 - 29 years 1=30 - 39 years 2=40 - 49 years 3=50+ years	What is your age? (fill in blank)
Q7	0=Male 1=Female 2=Intersex	What is your sex? (Select one)
Q8	0=Male 1=Female 2=Transgender Male 3=Transgender Female 4=Gender Variant/Non-Conforming 5=Prefer Not to Answer 6=Not Listed? (type in answer)	To which gender identity do you most identify? (Select one)
Q9	0=Yes 1=No	Are you of Hispanic, Latino, or Spanish origin? (Select one)

<b>Variable</b>	<b>Value</b>	<b>Question</b>
Q10	0=Alaska Native 1=American Indian 2=Asian 3=Black or African American 4=Native Hawaiian or Other Pacific Islander 5=White 6=Biracial/Multiracial 7=Not Listed? (type in answer)	How would you describe yourself? (Select one)
Q11	0=Single / Never Married 1=Married 2=Committed Relationship / Partner 3=Separated 4=Divorced 5=Widowed	What is your current relationship status? (Select one)
Q12	0=If yes, where? (type in answer) 1=No	Do you live outside the United States? (Select one)
Q13		If you live in the United States, which state do you live in? (fill in blank)
Q14	0=Yes 1=No 2=Unsure	Do you currently reside in a rural area? (Select one)
Q15	0=Living with shelter (i.e., having a fixed, regular, and adequate nighttime residence) 1=Living without shelter (i.e., lacking a fixed, regular, and adequate nighttime residence)	Please describe your living situation: (Select one)
Q16	0=Solo / Alone 1=Adult Child / Children 2=Child / Children 3=Parents 4=Multifamily (example: grandparents, siblings, aunts, uncles, cousins) 5=Roommate(s) / Friend(s) 6=Spouse / Partner 7=Not Listed? (type in answer)	With whom do you currently live? (check all that apply)

Variable	Value	Question
Q17	0=Less than high school diploma 1=High school degree or equivalent (e.g., GED) 2=Some college, no degree 3=Associate degree (e.g., AA, AS) 4=Bachelor's degree (e.g., BA, BS) 5=Master's degree (e.g., MA, MS, MBA, MEd) 6=Professional degree (e.g., MD, DDS, DVS, JD) 7=Doctorate (e.g., PhD, EdD)	What is the highest degree or level of school you have completed? If you're currently enrolled in school, please indicate the highest degree you have earned.
Q18	0=Employed full time (40 or more hours per week) 1=Employed part time (up to 39 hours per week) 2=Unemployed and currently looking for work 3=Unemployed and not currently looking for work 4=Student 5=Retired 6=Homemaker 7=Self-employed 8=Unable to work	What is your current employment status? (check all that apply)
Q19	0=Less than \$20,000 1=\$35,000 to \$49,999 2=\$20,000 to \$34,999 3=\$50,000 to \$74,999 4=\$75,000 to \$99,999 5=Over \$100,000 6=Prefer not to answer	What is your gross income? (before taxes and other deductions, including all forms of support, such as income from others)
Q20	0=Yes 1=No	Have you ever served in the Military?

Variable	Value	Question
Q21	0=Air Force 1=Army 2=Coast Guard 3=Marine Corps 4=Navy 5=Space Force 6=Air National Guard 7=Army National Guard 8=Air Force Reserve 9=Army Reserve 10=Coast Guard Reserve 11=Marine Corps Reserve 12=Navy Reserve 13=N/A	If so, what branch of service? (check all that apply) If no, choose N/A.
Q22	0=Spouse 1=Child 2=Parent 3=Sibling 4=Friend 5=Not Listed? (type in answer)	Are you a family member or friend of a Service Member or Veteran? (check all that apply)
<b>TRAUMA, GROWTH, TRANSFORMATION</b>		
Q23	(4 questions below)	Please indicate how well each statement describes you. During and after life's most stressful events, I tend to...
Q23a	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	...find a way to do what's necessary to carry on.
Q23b	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	...know I will bounce back.
Q23c	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	...learn important and useful life lessons.



<b>Variable</b>	<b>Value</b>	<b>Question</b>
Q23d	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	...practice ways to handle it better next time.
Q24	(11 questions below)	Please indicate how well each statement describes you.
Q24a	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	I am able to do good things with my life.
Q24b	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	I have an appreciation for the value of my own life.
Q24c	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	I know that I can handle difficulties.
Q24d	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	I established a path for my life.
Q24e	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	I prioritize what is important in life.
Q24f	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	I have a sense of closeness with others.
Q24g	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	I'm stronger than I thought I was.

