

**IDENTIFYING SYMPTOMS OF
POSTTRAUMATIC STRESS DISORDER
IN SPOUSES OR PARTNERS OF
COMBAT VETERANS**

By

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A Master's Research Project submitted in partial fulfillment
of the requirement for the degree

Master of Arts

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THE MASTER'S RESEARCH PROJECT

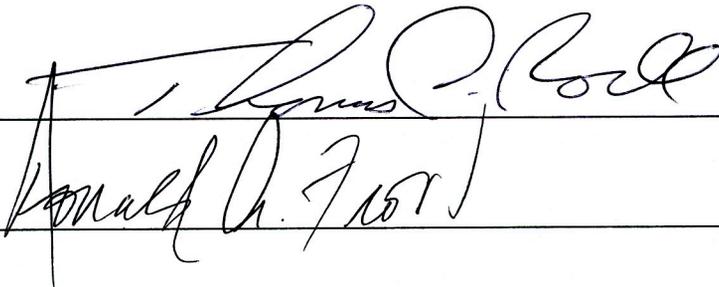
by

Nikki J. Woo

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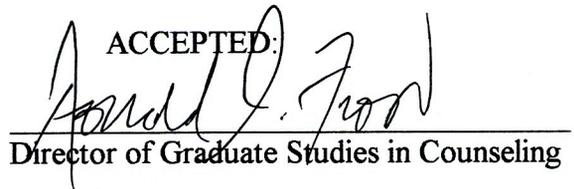
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ABSTRACT

The purpose of this study was to determine whether spouses or partners of combat veterans experiencing PTSD exhibit symptomology similar to the combat veteran may be related to the veterans' traumatic experience. If so, what are the five most common symptoms?

The methodology used in this study consisted of two Likert type scales. The instruments used for this research were the Mississippi Scale for Combat-Related PTSD and the PTSD Checklist for PTSD (Civilian and Military).

Results from this study established that 94% of the veterans, and 23% of the spouse/partners who participated in the survey do meet the criteria for PTSD. The veterans' range of age between 50-59, compiling 47% of respondents are in this age group. Spouses/partners ages ranged from 70-79, that is 29.4% of the participants.

Veterans responded with the highest mean scores on questions relating to symptoms of avoidance and arousal. Of the five most commonly answered questions 80% of those were related to symptoms of avoidance. Twenty percent of the Veterans responded to symptoms of arousal. Sixty percent of the respondent's felt they had been reliving the traumatic experience.

DEDICATION

*To SLG, the spouses, partners
and significant others of veterans
with Posttraumatic Stress Disorder.*

*These are the only ones that
truly know what we go through.*

NJW

*To the veterans,
“understood not as mindless killers,
and not as sniveling whiners, but as men.
Men who went to do the incomprehensible
difficult job their nation sent them to do
and did it proudly, did it well
and all too often did it thanklessly.”*

Dave Grossman

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CHAPTER ONE

THE PROBLEM

Introduction

Every person at one time or another has been confronted with a stressful, or even a traumatic experience. For some people this is just a part of everyday life and for other people this can be very difficult. Those with less effective coping skills may exaggerate or ignore the problem. Once these problems begin to alter a person's life, help is needed. The problem involved is named Posttraumatic Stress Disorder (PTSD).

There are various ways to deal with posttraumatic stress. For some it is as simple as talking with a close friend or family member. Others may confide in a member of the clergy, or find help in the form of a mental health professional, counselor or therapist.

People who have PTSD may seem different following the trauma, and their personality can change dramatically. They may have been very outgoing and now find themselves very much alone. They appear cold, almost numb to any feelings. They may have difficulty sleeping, and report reliving the trauma through dreams. People with PTSD can have hallucinations, or flashbacks, and might consciously avoid people or situations that may trigger, memories of the trauma. "Some individuals with PTSD may have difficulty specifying their symptoms, behaviors, and experiences due to denial, amnesia, cognitive impairment, and/or motivational factors" (Wilson & Keane, 1997, p. 269). This may last just a few days or as long as a lifetime. "Symptom development

seems to vary from one individual to another. In some cases PTSD develops immediately after the trauma, and in other cases the onset appears to be delayed” (Southwick, Morgan, Nagy, Bremner, Nicolaou, Johnson, Charney & Rosenheck, 1993, p.1524).

One thing that makes posttraumatic stress disorder different from all other disorders is that it is caused by an outside stimulus. That stimulus is trauma.

