

Understanding Help Seeking among Black Women with Clinically Significant Posttraumatic Stress Symptoms

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Abstract : Understanding the help seeking decision making process and experiences of health disparity populations with posttraumatic stress disorder (PTSD) is central to development of trauma-informed, culturally centered, and patient focused services. Yet, little is known about the decision making process among adult Black women who are non-treatment seekers as they are, by definition, not engaged in services. Methods: Audiotaped interviews were conducted with 30 African American adult women with clinically significant PTSD symptoms who were engaged in primary care, but not in treatment for PTSD despite symptom burden. A qualitative interview guide was used to elucidate key themes. Independent coding of themes mapped to theory and identification of emergent themes were conducted using qualitative methods. An existing quantitative dataset was analyzed to contextualize responses and provide a descriptive summary of the sample. Results: Emergent themes revealed that active mental avoidance, the intermittent nature of distress, ambivalence, and self-identified resilience as undermining to help seeking decisions. Participants were stuck within the help-seeking phase of ‘recognition’ of illness and retained a sense of ‘it is my decision’ despite endorsing significant social and environmental negative influencers. Participants distinguished ‘help acceptance’ from ‘help seeking’ with greater willingness to accept help and importance placed on being of help to others. Conclusions: Elucidation of the decision-making process from the perspective of non-treatment seekers has implications for outreach and treatment within models of integrated and specialty systems care. The salience of responses to trauma symptoms and stagnation in the help seeking recognition phase are findings relevant to integrated care service design and community engagement.

Keywords : culture, help-seeking, integrated care, PTSD

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