<b>Variable</b>	<b>Value</b>	<b>Question</b>
Q24h	8 questions below	I have learned a great deal about how wonderful people are.
Q24i	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	I have a compassion for others.
Q24j	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	I have a religious faith.
Q24k	0=Never True 1=Usually Never True 2=Rarely True 3=Often True 4=Always True	I have an understanding of spiritual matters.
Q25	0=Friendships / Connections to Others 1=Sense of Meaning or Purpose 2=Improved Mental Health 3=Improved Physical Health 4=Connection to Nature 5=Spiritual Well-being 6=Improved Sleep 7=More Alert 8=Improved Emotional Control 9=N/A (no benefits) 10=Not listed? (type in answer)	What benefits of well-being have you gained as a result of your traumatic experience? (check all that apply)
Q26	0=Friendships / Connections to Others 1=Sense of Meaning or Purpose 2=Improved Mental Health 3=Improved Physical Health 4=Connection to Nature 5=Spiritual Well-being 6=Improved Sleep 7=More Alert 8=Improved Emotional Control 9=N/A (no benefits disappeared) 10=Not listed? (type in answer)	What benefits of well-being have disappeared as a result of your traumatic experience? (check all that apply)

<b>Variable</b>	<b>Value</b>	<b>Question</b>
Q27	(8 questions below)	Please indicate how beneficial your posttraumatic growth experience has been in each of the following areas.
Q27a	0=Not at all Beneficial 1=Not Very Beneficial 2=No Effect 3=Moderately Beneficial 4=Very Beneficial	Friendships / Connection with Others
Q27b	0=Not at all Beneficial 1=Not Very Beneficial 2=No Effect 3=Moderately Beneficial 4=Very Beneficial	Meaning / Purpose / Giving Back
Q27c	0=Not at all Beneficial 1=Not Very Beneficial 2=No Effect 3=Moderately Beneficial 4=Very Beneficial	Managing Emotions
Q27d	0=Not at all Beneficial 1=Not Very Beneficial 2=No Effect 3=Moderately Beneficial 4=Very Beneficial	Managing Physical Health
Q27e	0=Not at all Beneficial 1=Not Very Beneficial 2=No Effect 3=Moderately Beneficial 4=Very Beneficial	Connection to Nature / Outdoors
Q27f	0=Not at all Beneficial 1=Not Very Beneficial 2=No Effect 3=Moderately Beneficial 4=Very Beneficial	Spiritual Well-being
Q27g	0=Not at all Beneficial 1=Not Very Beneficial 2=No Effect 3=Moderately Beneficial 4=Very Beneficial	Relieving Stress

<b>Variable</b>	<b>Value</b>	<b>Question</b>
Q27h	0=Not at all Beneficial 1=Not Very Beneficial 2=No Effect 3=Moderately Beneficial 4=Very Beneficial	Dealing with Grief / Loss
Q28	(open-ended fill in)	How long ago did your trauma occur?
Q29	(open-ended fill in)	Briefly describe the nature of your trauma. No details are necessary unless you wish to share them.
Q30	(open-ended fill in)	After your trauma, was there a time or period when you felt your life was forever changes and from that moment forward, you knew you were different? Briefly describe your experience.
Q31	(open-ended fill in)	What were some turning points that led to your posttraumatic transformation? What contributed to positive changes? Briefly describe your experience.
Q32	(open-ended fill in)	What were some challenges and/or barriers you experienced as a result of your trauma? Briefly describe your experience.
<b>PHYSICAL HEALTH</b>		
Q33	0=Excellent 1=Very Good 2=Good 3=Fair 4=Poor	How would you rate your overall physical health?
Q34	(type in number from 1 - 30)	Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?

<b>Variable</b>	<b>Value</b>	<b>Question</b>
Q35	(type in number from 1 - 30)	During the past 30 days, approximately how many days did poor physical health prevent you from doing your usual activities such as self-care, work, or recreation?
Q36	(type in number from 1 - 30)	During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?
<b>MENTAL HEALTH</b>		
Q37	0=Excellent 1=Very Good 2=Good 3=Fair 4=Poor	How would you rate your overall mental health?
Q38	(type in number from 1 - 30)	Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?
Q39	(type in number from 1 - 30)	During the past 30 days, approximately how many days did poor mental health prevent you from doing your usual activities such as self-care, work, or recreation?
<b>WRAP UP</b>		

Variable	Value	Question
Q40	0=Yes, use my real name (type in name) 1=Yes, use a pseudonym (alias name or call-sign) (type in pseudonym) 2=No, I do not want to be considered.	We will be choosing 15 - 20 individuals to participate in Phase II of our project for a 45 - 90-minute video interview on MS Teams (virtual). The purpose of the interview is to capture the transformational stories that will be included in a published OER (Open Educational Resources) book. This book will be used as part of the training program for students pursuing a Military Social Work Graduate Certificate or Military, Veteran and Family Care Graduate Certificate. Would you like to be considered for the Phase II interviews? Please select your option below and add your response as requested.
Q41	0=Yes (type in email address) 1=No (type N/A)	Thank you for participating in the Posttraumatic Growth and Transformation in Military-Connected Populations survey! Do you wish to be entered into a drawing for a chance to win 1 of 5 \$100 Amazon Gift cards? If yes, please provide your email address below. If no, type N/A below. Please note that your entry for this drawing is separate from this survey, and your responses will remain confidential. We appreciate your support for our Research Study.