For many men and women this disorder is not only serious, it has altered their lives. For many PTSD sufferers this has been a devastating experience. They fight every day with the memories and nightmares. Some have become dependent on drugs or alcohol, many are unable to hold a job or keep a personal relationship for any length of time, and still others search for an escape through suicide (American Psychiatric Association, 1995).

For the purpose of this study the researcher is going to target one population, combat veterans and their spouse, or partners.

Development of the Problem

Many of the veterans talk about how some of their symptoms are magnified or hidden due to their spouse or partners’ reaction. As an intern at the Phoenix Vet Center many of the clients discuss their current hardships with the researcher, and how they have difficulty dealing with anger, nightmares, flashbacks, depression and many other common symptoms of PTSD. Most veterans seek services through the Vet Centers state they did not know such services exist. Seventy-million combat veterans and their families are potentially eligible to receive readjustment counseling and therapy through the Vet Center (Rhoades, Leaveck, & Hudson, 1995. p. ix) and Veteran’s Administration Medical

Centers (VAMC'S) around the United States. From 1989 to 1995 the Agent Orange Class Assistance Program (AOCAP) that "200,000 veterans and their families have used the counseling services (Rhoades, Leaveck, & Hudson. p. xv) the VAMC'S and Vet Centers." Some are attending group therapy, however the majority of veterans are counseled individually. The researcher has observed a difference when a combat veteran brings their spouse or partner to sessions.

Inclusion into the DSM-III gave post trauma stress validity. Before this happened people afflicted with PTSD were labeled moral wastes, lunatics, and cowards. Some soldiers were charged as cowards and deserters. These men who were truly heroes were treated as seriously mentally ill, unworthy and cowardly. The same soldiers, who protected their country from its enemies, were not treated with understanding, only shunned by the people they had fought to protect (Grossman, 1995).

Need for the Study

Very little information is available concerning the behaviors of the spouse or partners of combat veterans. Although many aspects of PTSD have been researched many of the studies have been centered on the Vietnam Veteran, because this population is available in large numbers. Vietnam veterans and Persian Gulf veterans are the populations most targeted for research at this time, because of the large number of people involved and the most current mental health studies that the military researches.

Understanding the spouse or partner's issues with the veteran's traumatic experience may give mental health care professionals insight on a more aggressive and more effective treatment. The significance of PTSD symptomology that are found in

spouses or partner of a combat veteran is that might encourage a better rapport between the client and therapist.

Purpose of this Study

The purpose of this study was to determine whether spouses or partners of combat veterans experiencing PTSD exhibit symptomology similar to the combat veteran that maybe related to the veterans' traumatic experience. If so, what are the five most common symptoms? The necessity of identifying these spousal or partners' symptoms may enable the clinician to provide better services to the client and the spouse.

Research Question

Does the spouse or partner of a combat veteran exhibit symptoms of PTSD that may be related to the veteran's traumatic experience?

Definition of Terms

The American Psychiatric Association (APA) has provided a set of diagnostic criteria for mental health care professionals to use as a tool to provide a more accurate and consistent diagnosis. In all the materials that describe the symptoms that are used as diagnostic criteria, it has been strongly emphasized that these are tools to provide better care for the client. The latest edition, volume four, of the Diagnostic and Statistical Manual of Mental Health (DSM-IV) (APA, 1994) describes symptoms of Posttraumatic Stress Disorder as follows:

Arousal Symptoms-1) difficulty falling or staying asleep, 2) irritability or outbursts of anger, 3) difficulty concentrating, 4) hypervigilance, 5) exaggerated startle response.

Avoidance- 1) efforts to avoid thoughts, feelings, or conversations associated with the trauma, 2) efforts to avoid activities, places, or people that arouse recollections of the trauma, 3) inability to recall an important aspect of the trauma, 4) markedly diminished interest or participation in significant activities, 5) feeling of detachment or estrangement from others, 6) restricted range of affect, 7) sense of a foreshortened future.

Hyperarousal symptoms-are described as trouble concentrating, difficulty memory difficulties, difficulty sleeping or staying asleep, and exaggerated startle response.

Reexperiencing the Event-The traumatic event is persistently reexperienced in one (or more) of the following ways: 1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions, 2) recurrent distressing dreams of the event, 3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated), 4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event, 5) psychological reactivity on exposure to internal or external cues that symbolize an aspect of the traumatic event.

Traumatic Event-the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. The person's response involved with intense fear, helplessness, or horror.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter begins with a discussion of the history of PTSD, followed by the diagnosis of PTSD and concludes with an examination of social support issues.

