Exploring the Acceptability of The Together Webinar Programme for Military Partners: A Qualitative Study

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Abstract

Background: Military partners appear at risk for developing psychological difficulties such as depression, generalized anxiety, and secondary trauma symptoms. Yet, evidence suggests that participants report an array of barriers that prevent them from seeking and engaging with mental health support. This includes stigma-related beliefs, work and childcare responsibilities, and distance to venue where support is offered.

Introduction: The Together Webinar Programme (TTP-Webinar) was developed to increase the accessibility of mental health support for military partners. The efficacy of this program has been explored in a previous study.

Materials and Methods: Data for this study were taken from 68 partners who provided qualitative feedback of the program. Thematic qualitative analysis was used to explore the views of participants about the acceptability of TTP-Webinar.

Results: Four main themes were identified, namely perceived benefit, modality, general barriers, and areas for improvement.

Discussion: Participants found it favorable to develop a better understanding of veterans' difficulties, to have their own difficulties normalized through sharing and discussion, and to feel part of a wider community. They also found the webinar format favorable as it increased the accessibility of support and provided them with an interactive safe platform.

Conclusions: The study provides promising qualitative evidence for the use of TTP-Webinar in supporting the mental health needs of military partners.

Keywords: *military partners, online mental health support, telemedicine, telehealth, veterans*

Introduction

Evidence suggests that partners of veterans with mental health difficulties may be at risk of psychological distress and impaired well-being.[1,2] For example, a United Kingdom study found that the partners of treatment-seeking veterans are likely to meet case criteria for alcohol problems, depression, and generalized anxiety disorder, and are likely to demonstrate symptoms of probable post-traumatic stress disorder (PTSD).[3] Furthermore, increased partner distress appears to be associated with adverse consequences on veteran's PTSD treatment.[4] Importantly, there appears a large divide between the number of military partners in need of mental health support and those accessing such support.[5] Such findings demonstrate the need for an intervention to address the mental health difficulties among military partners.

There are various factors that may contribute to the increased vulnerability of military partners. First, as a result of exposure to the adverse details of veterans' military experiences or by adopting veterans' feelings while trying to understand and empathise with their difficulties, partners may begin to mirror veterans' PTSD symptoms.[6,7] Second, it is not uncommon for partners to adopt a caregiving role,[8] which can lead to feelings of isolation, increased emotional pressure, relationship inequality, a sense of responsibility for controlling stressors that may exacerbate the veteran's symptoms, and little opportunity to develop one's own identity within the relationship.[9–11]

In addition to this, many partners may become the primary financial provider as veterans' chronic symptoms limit their ability to hold down a permanent job,[11] and may take on majority of childrearing responsibilities as veterans' PTSD symptoms often increase aggressive responding within the family environment.[12] In addition, factors such as unemployment, being ex-military themselves, deployment length, and stage of veteran treatment may further intensify partners' psychological distress.[1,3,13] Clearly, military partners face a unique and complex set of challenges that requires appropriate consideration.

Previous research suggests that there are a range of barriers preventing military partners from seeking support. Stigma-related beliefs such as embarrassment in seeking support and

fear of being perceived as weak are strong internal barriers that avert partners from accessing support.[11] Evidence suggests that U.K. military partners may also avoid seeking help to protect the veteran from being identified as having mental health difficulties, which, in turn, may increase their own distress.[14] Furthermore, there also appears to be a range of practical barriers that prevent partners from seeking and engaging with support, such as work hour conflicts and difficulty getting time off, childcare responsibilities, and distance or travel time to the venue where support is being offered.[15,16]

In recent years, there has been a rapid increase in the availability of online mental health support. Evidence suggests that internet-based interventions may be just as acceptable and effective in treating psychological difficulties as face-to-face therapy,[17] and that they may potentially be associated with higher completion and response rates.[18] Furthermore, some may perceive the internet approach as more convenient and favor the anonymity it provides.[18]

There has also been a wide implementation of internet-based support for veterans and their families, such as at U.S. Military Spouse and Advocacy Network (MSAN), U.S. Veteran Affairs, and Canada Veterans Affairs.[19–21] Notably, empirical studies demonstrate similar levels of efficacy of internet and face-to-face groups for veterans with PTSD or anger difficulties,[22,23] as well as similar attrition rates.[24] Collectively, such findings suggest that delivering mental health support online is likely to maintain treatment outcomes while offering the opportunity to overcome barriers to engaging with support that may be present within the military context.