## APPENDIX B

### **Semi-Structured Interview Guide for Phase II (Interview) of the Posttraumatic Growth and Transformation in Military-Connected Populations Research Study**

**Question:** How long ago did your trauma occur?

**Question:** Briefly describe the nature of your trauma. No details are necessary unless you wish to share them.

**Research Question 1:** What are the elements (common themes) and turning points that led to posttraumatic transformation, i.e., a transformative process as opposed to limiting and stagnant outcomes?

**Context Question:** What elements contributed to your posttraumatic transformation?

**Context Question:** Describe any significant turning points you experienced in your post-trauma journey. Good or bad, what about people or events that are now part of your life you believe would have or wouldn't have occurred had you not experienced the trauma?

**Context Question:** Describe what (people, places, things) you let go of after the trauma that got you where you are now? What did you hold onto? What sustained you? What contributed to your success?

**Question:** What does posttraumatic growth mean to you? In other words, how would you describe it to someone?

**Research Question 2:** What is the lived experience of posttraumatic growth and transformation?

**Context Question:** What challenges and barriers did you face in your journey to posttraumatic growth?

**Question:** What values changed as a result of your trauma?

**Question:** What meanings did you assign to your trauma?

**Question:** What inspires you?

**Question:** In what ways are you living differently since your trauma?

**Question:** What has your trauma taught you about your life?

**Question:** What did you discover about how you wanted to live after your trauma?

**Sub Question:** What is different since your trauma?

**Question:** Did you seek help from outside resources? What was your experience?

**Apprehension Question:** What scared you most about your trauma?

**Question:** What beliefs changed after your trauma?

**Sub Question:** What new beliefs emerged after your trauma?

**Question:** What has emerged that describes what you value most since your trauma?

**Question:** What are you finding that you appreciate since your trauma? For example, is it little things such as birds singing or is it more dramatic?

**Question:** If there were changes in your life arising from the trauma experience(s), how did others know they occurred?

**Research Question 3:** What are the elements (common themes) that promote resiliency and posttraumatic growth?

**Context Question:** Tell me about your mental and health experiences after your trauma.

**Context Question:** Tell me about your physical health experiences after your trauma.

**Context Question:** What self-help activities did you cultivate in your life after your trauma?

**Context Question:** How did your trauma change your daily routine?



**Context Question:** After your trauma, was there a time or period when you felt your life was forever changed, that from that moment forward, you knew you were different? Tell me about that:

**Apprehension Question:** In what ways did self-help activities change after your trauma?

**Apprehension Question:** What/Who helped you during the ‘dark nights of the soul’?

**Question:** Describe any new insights or awareness you have gained.

**Research Question 4:** What are the elements (common themes) that help these members of the military-connected population channel their pain through creative endeavors?

**Context Question:** What things emerged from or were created from your experiences?

**Context Question:** What have you done or are you doing with the energy of grief, pain, or loss that has helped or hurt you?

**Context Question:** What happened prior to you deciding to channel your pain through a creative endeavor?

**Context Question:** What happened to help you decide that your creative endeavor would be answering the question, “where can I be of help...how can I assist another”?

**Context Question:** How have others been impacted by any changes or transformations that arose in your life after your traumatic experiences?

**Question:** What motivates you to keep moving forward?

**Apprehension Question:** What motivates you to keep moving forward when you become stuck?

**Question:** What has made your life meaningful since your trauma?

**Question:** What happened that identified for you that living your life was for a purpose greater than yourself?

**Question:** What are you most proud of accomplishing since your traumatic experience(s)?

**Question:** Tell me about any future actions and plans you still hope to put in motion:

**Question:** Is there anything else you would like to share with me today?

## APPENDIX C

### Transcription of Video “A War Within: The Battle Against PTSD and Veteran Suicide”

<https://www.jarradhenderson.com/war-within>

**Announcer** - Now he returns with all his experiences.

**Kristine Nichols, Brandon’s Partner** - I liked him right away, and he was very honest with me about his military experience, about having PTSD, about some of his past struggles, things like that.

**Announcer** - but returning with them, the huge majority group more than nine out of 10, the unhurt physically or mentally.

**Kristine Nichols, Brandon’s Partner** – We were sitting in the living room when he told me he had been using heroin. I couldn’t deal with the drug use anymore and I told him he had to go stay at his house because he wouldn’t stop using.

**Announcer** - It is of him we speak, of this average soldier that we report on the questions, has he changed?

**Kristine Nichols, Brandon’s Partner** – I called him. I didn’t hear anything, so I went, and I checked on him. When I went and walked around the main level of the house and he wasn’t in the main level, and I walked upstairs and found him.

**Kristine Nichols, Brandon’s Partner (phone dialing/ringing/answered)** - Brandon, Brandon,  
**9-1-1 Responder** - What’s the address of your emergency?