History

PTSD existed many years before a name was assigned to the problem. The first cases of PTSD were reported as a form of hysteria originally shown in women. The renowned French scientist Jean-Martin Charcot also known as the “Patriarch of Hysteria” was one of the first to recognize hysteria as a psychological problem (Herman, 1992, p.10). Through Charcot’s studies of hysteria, the term came to be known as “the great neurosis.” He carefully and categorically monitored the symptoms, which seemed to show signs of neurological damage. He “focused on: motor paralysis, sensory losses, convulsions, and amnesias” (Herman, 1992, p.11). He had proven time after time that these symptoms were psychological.

In the 1890’s, Charcot’s followers Pierre Janet, William James, and Sigmund Freud went to France to observe Charcot’s work. All three came to the conclusion that “Hysteria was a condition caused by psychological trauma. Unbearable emotional reactions to traumatic events, produced an altered state of consciousness which in turn

induced hysterical symptoms” (Herman, 1992, p.12). During this time period PTSD was also known as Tunnel Disease because of the number of mine cave ins and the number of men that showed symptoms that resembled PTSD. Railway Spine Disorder was another term used to describe a similar condition. This occurred when train derailments began to happen more frequently and railroad engineers began showing hysterical signs after seeing corpses at the accidents.

Eight million men died in World War I (WWI) in the four years the war lasted. The world’s eyes had been opened to a new problem most commonly known as the “neurosis of war” or “war neurosis” (Herman, 1992, p. 20). War neurosis had been seen before in the form of hysteria but now physicians were seeing it more commonly in war heroes.

Under conditions of unremitting exposure to the horrors of trench warfare, men began to break down in shocking numbers. Confined and rendered helpless, subjected to constant threat of annihilation, and forced to witness the mutilation and death of their comrades without any hope of reprieve, many soldiers began to act like hysterical women. They screamed and wept uncontrollably. They became mute and unresponsive.... According to one estimate, mental breakdowns represented forty percent of British battle casualties. (Herman, 1992, p. 20)

British psychologist Charles Myers was the first to notice that all cases of war neurosis he observed were at the locations that bombs had exploded which lead to the term known as shell shock. At the time the concept of shell shock was not universally accepted. Many people still considered the afflicted soldiers to have previous mental illness or to be moral invalids (Herman, 1992).

After World War II (WWII), “it was recognized for the first time that any man could break down under fire and that psychiatric casualties could be predicted in direct proportion to the severity of combat exposure” (Herman, 1992, p. 25). The first

treatments for PTSD began as close to the front lines as possible. Interventions were initiated with the soldiers most likely to deal with traumatic situations. After the intervention had been completed the soldier would return to the war as if nothing had happened. A treatment called “narcosynthesis” was now being studied. This procedure used sodium amytal to induce altered states. This would bring back all the memories and feelings the soldier had during a specific ordeal. Roy Grinker used this procedure and John Spiegel in an effort to reduce the dependency soldiers had among their peers in smaller groups (Garland & Robichaud, 1987). PTSD also had many other names after WWII including Soldier’s Heart, Psychic Trauma Neurosis, Nervous Exhaustion, Irritable Heart, Traumatophobia, and Anxiety Neurosis” (Herman, 1992).

Diagnosis of PTSD

Through the years the term used to describe what is now known as PTSD, evolved from shell shock to battle fatigue, to combat-fatigue, and finally battle stress. At the end of the Vietnam War and before its entry into the American Psychiatric Association’s, PTSD first became diagnosed in the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition. (DSM- III, 1980), PTSD came to be known as Post-Vietnam Syndrome, Rape Trauma Syndrome, Child Abuse Syndrome, Battered Wife Syndrome, and Survivor Syndrome. These were named after the specific trauma one had endured. After the Vietnam War was over and the numbers of battle fatigue and battle stress cases had been reported, in 1980 the American Psychiatric Association (APA) took this problem seriously, and categorized all previously named conditions as one disorder PTSD.

Although, a tremendous amount of research has been completed on the effects PTSD has on combat veterans, there is not a large quantity of available information relating directly to the spouse.

Articles have been written about the focus on the veterans' behavior. The focus on "these problems centered around the veteran's behavior and the family's dysfunctional patterns of interaction, and included instances of family violence, substance abuse, and social isolation as well as inappropriate role identities within the family systems" (Brown, 1984, pg. 375). However, they were still not directly centered on the spouse individually.