The Together Webinar Programme (TTP-Webinar) is an online webinar program developed to increase the accessibility of mental health support for U.K. military partners. TTP-Webinar is a structured 6-week program for partners living alongside veterans with PTSD and other mental health difficulties. TTP-Webinar provides partners with psychoeducation about PTSD and mental illness and offers strategies that enable them to both support veterans' difficulties and attend to their own well-being. An investigation of the efficacy of TTP-Webinar provides promising outcomes in terms reductions in partners' psychological distress and secondary trauma symptoms.[25]

This study aimed to gain insight into the acceptability of TTP-Webinar and provide evidence for its use in supporting military partners living alongside PTSD and other mental health difficulties. This was done by collecting qualitative feedback from participants involved in a trial of TTP-Webinar. Given that the qualitative data were collected as part of a larger randomized controlled trial (RCT), it is important to emphasize the exploratory focus of this article.

Materials and Methods

PARTICIPANTS

Participants were female U.K. military partners who took part in an RCT of TTP-Webinar. In total, 196 participants were recruited for the RCT. Of the 102 who took part in the study, 68 participants (Mean$_{age}$ = 48.85, standard deviation $_{age}$ = 11.06) provided qualitative feedback. Participant characteristics are described in Table 1.

Table 1. Demographic of Participants Who Took Part in The Together Webinar Programme	
	TTP–WEBINAR (N = 68)
Living with partner?, n (%)	
Yes	61 (89.7)
No	5 (7.4)
Length of relationship?, n (%)	
<9 years	26 (38.2)
>9 years	41 (60.3)
Dependants?, n (%)	
Yes	32 (47.1)
No	34 (50.0)
Ex-military?, n (%)	
Yes	6 (8.8)
No	61 (89.7)
Level of education, n (%)	
Low (A levels/HNDs/NVQ/GCSEs, or lower)	40 (58.8)
High (degree/postgraduate)	26 (38.2)
Employment status, n (%)	
Full time	27 (39.7)
Part time	20 (29.4)
Not working, seeking employment	11 (16.2)
Mental health outcomes	
QoL	2.69 (SD = 0.82)
General psychological distress (GHQ9)	19.05 (SD = 6.52)
Secondary trauma symptoms (STSS)	46.64 (SD = 13.41)

Percentages may not sum to 100 due to missing data.

GCSE, general certificate of secondary education; GHQ-9, General Health Questionnaire-9; HND, higher national diploma; NVQ, national vocational qualification; QoL, quality of life; SD, standard deviation; STSS, Secondary Traumatic Stress Scale; TTP-Webinar, The Together Webinar Programme.

PROCEDURE

Participants provided informed consent, filled out basic demographic questions, and completed baseline measures. They were then randomly assigned to the intervention or waitlist condition and were screened to ensure eligibility. TTP-Webinar was run from June to July 2019 for participants in the intervention condition, and August–September 2019 for those in the waitlist condition. One month after the end of the program, participants completed follow-up measures. They were also asked, in an open and unguided manner, to provide feedback of their experiences of the program. Participants were followed up with a maximum of three reminder e-mails and two phone calls. Those who were followed up by phone and those who did not provide any initial feedback were asked simple probe questions such as "How did you find the program?"

Participants who completed the follow-up measures were sent a £10 Amazon voucher as a small thank you, a certificate of participation, as well as links to the 6 weekly webinar sessions.

THE TOGETHER WEBINAR PROGRAMME

TTP-Webinar incorporated a range of techniques used in cognitive behavioral therapy, dialectical behavioral therapy, compassion-focused therapy, and acceptance and commitment therapy.

The outline of TTP-Webinar is described in *Table 2*. The program consisted of 6 weekly hour-long sessions. Each session focused on two main categories: psychoeducation and self-management strategies for supporting veteran partner who suffers from PTSD or other mental health difficulties, and self-management strategies and skills training to enhance their own self-care. Participants could share their experiences through discussion in each session. Those who were unable to attend a session were sent the video recording to watch on their own time. To manage any potential risks, participants were offered one-to-one telephone contact if necessary.