**Gregg Zoroya, Reporter, USA Today** – The suicide rates among those young men and women who served in Iraq and Afghanistan are unusually high. And there is an effort underway right now to try to understand what’s happening to try to understand why that’s happening and what

can be done about it. *Picture of Camp Leatherneck, Afghanistan (1:31) – shows a couple of men...*

**Gregg Zoroya, Reporter, USA Today** - The VA realizes this is a serious issue. They've done a groundbreaking analysis of suicide among veterans this last summer and they found that there are 20 suicides among veterans every day.

**Tony Leys, Reporter, Des Moines Register** – I think that, like a lot of mental health situations, this was a very complicated situation. This story is both about PTSD and depression, but it's also very much about substance abuse. *Picture of Davenport Iowa (1:57)*

**Tony Leys, Reporter, Des Moines Register** - Heroin in Iowa is just like in a lot of other places in the country, it's a terrible problem, and we need to talk about that in this case as much as we do about the PTSD and the VA.

**Gregg Zoroya, Reporter, USA Today** – We began to look more closely at what happened in his case, and we got our hand on his medical records, a thousand pages. It was part of Brandon's therapy, and some of the documents we were able to acquire, he kept a journal. Now these are important documents because they help show what happened in his case, the illnesses he was suffering from, how he was struggling to try to overcome them, how he was determined to overcome the, and one thing we learned that was (2:39) despite the efforts by the VA to try to assist him, and many of those were extensive efforts, there still were mistakes made. The struggle they had to try to keep him alive shows how difficult it is to help these guys make it from day to day.

**Beverly Kittoe, Brandon's Mother (3:00)** - He liked to fish, he liked to hunt, he had a hard time focusing and doing what he was told, and he kind of liked to clown around and being a little disruptive,

**Brad Ketchum, Brandon's brother** - (3:15) But yeah, he always got in trouble in school. You know he went to alternative high school his last year, and he graduated, but he wasn't excited about school I mean he was he liked the people, but didn't like the structure of school, which kind of surprised everybody when he joined the Marine Corps, so...*Picture of Marine Corps Recruit Dept, San Diego, CA, (3:31)*

**Beverly Kittoe, Brandon's Mother** – I was shocked, but his dad was in the Army,

**Tony Leys, Reporter, Des Moines Register** – But she said that the Marines gave him discipline and purpose in life that he'd never shown before. So, she was very glad that he did it.

**Brandon's Journal Voiceover by Shawn Sullivan** - "This is my life, one word, one page, one story at a time." I was a combat engineer in both the Marines and Army which in essence is an explosives specialist. I was part of a team that located and removed explosive obstacles from roadways and paths of foot traffic."

**Gregg Zoroya, Reporter, USA Today** - Now roadside bombs are improvised explosive devices. They have killed and maimed more Americans (Baqubah, Iraq 4:18) than any other weapon that the insurgents, either in Iraq or Afghanistan have used.

**Brad Ketchum, Brandon's brother** - I thought it was extremely dangerous, and obviously it is, clearing roadside bombs. Just seeing the videos that he showed us (Brandon's Unit Reduces Weapons Cache 4:31 pic) of all these huge explosions. He was really proud of it, and like, kind of, kind of like, look at this cool thing I did type of attitude. Kind of like a macho attitude with it.

**Beverly Kittoe, Brandon's Mother** - That was where his comfort zone was. Was being with his buddies, brothers in arms if you will. Uh...that was his family. *Video of Brandon shooting a machine gun laughing* – Brandon, "Hi guys".

**Gregg Zoroya, Reporter, USA Today** - It's the kind of job where you are exposed to explosions, you're exposed to blasts (picture of Gardez, Afghanistan) and Brandon did have a traumatic brain injury when he came home. It's the kind of work that takes a lot of skill and in which there's a lot of pride in what they do.

**Kristine Nichols, Brandon's Partner** – Well, he talked to me about some of the rough experiences that he had over there, some of the traumatic experiences that he had.

**Gregg Zoroya, Reporter, USA Today** – And, oftentimes, he would see things because the bombs were not just directed at Americans (Bayji, Iraq pic 5:31) they were directed at average Iraqi citizens. They would show up and there would be civilians who would be killed. There would be children who would be mangled. So, these are scenes that these young men and women are exposed to, which sometimes don't go away. And, it was clear in Brandon's case, they didn't go away because when he had to recount what he'd been through, those were the kind of things he described in his journals.

**Brandon's Journal Voiceover by Shawn Sullivan (6:00)** – “On October 14<sup>th</sup>, 2007, we conducted an area clearance mission. As we began to enter the first village, there was another vehicle sitting on the side of the road as if it was waiting for us. We then changed our route and headed west towards our starting point of the mission. As soon as we did, the car turned around, and sped towards an Iraqi IP in the village. The IP then opened fire on the car who swerved into a crowded area of multiple buildings. The silence was shattered by a deafening explosion that rocked the village. My vehicle was positioned closest to the blast site. Front row seats to the carnage. The rest of the morning was spent picking up body parts, still warm, in perfect condition like they had just fallen off the owner.”