PTSD and Social Support

There have been studies recognizing the importance of social support for the veteran. It has been acknowledged that social support can reduce emotional distress. Veterans who received "...high social support after discharge experienced significantly less psychological distress than those who received less social support (Barrett & Mizes, 1988, p. 102)." Barrett and Mizes stated "...social support as information received by another individual under stress that leads him or her to believe, that he or she is loved and cared for, esteemed and valued, and has a network of friends that can be counted on in stressful times" (Barrett & Mizes, 1988, p. 102).

Irving, Telfer & Blake found in their study, results indicated that "veterans who perceived they had a greater amount of social support from family and friends" had more hope to find relief of the previously experienced PTSD symptomology (1997. p. 465).

Studies began by stating that many combat veterans have difficulty maintaining a relationship with their spouses, with PTSD added to the equation it can be volatile.

“PTSD positive veterans reported higher levels of general hostility and physical aggression toward their partners is characteristic of the close relationship of veterans with PTSD (Carroll, Rueger, Foy, & Dunahoe. 1985, p.329).” Veterans with chronic PTSD exhibiting physical aggression, with the results establishing that “A majority (57%) of the help-seeking PTSD veterans reported 6 or more violent acts in the past year (Beckham, Feldman, Kirby, Hertzberg, & Moore. 1997. p.865).” Joseph Boscarino stated in a recent study that “veterans with lower quality social support are more likely to have a current disorder may be that they have less opportunity to mitigate distress through meaningful social interactions” (1995, p. 330).

In the most recent study Taft, King, Leskin and Riggs found “that partner’s assessments of a veteran’s PTSD symptoms were moderately associated with the veteran’s self reports...it appears that the quality of the marital relationship did not appreciably affect the concordance between the veteran’s self report-ratings of PTSD symptoms and the partner’s rating of the veteran’s symptoms (1999, p. 333).” Establishing the validity of the self report of the veteran and the spouse and the quality of the marital relationship do indeed affect the ability to accurately report PTSD symptomology among veterans and their partner.

Studies to establish the accuracy of the spousal reporting the veteran’s PTSD symptoms has been completed with positive reviews. “ Partners were more accurate in detecting the presence or absence of more observable symptoms such as emotional reactivity to trauma-related stimuli, and hypervigilance (Gallagher, Riggs, Byrne & Weathers, 1998, p. 373).”

Marital adjustment should also be considered when studying veterans and their partners or spouse. Negative marital adjustment and problematic issues among partners may increase a spouse or partners' awareness and sensitivity to PTSD symptoms.

“Subjects with PTSD were found to report, on average, marital adjustment that would be considered “very much below average” according to standardized data (Caselli & Motta, 1995, p. 10).”

Solomon, Waysman, Levy, Fried, Mikulincer, Benbenishty, Florian & Bleich found that “PTSD was particularly found to contribute to impaired to impaired social relations among veterans' wives in a broad range of contexts, from inner feelings of loneliness, through impaired marital and family relations, and extending to the wider social network (1992, p. 289).”

In 1994, Charles Figley completed a study of the most common traits of Vietnam Veterans and the intimate relationships in which they are involved in. This study approaches issues of relationship longevity, readjustment, family violence, and behavioral problems. The study found that

... families of Vietnam veterans who were diagnosed with war-related PTSD when, in contrasted with those without such a diagnosis, have the following characteristics: (1) the veteran is remarried more often, (2) the veteran is married fewer years, (3) there is a higher estimate of PTSD in the spouse/partner, (4) higher rate of readjustment problems, (5) lower rate of life functioning, (6) higher rate of marital problems, (7) higher and more dangerous rate of family violence, (8) higher rate of childhood behavioral problems, (9) lower rate of subjective well-being among spouse/partner, (10) higher rate of demoralization, and (11) a higher rate of vulnerability to a nervous breakdown. (p.83)

Summary

In summary the historical background of which is now known as PTSD is important to the development and treatment of Posttraumatic Stress Disorder. As

“hysteria” evolved as only a female disorder into what we know of today with names like “rape survivor syndrome”, “battered wife syndrome” and “shell shock”. In 1980, these names and others were put into the DSM-III under the title of Posttraumatic Stress Disorder.

With many years of wars behind us the psychological and psychiatric fields have established the need for recognition, diagnosis and treatment of many people who have endured tragedies in their military and civilians lives. In the DSM-IV published in 1994, the diagnostic criterion for PTSD is widely used among many areas in mental health today.