QUALITATIVE ANALYSIS

The qualitative methodology employed in this study was performed according to Braun and Clarke's (2006) guidelines.[26] The aim was to identify themes inherent in the data that reflected the acceptability of TTP-Webinar. The analysis operated in a stepped process manner: (1) each transcript was read several times to get familiar with the data; (2) data were coded and reduced into small chunks of meaning using an open coding process; (3) codes were collated and grouped together to find themes; (4) themes were reviewed by, first, reading through the associated data to determine whether the data really support the theme and, second, considering whether the themes are appropriate in terms of the entire data set; and (5) themes were defined to ensure they identify the essence of each theme.

Results

Four main themes regarding the acceptability of TTP-Webinar emerged from the qualitative analysis. The quotes supporting each theme are displayed in *Tables 3 and 4*.

Table 2. Outline of The Together Webinar Programme						
	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6
PART A PSYCHOEDUCATION AND STRATEGIES	**INTRO SESSION**	**SESSION 1**	**SESSION 2**	**SESSION 3**	**SESSION 4**	**SESSION 5**
How can I help my partner and take care of my own needs (45 min)	Program outline eLearning resources Support contact	Understanding PTSD and its impact on relationship	Understanding anger and PTSD Finding me again	Communicating and reconnecting with my partner Talking to others about PTSD	Managing depression and difficult emotions	Taking care of my needs and moving forward
Q & A (15 min)	**Q & A**	**Q & A**	**Q & A**	**Q & A**	**Q & A**	**Q & A**
HOME ACTIVITY		**SESSION 1**	**SESSION 2**	**SESSION 3**	**SESSION 4**	**SESSION 5**
Online videos, handouts, worksheets, audios, one-to-one telephone support		My goals Intro to cognitive behavioral therapy Intro to grounding	Time out Progressive muscle relaxation	Talking to children and young people about PTSD Safe place imagery	Building a compassionate image Mindful breathing	My wellness plan
PTSD, post-traumatic stress disorder.						

Table 3. Quotes Supporting the Emergence of the Subthemes of "Perceived Benefit" and "Modality"

KEY THEMES	SUBTHEMES	QUOTES
Perceived benefit	Informative/helpful	"The webinar has helped me in so many ways and I feel more able to cope with my husband's PTSD"
		"It has also helped me understand that the PTSD was much bigger than the coping strategies used by Veterans"
		"I feel like I've got my best friend back after learning so much more about him and how to communicate and understand what he struggles with."
		"My anxiety and stress levels would have been so much lower if I had benefitted from the programme earlier"
	Not being alone	"This course was helpful in allowing me to recognise I am not alone"
		"It was a relief to know that other people are getting the same type of problems with their partners to know how difficult it can be sometimes."
		"I realised I am part of a wider community where others are going through similar experiences. To not feel alone is invaluable."
		"It is powerful to be in the same room (albeit virtual) with others who understand and are experiencing similar things."
Modality	Accessibility	"..the online format was very good to make the program more accessible."
		"We live in a remote area, a long way from other sufferers so the online approach proved very accessible."
	Interactive	"I found it very interactive in a positive way."
		"The webinar was a fully knowledge-lead interactive experience"
		"The webinar was a great interaction allowing us to communicate with the presenter which enables our involvement and hearing other peoples' experiences."
	Therapeutic alliance	"I really enjoyed the weekly webinars and felt that someone cared about me instead of trying to take on everything myself"
		"The two ladies were lovely and explained things clearly and without judgement."
		"..facilitators managed to encompass a more 'personal' feel by responding to comments live."
		"The facilitators were very empathetic, encouraging and inclusive."

Table 4. Quotes Supporting the Emergence of the Subthemes of "General Barriers" and "Areas for Improvement"

KEY THEMES	SUBTHEMES		QUOTES
General barriers	Difficulties engaging	Competing duties	"Timing of webinars was problematic… caring for my partner and father, and some days were easier while other days I couldn't even remember what day it was"
			"I found it difficult to take part in all the webinars as my partner was not very keen on me doing so."
			"Could not do the same time every week for 6 weeks as circumstances can change."
		Technology	"…could have used some tech support"
			"I was a bit distracted because being in a room alone and had never done something in that format"
			"Only slight thing I would raise is that the team checks that the camera is working and we can see who is speaking."
	Difficulties implementing		"I found the webinar a good introduction and feel like I now need help to practice the techniques"
			"Many will understand the information but implementing and maintain it can be perilous in some family units"
			"I find it difficult to get my husband to engage in any of the strategies I have been taught."
Areas for improvement	Treatment length		"Very useful programme, slightly rushed though." "I wish it would have continued for longer"
			"Some of the sessions could have been longer or done over a couple of weeks."
			"May be a follow up webinar in a year would be useful if possible."
	Focus of treatment		"I had misunderstood the course at the start… I thought it was going to be much more about developing coping strategies for me. As a carer I did not want to be thinking about other things I 'should be doing..'"
			"I feel sleep trauma and how to deal with it could be covered more."
			"….honestly, the uniqueness of each situation requires a more one on one session"