**Brad Ketchum, Brandon's brother** – 10 guys could have the exact same experience, you're going to have 10 different reactions and 10 different you know ways that they deal with it. I just think that with some people that is just too big of a burden to carry.

*Video of Brandon with his daughter* – “What do you want daddy to do?” “Shave off your beard.” “Why, what's wrong with my beard?” “You don't like daddy's beard?” “Uh, uh.”

**Dr. Patrick Lillard, Retired Board-Certified Psychiatrist** – Veterans commit suicide because they have lost their sense of identity so that when they return, uh, they begin to question all their values and things that brought purpose and meaning to their life.

**Tony Leys, Reporter, Des Moines Register** - Brandon left the Marines after two tours in Iraq and he went back to civilian life for a while, but he found that he didn't like it. And so he eventually enlisted in the Iowa National Guard (Gardez, Afghanistan pic 7:42) and he was sent home early on a medical leave and eventually was let out of the military. When he was released from the Army, his family says that he had some anger issues and that he told his mother he was having trouble sleeping and he had nightmares. He also was drinking heavily at times and abusing drugs. He sought treatment several times from the VA including inpatient treatment, both for PTSD and for his addiction issues, his substance abuse issues.

**Dr. Patrick Lillard, Retired Board-Certified Psychiatrist** *with pic of DSM-5 PTSD page* – Post traumatic stress disorder or PTSD, has been known and written about for centuries, and it is related to overwhelming trauma that can be both physical and psychological, and it is manifested by neuro-psychological changes in the brain.

**Gregg Zoroya, Reporter, USA Today (8:47)** – All of us have memories, and when we go through a traumatic experience, those memories can stay with us. PTSD is kind of an aggravated

form of that (Helmand Province Afghanistan pic 8:53). As memories come back, sometimes involuntarily, and to the extent to where they actually intrude on your everyday life.

**Dr. Rashida Jones, Licensed Clinical Psychologist** - Persons who struggle with PTSD do tend to have very high substance abuse rates. Not to mention in Brandon's case where he also had chronic pain, so he had been prescribed some heavy narcotics. So, substance abuse is typically a coping mechanism. It's not an appropriate coping mechanism, but it tends to be the coping mechanism that a lot of persons deal with, especially soldiers.

**Gregg Zoroya, Reporter, USA Today (9:39)** – And there's also this frustration that maybe, as he clipped into his use of pain medication, and ultimately deteriorated into his use of heroin, that as I've seen with others, they feel like they're betraying the kind of professionalism and quality of their own individual character that they had when they were in the military so this adds to the fall...this kind of free fall that they're in.

**Kristine Nichols, Brandon's Partner** – I confronted him because I knew that he was using something. And he kept telling me that he was going to stop, and he was going to do what he needed to do and get back on track and he just kept using.

**Beverly Kittoe, Brandon's Mother** – She kicked him out 4<sup>th</sup> of July weekend because she knew that he was using heroin. She knew how to handle him. She knew how to talk to him.

*Video of Brandon and his daughter* - Brandon, "OK, wait let's why don't you stand over there, that way we can see". *Daughter begins to shave off his beard.*

**Kristine Nichols, Brandon's Partner** - I didn't want to not be with him. I just wanted him to get the help he needed, and he wasn't getting it. He wasn't, he just kept using and using.

*Back to video with Brandon and his daughter* - Brandon, "Look at all that hair. Now you got to go slow though cause it kind of pulls the hair a little bit." Daughter "I know". **Kristine Nichols,**



**Brandon's Partner** – He was a very good father and so, and he tried very hard to be a good father and that was very important to him, so I guess I just always felt like he would never leave Leila.

**Gregg Zoroya, Reporter, USA Today (11:15)** – So, Brandon came in around mid-morning to the VA Hospital and came to meet a psychiatrist. And he wanted help, he wanted to be essentially committed into a hospital full-time for inpatient care.

**Tony Leys, Reporter, Des Moines Register** – The psychiatrist told him that the unit was full and that he didn't really need inpatient treatment anyway, that he should get outpatient treatment.

**Brad Ketchum, Brandon's brother** – You get conflicting answers, you know the doctor said, "Oh, there's no open beds on the psych ward floor". But then the VA releases a statement that they said that it was not an issue of bed space and if it is an issue of bed space that they will find a bed for a veteran that needs it. So, they obviously deemed that he didn't need it.

**Dr. Patrick Lillard, Retired Board-Certified Psychiatrist** – At which point the guy said, "what the hell, you gonna take my money and I can't even come in and get help?" "I'm outta here". Why did they need to bring that up and piss him off, 'cause he knew it was gonna piss him off.

**Tony Leys, Reporter, Des Moines Register** – Brand was very upset about this and according to medical records he stalked out of the appointment after a few minutes. The psychiatrist followed him out to the parking lot and tried to talk to him. Brandon got in his car and drove away.