Many research studies have been completed to give better understand about this disorder and how affects the individual, family, friends and systems. A very large amount of research has been done with one particular population, Vietnam Veterans. The reason for using this population is that the alarming number of people that participated in, had relatives involved with, or just knew someone that went to Vietnam. The many struggles, since their return has warranted such an outcry from many aspects of the public and private sectors that thousands of studies have been done to provide mental health professionals with the best possible insight to help treat those to whom have dealt with traumatic experiences.

Although, numerous studies have been done, more is needed. Areas that are deficient in research are spouse/partner, children and family systems for those who live with PTSD. Very few studies have been done to establish characteristics that are common among spouse/partner and the identified patient who went through the traumatic event. This is the reason this study is to be completed for this master’s research project.

CHAPTER THREE

METHODOLOGY

Introduction

The purpose of this study was to determine whether spouses or partners combat veterans' experiencing PTSD exhibit symptomology similar to the combat veteran maybe related to the veteran's traumatic experience. Understanding the spouse or partner's issues with the veteran's traumatic experience may give mental health care professionals insight on a more aggressive and more effective treatment. The significance of PTSD symptomology exhibited by spouses or partners of combat veterans can increase or hamper the therapeutic process.

Research Design.

This study utilized a descriptive research design as defined by Merriam & Simpson (1995, p. 61). "Its purpose is to systematically describe the facts and characteristics of a given phenomenon, population, or area of interest. Description may include (1) collection of facts that describe the existing phenomenon; (2) identification of problems or justification of current conditions and practice; (3) project or product evaluation; or (4) comparison of experience between groups with similar problems to assist in future planning or decision making (p.61)."

Three standardized Likert type scales that are commonly used by the VAMC and Vet Center for establishing PTSD symptomology with the clientele will be used to measure PTSD in combat veterans. These scales are Mississippi Scale for Combat Related PTSD, and the PTSD Symptom Checklist- Civilian (PCL-C). These scales can be found in Appendix A. The permission to use the PCL-C, PCL-M (Weathers, Litz, Herman, Huska, & Keane. 1993) and the Mississippi Scale for Combat Related PTSD is given to any mental health employee of the Veteran's Administration Medical Center or Vet Center in the United States. This scale was designed and developed at the Veteran's Administration Medical Center for veterans and is to be administered by the staff when necessary to establish symptomology or diagnosis of PTSD.

To determine the top three symptoms of PTSD, all three scales were used to identify the most common symptoms that are reported by the spouses, partners and veterans. Survey packets administered to 50 couples to elicit qualitative responses based on their experiences with PTSD. Couples must have lived together for at least one year. Results were compiled according to various levels of symptomology relating to PTSD. The symptoms identified most often determine the rank order of distressing traits.

Population

The population of veterans whose trauma happened in a theater of combat during WWII, Korea, Vietnam, and Persian Gulf Eras were included. All veterans were married or cohabiting couples that have been together for a minimum of one year. All veterans must be recognized as Service Connected by the Veterans Administration for PTSD. Veterans were both male and female. Fifty veterans and their spouse's were asked to

participate in study. Seventeen packets were returned, with one that had been returned incomplete.

Procedure

The Vet Center located in central Phoenix offers services to any veteran who has served 90 days on active duty. These services include: readjustment counseling, support groups, employment counseling (resume writing, letter writing, employment search), basic needs counseling, medical, referral services for the homeless, and benefit support.

The procedure began with a computer-aided search of clientele of the Vet Center database identifying prospective participants that meet the above criteria. Once that list has been established a letter of who the researcher is, the purpose of the research and explanation the survey process was sent by mail. Included in the letter was a disclaimer stating that participation in the survey will not affect disability in any way, a statement stating the individual may participate or decline the opportunity to participate in the survey, and a self addressed stamped envelope to return survey. A statement requesting the results of the survey will also be included in each packet.

For all individuals planning to participate in this survey all materials will be sent with self addressed stamped envelopes for return of questionnaires. All funding for survey is responsibility of this researcher. A copy of the packet sent to participant can be found in Appendix A.

Assumptions and Limitations

It is assumed all questions were answered honestly and completely. Furthermore, it is assumed these symptoms are not confronted by the spouse or partner and creates a

somewhat codependent atmosphere for the veteran, thus, hindering therapeutic intervention.