THEME ONE: PERCEIVED BENEFIT

One of the main themes of acceptability was the perceived benefit of the program, which was broken down into "informative" and "not being alone."

Informative. Partners consistently reported that the program was "informative," "helpful and "useful," particularly in terms of developing a better understanding of PTSD and other post-trauma difficulties. Importantly, they also indicated that the program helped increase their "confidence" in supporting veterans, the feeling of being able to "cope" with the veteran's PTSD, and learning that they are not to blame for the veteran's difficulties. The program was also helpful in improving some of the partners' relationships, in terms of partners learning more about the veteran's experiences and rediscovering their empathy toward them. A few participants also reported that they would likely have had "better mental health" if they could have accessed the program earlier.

Not being alone. A particularly strong subtheme that emerged across participants' responses related to the comfort of being part of a wider community. Participants found it very "powerful" to connect with others who understand the difficulties partners face and who themselves are going through similar difficulties. Even those who did not actively engage during discussions reported that other partners' comments matched their feelings and that it was "incredible how much my life mirrored that of other partners."

THEME TWO: MODALITY

The data revealed three subthemes regarding the acceptability of the online delivery of TTP-Webinar, namely "accessibility," "interactive," and "therapeutic alliance."

Accessibility. Participants found that the online delivery allowed them to access the support they needed no matter where they are living (e.g., remote town). One participant clearly highlighted that if the program had not been offered online, she would have been unable to engage in support due to a physical condition limiting her ability to travel.

Interactive. Participants reported that the platform was quite interactive, in that it allowed them to ask questions, share information, and exchange their experiences with other partners. A few participants also reported that they were able to learn a lot through interactions with other partners and that being able to communicate with the facilitator encouraged them to be active during sessions.

Therapeutic alliance. Participants had a favorable perception of the facilitators. In general, they found the facilitators to clearly deliver the program content without judgment. They were perceived as friendly and warm, and promoted an inclusive and supportive platform.

THEME THREE: GENERAL BARRIERS

Two important barriers that influenced the acceptability of TTP-Webinar emerged from the data, namely "difficulties engaging" and "difficulty implementing."

Difficulties engaging. Two subthemes emerged regarding participant difficulties in engaging with TTP-Webinar and its content.

Competing duties was an important subtheme. Participants reported not being able to engage in many sessions because of other life duties, such as welcoming guests, caring for veteran and other family members, and ensuring that the veteran did not feel threatened by engaging in support. *Technology* emerged as another important subtheme. Participants reported sometimes not being able to engage in the webinar because of not being able to see or hear the facilitator. A few also reported that it was also challenging to set up the webinar and to navigate the online platform. Fortunately, this appeared to be easier after the first (introductory) session. Two participants also indicated that the online delivery also made them more distracted because they would just be sitting in the room alone.

Difficulties implementing. Participants also reported difficulties implementing the content of TTP-Webinar. Despite finding the content helpful and informative, some reported that applying the skills was quite challenging, that it was easy to go "back into old routine," and that it was hard to engage the veteran in the activities.

THEME FOUR: AREAS FOR IMPROVEMENT

Participants also highlighted directions to improve TTP-Webinar. A few participants found the program too short and suggested that the program could be extended by offering a greater number of sessions, or more time in-between sessions. One participant suggested that the program should also focus on sleep difficulties and the impact it can have on families. Another participant suggested the need for additional one-to-one support to address partners' unique situations. Lastly, one participant described that the program should be tailored more toward supporting the partner rather than equipping partners with strategies to better support veterans.