**Recorded voice of Dr. Anthony Miller, Staff Psychiatrist Iowa City Veterans Affairs**

**Medical Center** - "Hey Brandon, it's Dr. Miller. Hmmm...so what you didn't give me a chance to finish saying is that I actually don't think you need to have a PE (physical examination?????)

and then the other thing is I want to work with you more on planning since hospitalization is not in the option, what else, what other options we have.

**Kristine Nichols, Brandon's Partner** – I was just heartbroken that the doctor could have just let him go to inpatient and he didn't.

**Brad Ketchum, Brandon's brother** – Probably just (snapped fingers) you know, reaffirmed his suicidal thoughts, and just said, all right, well if they're not gonna help me then no one's gonna help me and I'm just going to kill myself. You know I think that that's right there in that after that 10-minute meeting was up he had it in his head that he was going to do it, absolutely.

**Gregg Zoroya, Reporter, USA Today** – In talking with the officials at the VA who tried to defend what happened her, they say that (next hear voice of Harold Kudler, Veterans Health Administration...)

**Recorded voice of Harold Kudler, Veterans Health Administration U.S. Department of Veteran Affairs** – “In his notes, Dr. Miller, of that day, Dr. Miller documents I don't find an indication for hospitalization though I was not able to make (13:35...get copy of this medical record) a complete risk, a suicide risk assessment due to the veteran leaving the appointment prematurely.

**Dr. Patrick Lillard, Retired Board-Certified Psychiatrist** – That, of course right there is (does an explosion with his hands and mouth) gigantic red flag, but all the other stuff, how his support system had broken down, his girlfriend had left him, he wasn't answering phone calls, there was indication that he wasn't taking his medicine properly. We just can't let those signals go by without acting on them.

**Recorded voice of Harold Kudler, Veterans Health Administration, U. S. Depart of Veterans Affairs** – “It's not a matter of whether there's a bed or not, and yes, he documents that

he tells the patient that right now we don't have a bed in our unit. This man did an assessment, he reviewed the track record carefully, and as you said he knew this patient and the patient knew him, they had a strong relationship. He made the best judgment he could make but he did not know the future.

**Dr. Patrick Lillard, Retired Board-Certified Psychiatrist** - When it comes to Brandon's case, the VA got it wrong. They have a sophisticated, and I think very good system, but the point of personal contact with the patient they didn't follow the guidelines that have been set up, (pic at 14:49) which I think are very good. He should have never left the hospital.

**Recorded voice of Harold Kudler, Veterans Health Administration, U. S. Depart of Veterans Affairs** – “I wish there were more that we could do as doctors, but that's the best we can do.

**Dr. Patrick Lillard, Retired Board-Certified Psychiatrist** – I think the VA is doing their very best to set up a system to prevent this horrible rate of suicides among veterans, but the system has taken away the personal involvement of the providers that could have prevented this.

**Brad Ketchum, Brandon's brother** – If 22 veterans kill themselves a day, how many almost kill themselves every day? Probably quadruple that number, maybe more, maybe less.

**Gregg Zoroya, Reporter, USA Today** – So there's clearly efforts by the VA to try to come to grips with this. But yet these things are still happening so it's an uphill struggle, I think in talking with the VA officials I've interviewed, they'll readily admit that. Personally, you want to believe there's a way he could have been saved. You want to believe that anybody who does this kind of sacrifice for their country is someone that could have been saved.

**Michael Ortiz, Veteran (16:00)** - Maybe if you hear it from someone who has been there it's not easy, it's not intended to be easy. It's the hardest decision in the world to not do it. We have to watch each other's backs. So, I've got your six, please watch mine.

**Gregg Zoroya, Reporter, USA Today (16:24)** - The more we understand about what veterans go through, especially those who've been through combat, and are struggling with PTSD and possibly with drug abuse and depression the more we can be able to try to deal with it.

**Brad Ketchum, Brandon's brother** - Being able to talk about it openly to just to be able to maybe have someone else recognize these signs to be able to maybe have someone else recognize these signs before it's too late.

**Dr. Rashida Jones, Licensed Clinical Psychologist** – A lot of the veterans I've worked with have previously received help with the VA maybe through groups, maybe through inpatient stays, typically through medication management for sure, but there doesn't seem to be some ongoing therapy at the time when I'm meeting with them and doing an evaluation. So, I think it's very important that all veterans are encouraged, especially if they've been service connected for a mental health disorder like PTSD or any kind of mood disorder, anxiety, depression that they keep up with therapy appointments, even if you need to see a civilian doctor, go out and use your insurance and schedule an appointment so that you're engaged, you're connected with someone, you have a point person to share your thoughts and feelings with. Someone that can be a part of your support system. I'm also instructed to give everyone a Veterans Crisis Line number so that number is 1-800-272-TALK.