Limitations of this study could include the issue of full self-disclosure on the part on those involved in completing the surveys. Veterans who seek financial compensation for PTSD may not accurately portray themselves in a honest light. Many veterans are compensated due to the trauma they endured during military service. Some under emphasize their trauma. Others increase their symptomology because they think it will increase their compensation. Previous studies establish “Results of the present study suggests that compensation-seeking status may not distinguish valid from exaggerated responders” (Smith & Freuh, 1996, p. 5). Although it was be stated in the survey packet that the information is confidential and will not have any baring in their compensation, it is assumed participation will be limited.

Beckham, Lytle, & Feldman have described the veteran’s difficulties with self-disclosure is not only due to compensation but also as “ problems with self disclosure, sociability, family cohesion, sexual intimacy, and the expression of affection, hostility and aggression (1996, p.1068).”

Instrumentation

When the surveys are returned they will be scored, recorded and shredded. The surveys include: Mississippi Scale for Combat Related PTSD (Keane, Caddell, & Taylor. 1986), modified versions of the PTSD Checklist for Civilians (PCL-C) and the PTSD Checklist for Military (PCL-M), (Weathers, Litz, Herman, Huska, & Keane, 1993). Included in the survey packet was a self-made PTSD questionnaire produced by the

author of this study. The researcher also included a general information questionnaire and demographics page. Also included was a disclaimer stating that completions of the survey will not effect disability claims by the Veterans Administration or the services provided by the Vet Center.

The Mississippi Scale for Combat Related PTSD is a 35 question Likert type scale. All answers are on a continuum format ranging from “not at all true or never” with a numerical value of 1 to “very frequently true” with the numerical value being 5. Questions numbered 2, 6, 11, 17, 19, 22, 24, 27, 30 and 34 were be scored at the reverse numerical value.

The PCL-C and the PCL-M scales are Likert formatted. Each assessment has 17 questions. Both Checklists are on numerical continuum ranging from “not at all” with its numerical value being rated at one to “ extremely” with its numerical value being rated a 5.

The author of this study designed the last assessment. It has 19 questions. With responses of yes, no and sometimes. It was designed in accordance with PTSD criteria from the DSM-IV.

Method of Analysis

The Mississippi Scale for Combat related PTSD has a clinical cutoff of 107 for Persian Gulf and Vietnam Veterans establishing PTSD. For any other era veterans the clinical cutoff point is 112. The standard deviation is ± 18 and the range for meeting PTSD criteria is 112-148 with the mean being 130.

The PCL-C and PCL-M are scored at 90% of total points scored. A PTSD criterion is considered established if scores are 76-85, while the mean is 80.5 and the standard deviation ± 4.5 .

Once the criteria for PTSD was established with the Mississippi Scale for Combat related PTSD and validity testing with the PCL-M were completed. Then each question on all scales were avoidance, hyperarousal, or reexperiencing questions. These responses were summarized to show the major categories and most common symptoms. Responses categorized further establishing the most common responses for specific symptoms.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF THE DATA

Findings

Of the 50 surveys, 17 were returned (n=17). Thirty-four percent of the surveys were returned and included in the results of this study. Of the 17 combat veterans that completed the surveys, there were 16 males and 1 female (94%). In Figure 1 is the Veteran's demographics including ethnicity, branch of service and era of the veteran.

Figure 1

Ethnicity	#	%	Branch of Service	#	%	Era	#	%
White	13	76.5	US Army	11	64.7	WWII	5	29.4
Hispanic	1	5.9	Army Air Corps	1	5.9	Vietnam	11	64.7
Native American	2	11.8	US Air Force	3	17.6	Persian Gulf	1	5.9
Asian American	1	5.9	US Navy	2	11.8			
			US Marine Corps	1	5.9			
Gender								
Male	16	94	Female	1	6			

In figure 1 above, 76.5 % of the respondents were white males. Of the respondents 64.7% had been in the U.S. Army and 64.7% are Vietnam Era veterans.

Figure 2 contains the demographics of the spouses, this figure shows ethnicity, branch of service if they were in the military, and the era in which they served. In this survey there were 17 females that participated in the surveys. Eighty-two point three

percent of the survey participants were white females. Twenty-three percent of the female respondents had themselves served in the armed forces.