Discussion

This study explored the acceptability of a webinar program designed to increase the accessibility of support for U.K. military partners. In general, participants received TTP-Webinar positively. The analysis revealed four main themes of program acceptability, namely perceived benefit, modality, general barriers, and areas for improvement. Acceptance appeared primarily related to the perceived benefit of the program, in terms of developing a deeper understanding of post-trauma difficulties and normalization of personal difficulties by sharing experiences and discussions on a safe platform. Such findings are highly relevant considering that military partners express the desire to learn more about PTSD, to be able to share their difficulties of living alongside mental health difficulties, and to engage in support groups (or individual therapy) to attend to their own distress.[27]

Previous research has highlighted that social isolation may be a common experience among military partners,[28] and that one of the benefits of group interventions for this population may relate to the normalization of their difficulties.[29] Corroborating such findings, this study found that one of the themes that most consistently emerged across participants related to the comfort felt by connecting to other partners and being part of a wider community. Despite only communicating online through a chat box, participants reported valuing the opportunity to share their personal difficulties and to learn that other partners encounter similar difficulties. Notably, it appears that the benefit of normalization of difficulties in group interventions may carry over to online group programs for military partners.

The findings further revealed that many participants also appreciated the modality through which the program was delivered. The online format allowed partners to remotely receive support that they otherwise would not have been able to access. Nonetheless, a few participants indicated that that they were not able to take part in all the sessions due to changing schedules, daily responsibilities, and caregiving responsibilities. This is in line with the previously reported barriers that prevent military partners from engaging in support for their own mental health needs.[16,30]

Importantly, similar barriers also emerged during the initial RCT recruitment, with partners opting out of the study for reasons such as childcare during the summer holiday, work commitments, and not being able to attend the webinar times. Nonetheless, it is likely that the online delivery of support programs may be useful in overcoming the practical barriers that prevent some military partners from engaging in support, particularly when offering various day and time slots to accommodate the demands of most partners' daily lives.

RECOMMENDATIONS

Despite participants' generally positive perception of TTP-Webinar, there are certain recommendations that should be considered in further applications of the program. First, it is suggested that the program be made more interactive and that an online forum be opened to allow partners to communicate with and support each other. This is in line with participants' reports of the benefit of connecting to other partners experiencing similar difficulties. A few participants had also expressed interest in maintaining connections with other partners after the end of the program. Second, as there were more peer discussions in larger group, it is worth considering the ideal group size to promote the sharing of experiences between partners and to simultaneously ensure that one partner does not get "lost" in a large group.

Third, it should be considered whether each partner should be offered one 30–60-min session. This is in line with a few participants expressing that the program was too short and that one-to-one support would be necessary to address partners' unique situations. This would allow facilitators to better assess and manage any potential risks, which is highly important given the likely increased risk of suicidality among military partners.[31,32] In light of facilitators reporting that therapeutic bonds felt stronger with participants with whom there was more communication (e.g., e-mail contact, requested phone call, and active participation in session), such individual sessions would also allow for stronger therapeutic relationships to be formed between facilitators and each partner. This is in line with evidence suggesting that web-based interventions may be most useful when including some level of therapist support.[33]

Finally, there needs to be further consideration of how to improve the accessibility of such online support. There were a few technological difficulties that arose (e.g., no sound/no video) that affected session engagement and a few partners opted out of the study due to a lack of confidence in using the technology and not having access to appropriate IT equipment. This suggests that additional tech support might help troubleshoot such difficulties, enabling higher partner engagement. However, as attending to other life tasks was an important barrier to engagement, it is worth considering scheduling out-of-hour sessions to increase the accessibility of support for partners with, for example, work and childcare responsibilities.

LIMITATIONS

This study had certain limitations. First, the data were collected as part of a larger RCT and were not collected solely

for the purpose of this study. Nonetheless, as an exploratory investigation, the data are quite beneficial to provide insight into the acceptability of online interventions for military partners. Second, only 68 of the 102 participants who took part in the study provided feedback on the program. It is possible that the other participants may have had strong opinions regarding the acceptability of the program that they did not disclose. Third, the sample consisted only of female, heterosexual miliatry partners. Thus, it cannot be concluded with certainty that the acceptability of TTP-Webinar within the current sample would extend to more heterogeneous groups.

Conclusions

The findings of this study provide promising evidence of the acceptability of TTP-Webinar in supporting the mental health needs of U.K. military partners. Notably, although there remained important barriers preventing some partners from engaging in support, the online delivery of such programs can help improve the accessibility of support, particularly for military partners who live in remote areas and have physical limitations preventing being able to travel. Further adaptation of the program may be useful in ensuring the provision of acceptable care to a greater number of partners.

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