*Video of Brandon with police officers where Brandon presents a gift to his former squad leader who saved his life after a previous suicide attempt in 2014* – Brandon, “Unfortunately, a year ago yesterday on a dark path, did poor judgment, made a poor choice, and Officer Aguilon saved my

life. I wouldn't be here today if it wasn't for you. I just wanted to show my appreciation and gratitude for what you did for me. Thanks a lot, I really do" ... (words are drowned out by applause).

**Brad Ketchum, Brandon's brother** – There's tons of non-profit organization that do wonderful things, you know, just that's what I don't want people to rely on the VA to save their life, 'cause obviously the VA can't save everybody.

**Brandon's Journal Voiceover by Shawn Sullivan** - "I came to the VA because I was having suicidal ideations, I was struggling with heroin addiction. I saw a broken and dying man in the mirror who desperately needed to change the way he was living. Today I see a different man in the mirror. If I were to give one piece of advice it would be this, on the bad days, remember the days leading to treatment. Detox, OD, being so sick, you never have to feel like that ever again. You deserve better, and all you need to do is make positive choices and use positive coping skills."

Brandon Ketchum Oct 18, 1982 – July 8, 2016

## APPENDIX D

**Ketchum's biography submitted to Army Veteran Ian Benouis in preparation for a trip to Peru in May 2016 to participate in a veteran plant-medicine healing experience**

<https://illegallyhealed.com/national-epidemic-another-veteran-commits-suicide-after-being-refused-treatment/>

*My name is Brandon Ketchum and am a 33 y/o veteran. I grew up in a small town in Wisconsin and joined the military when I was 21 y/o. I served in the Marine Corps from 2004-2008 as a combat engineer, serving two tours in Iraq, locating and clearing road side bombs. I survived 5 "hard hits" or explosions on the vehicles we used to mitigate explosive obstacles. Unfortunately, not all of my brothers were as lucky as I was.*

*In July 2008 I joined the army as a combat engineer while I attempted to go to college. I dropped out in 2010 to go to Afghanistan with the Iowa National Guard. I again served on a counter Improvised Explosive Device team. About 9 months into my 3rd tour I was injured and sent to Germany, then onto the states where I had to have a couple surgeries, acquiring 15 screws/rods/plates in my back and left leg. In July 2013 I was medically retired as I had been found mentally and physically unfit for duty.*

*Since exiting the military I have faced many struggles with my mental health and also substance abuse. I was addicted to a high dose of narcotic pain meds, began abusing them and eventually started using heroin. In February 2015 I overdosed and nearly died but was saved by paramedics and coincidentally a police officer who I had once served in the military with.*

*I have been involved with the substance use disorder program at the VA since 2014 and will graduate the final portion of the outpatient program this Thursday, the*

*24th of March, 2016. Now that I have more control of myself and my life I have begun the daunting task of starting to piece my life back together after the traumas of three hard fought combat tours had taken a costly toll on nearly every aspect of my life.*

*The physical and mental symptoms of severe PTSD, depression, anxiety, and the inability to adapt back to the real world has been a tremendous obstacle for me, particularly going through nearly 25-30 different types of meds yet finding no solid gains or improvements. I am a firm believer in medical marijuana but unfortunately it is not yet legalized where I live.*

*I have watched several documentaries about ayahuasca and considered it in the past for my substance use disorder but opted instead for a residential VA facility. I have found purpose in life again as an aspiring wood worker and am trying to start a small business, but for now work out of my woodshop in my backyard. Although I find a great deal of therapeutic value in woodworking, every day I am haunted by my past; I struggle to find meaning in the wars I waged against people I felt we didn't protect or help.*

*Asking for help has only clouded my life with such a stigma that I have carried the 'crazy' or 'broken' labels, forcing me to have to fight for custody of my little girl that I love more than the world. I'm nearing some possible successes in some aspects of my life, directly as a result of my unwillingness to be discarded and dismissed by the country I swore to give my life for. But at the end of the day, I feel that I am also at war with myself and my 'demons'.*

## APPENDIX E

### Transcription of Video *“PTSD is completely normal: Brandon Ketchum talks about how therapy helped him cope”*

<https://www.usatoday.com/videos/news/2016/11/28/ptsd-completely-normal:-brandon-ketchum-talks-how-therapy-helped-him-cope/94534126/>

Military veteran Brandon Ketchum speaks to a group of students about the challenges and misconceptions of PTSD on March 14, 2014. Ketchum also describes what inspired him to seek the treatment he needed.

#### ***USA TODAY***

Published 6:09 a.m. ET Nov 28, 2016

Posttraumatic stress is completely normal. When you go to combat and come home it's not normal to come home and be normal or not have some type of attachment or some type of problems/troubles with adapting from combat zone to like a home.

And the statement that surrounds posttraumatic stress is the preemptive view (?) 0:23 is to get help early on. I didn't want to get help I wanted to go back...but I finally decided that I needed to get better otherwise I wasn't going to be able to be the father I needed to be, to be the student I needed to be, to be the son.