Figure 2

Ethnicity	#	%	Branch of Service	#	%	Era	#	%
White	14	82.3	US Army	2	11.8	WWII	3	17.6
Hispanic	1	5.9	US Army Air Corps	1	5.9	Persian Gulf	1	5.9
Native American	1	5.9	US Air Force	1	5.9			
No Response	1	5.9						
Gender								
Male	0	0	Female	17	100			

Figure 3 shows the ranges of age of the Veterans and spouses' who participated in the survey. For the veterans that completed the surveys the range of ages were 36-79 years of age. The spouses' range of ages were 36-79 as well. 47% of the veteran respondents were between 50-59 years of age. In contrast, 29.4% of the spouse respondents were between the ages of 70-79.

Figure 3

Veteran's Ages	# of Veterans	%	Spouse's Ages	# of Spouses	%
Below 30	0	0	Below 30	0	0
30-39	1	5.9	30-39	2	11.8
40-49	2	11.8	40-49	4	23.5
50-59	8	47.0	50-59	4	23.5
60-69	1	5.9	60-69	1	5.9
70-79	5	29.4	70-79	5	29.4

The mean length of time in which the couple cohabited or married was 32.5 and the standard deviation is ± 17.0 . Thirty-five point three percent of the couples to complete the survey had been married or cohabiting for 21-30 years. The couples' lengths of living together or years of marriage are listed as follows in Figure 4.

Figure 4

Couple #	Years Together	Couple #	Years Together
1	33	10	25
2	30	11	7.5
3	23	12	27.5
4	50	13	52
5	54	14	22
6	42	15	33
7	25	16	40
8	1	17	6
9	58	Average	32.5
	Years Together	Percentage	
3	1-10	17.6	
0	11-20	0	
6	21-30	35.3	
3	31-40	17.6	
1	41-50	5.9	
4	51+	23.5	

The results on the Mississippi Scale for Combat –Related PTSD are recorded in Figure 5. The mean on the Mississippi Scale 118 with a standard deviation of ± 35 . Any score over 106 establishes PTSD that is combat-related among veterans, as written by the authors Keane, Caddell & Taylor in 1986. Of the veteran respondents 94% met the symptom requirements established for PTSD. The range for Mississippi Scale for combat-related PTSD was 78-156.

Figure 5

Veteran #	Mississippi Score
1	131
2	126
3	124
4	143
5	115
6	78
7	136
8	109
9	127
10	118
11	116
12	133
13	123
14	130
15	156
16	146
17	124

In Figure 6 the PTSD checklist results as responses by the spouse. The mean on the PTSD checklist is 41 and the standard deviation is ± 27.8 . Many of the spouses' checklists were not completed or the spouse stated symptomology of the veteran or any of their own past traumatic issues did not bother them. The range for the PCL-C was 0-85. 23% (n=4) respondents met the diagnostic criteria for PTSD.

Figure 6

Spouse #	PCL-C	Spouse #	PCL-C
1	0	10	24
2	18	11	20
3	79	12	57
4	83	13	0
5	28	14	0
6	55	15	85
7	69	16	0
8	33	17	35
9	70		