I eventually did go to long-term therapy. I went to an inpatient facility...stayed there for a while and got what I needed. And most importantly I went there for myself. I started to learn more about posttraumatic stress and about traumatic brain injury and about depression things like that that I had never considered that I didn't know about.

I always said I would never be that person...I reached a point where I did not feel my life was worth living and that is why I went to the hospital...but...when I spent the time there I learned a lot about myself. I learned a lot about what was ahead of me. Everything is a struggle,



but it is also an accomplishment for the next step, but I am only able to do that because I continue to get therapy.

## APPENDIX F

### Picture Gallery: Sgt. Brandon Ketchum through the years

<https://www.usatoday.com/picture-gallery/news/world/2016/11/23/sgt-brandon-ketchum-through-the-years/94286656/>

16 Photos

Published 2:06 p.m. CST Nov. 23, 2016



Sgt. Brandon Ketchum.  
FAMILY PHOTO



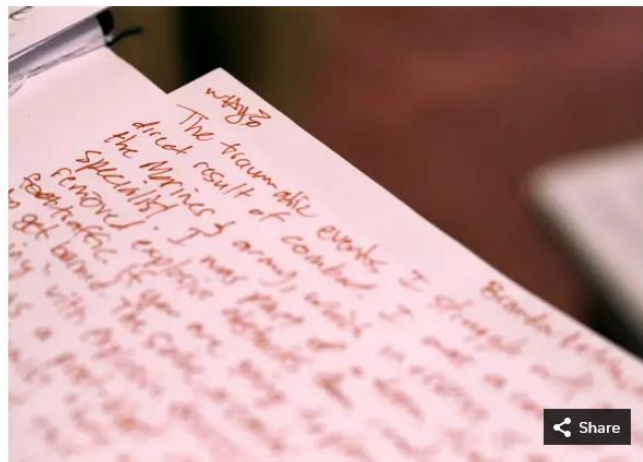
Kristine Nichols holds up a photo of herself and her boyfriend Brandon Ketchum.  
KELSEY KREMER/, THE REGISTER VIA THE USA TODAY N



Brandon Michael Ketchum was born in Killeen, Texas, the son of Sgt. 1st Class William Ketchum, who was assigned to nearby Fort Hood, the Army's largest military installation.  
DANNY DAMIANI, USA TODAY NETWORK



Brandon Ketchum.  
FAMILY PHOTO



A portion of Sgt. Brandon Ketchum's journal.  
USA TODAY NETWORK



Brandon Ketchum.  
FAMILY PHOTO



Sgt. Brandon Ketchum in Des Moines after coming back from a deployment.  
FAMILY PHOTO



Brandon Ketchum

11/12/11

Brandon,

2 Dec 2011

I came to the VA because I was having suicidal ideations and was struggling with heroin addiction.

Once I got here to St. Cloud I saw a broken and angry man in the mirror, who desperately needed to change the way he was living. I was feeling lonely, tired, discontent, angry, and worried I was at a turning point in my life and was on the verge of losing everything in my life. Physically, I felt weak, tired, and hurt all over my body. Today I see a different man in the mirror, one that has begun to make the changes in life that are necessary to turn his life in a positive direction and one who has started the long process of repairing broken/damaged relationships. Today I feel completely different, both physically and emotionally. My body does not hurt & ache like it used to. Every morning I wake up happy and grateful to start a new day. If I were to give one piece of advice, it would be this: on the bad days, remember the days leading to treatment, detox - OD - being so sick, you never have to feel like that ever again. You deserve better, all you need to do is to make positive choices & use positive coping skills.

Brandon

Share

This is a letter Sgt. Brandon Ketchums wrote to himself in Baraboo, Wis.  
USA TODAY NETWORK



Brandon Ketchum's home in Davenport, Iowa.  
TONY LEYS, USA TODAY NETWORK



Bev Kittoe, Sgt. Brandon Ketchum's mother next to Brandon's uniform, she holds a photo of her two sons Brad and Brandon Aug. 29, 2016, in Baraboo, Wis.  
DANNY DAMIANI, USA TODAY NETWORK



A wall hanging of Brad Ketchum and his brother Brandon at their home in Baraboo, Wis.  
DANNY DAMIANI, USA TODAY NETWORK



A photo of Sgt. Brandon Ketchum hanging in his mother Bev Kittoe's house in Baraboo, Wis.  
DANNY DAMIANI, USA TODAY NETWORK



Sgt. Brandon Ketchum during his time in the Marines in Baraboo, Wis.  
DANNY DAMIANI, USA TODAY NETWORK



Sgt. Brandon Ketchum during his time with in the Marines.  
FAMILY PHOTO





Sgt. Brandon Ketchum with his mother Bev Kittoe at her wedding Aug. 29, 2016, in Baraboo, Wis.  
FAMILY PHOTO



Brandon Ketchum's family demanded answers from the Department of Veterans Affairs about why his request for hospitalization was turned down.  
KELSEY KREMER, THE REGISTER VIA THE USA TODAY NETWORK