Figure 7

Quest #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Ave
1	4	3	4	3	5	3	5	1	4	3	5	4	2	5	5	4	5	65 3.82
2	2	3	5	3	5	5	5	3	2	4	3	1	3	2	5	4	4	59 3.47
3	5	5	4	5	2	2	4	4	3	4	5	4	1	4	4	5	2	63 3.71
4	3	3	5	5	5	1	5	3	4	3	3	4	3	3	5	4	4	63 3.71
5	3	4	3	4	2	1	4	1	2	3	3	3	1	2	5	5	3	49 2.88
6	4	5	4	3	3	3	4	3	3	3	3	3	4	5	4	4	4	62 3.65
7	5	4	4	5	5	3	4	2	5	2	3	4	3	2	3	3	4	61 3.65
8	4	3	2	3	1	1	5	2	3	2	1	5	5	1	4	3	4	49 3.59
9	3	5	1	4	2	1	4	3	3	2	3	5	5	5	3	5	3	57 2.88
10	3	1	1	3	4	1	3	2	2	3	1	4	5	4	3	3	1	44 3.35
11	5	5	5	5	5	5	5	4	5	4	4	4	4	5	5	4	5	79 2.59
12	4	5	3	5	3	1	4	4	5	5	3	4	5	5	5	5	3	69 4.65*
13	2	3	4	5	3	1	3	3	3	3	3	4	4	3	5	4	4	57 3.35
14	4	4	4	5	5	2	4	2	4	4	3	4	1	3	5	4	5	63 3.71
15	2	2	3	3	3	1	4	3	2	3	1	4	5	4	5	4	3	52 3.06
16	3	3	5	2	3	1	3	2	4	2	2	4	5	5	5	4	3	56 3.29
17	4	3	4	3	5	3	3	2	3	3	3	4	4	5	5	5	4	63 3.71
18	4	1	3	4	2	2	4	3	3	3	2	4	1	3	4	4	2	49 2.88
19	3	4	5	5	1	3	4	2	4	5	4	5	2	3	5	4	2	61 3.59
20	5	3	4	5	3	2	3	4	5	2	3	4	5	4	5	4	5	66 3.88
21	5	3	5	4	3	2	5	2	3	3	2	5	1	4	3	5	5	60 3.53
22	3	2	3	3	3	3	2	4	3	2	3	4	3	4	3	3	3	51 3
23	3	3	3	3	2	1	4	3	2	3	2	3	4	3	5	3	3	50 2.94
24	1	4	4	5	5	3	1	5	5	5	3	5	3	5	3	4	4	65 3.82
25	5	5	4	5	3	3	5	4	4	3	5	4	3	5	5	4	4	71 4.18*
26	4	4	3	5	1	3	4	3	4	3	3	4	5	5	5	5	3	64 3.76
27	3	2	3	1	2	0	4	3	3	3	2	3	4	4	5	4	3	49 2.88
28	4	3	1	5	3	4	5	3	5	4	4	4	5	3	5	5	4	67 3.94
29	4	5	4	5	5	1	5	5	5	3	3	5	5	1	5	5	3	69 4.06*
30	5	5	5	5	4	3	5	3	4	3	4	4	4	5	5	5	5	74 4.35*
31	3	4	4	3	2	3	4	4	3	4	3	3	4	3	5	5	3	60 3.53
32	4	4	3	4	4	1	0	4	3	3	3	3	1	4	3	3	3	50 2.94
33	3	3	3	5	3	3	5	4	5	4	3	4	4	3	5	4	3	64 3.76
34	5	4	2	5	5	3	2	5	5	3	4	1	4	5	5	4	4	66 3.88
35	5	4	4	5	3	3	5	4	4	4	4	4	5	5	5	5	4	73 4.29*
	129	124	124	143	115	78	136	109	127	113	106	134	123	132	157	146	124	2120 3.55

Reexperincing
Avoidance
Arousal



In figure 7 all scores for the veterans were recorded on the Mississippi Scale for combat-related PTSD as shown above. Question numbered 12, 29, 30 and 35 shows evidence the veteran avoids stimuli that is directly related to the traumatic event. All five questions the respondents answered <4. The top five responses to the questions are marked with a (*).

Question 12 asks the respondent about survivor's guilt, which has the highest mean of all questions 4.65 answered. Question 29 asked the veteran about disclosing information to others about things that they did in the military. Participants answered this question on the average 4.06. Question 30 asked the veteran to evaluate how feel being in a crowd, the average response to this question was 4.35. Question 35 discussed difficulty expressing themselves to people they care about. The veterans responded on the average 4.29.

Question 25 asked if the veteran jumps when they hear loud noises. The average score on this question is 4.18. On the Mississippi Scale for Combat-Related PTSD any answer that is scored a 4 is "frequently true" response.

Figure 8

Quest #	Spouse #																	Ave	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
1	0	1	5	5	1	3	5	5	1	1	4	0	5	0	0	0	2	38	2.24
2	0	1	5	5	1	3	5	5	1	1	5	0	5	0	0	0	3	40	2.16
3	0	1	4	5	2	3	4	5	1	1	5	0	5	0	0	0	1	37	2.18
4	0	1	5	5	3	3	5	5	1	2	4	0	5	0	0	0	2	41	2.41*
5	0	1	5	5	1	3	5	5	1	2	5	0	5	0	0	0	2	40	2.35*
6	0	1	4	5	1	3	4	4	1	2	1	0	5	0	0	0	3	34	2
7	0	1	4	5	1	3	4	4	1	1	1	0	5	0	0	0	3	33	1.94
8	0	1	5	5	1	4	1	2	1	1	2	0	5	0	0	0	2	30	1.76
9	0	2	4	4	1	4	3	5	3	1	4	0	5	0	0	0	1	37	2.18
10	0	1	4	5	1	3	5	2	2	1	5	0	5	0	0	0	1	35	2.06
11	0	1	4	5	1	3	3	2	1	1	1	0	5	0	0	0	2	29	1.71
12	0	1	5	4	5	3	4	4	2	1	3	0	5	0	0	0	1	38	2.24
13	0	1	5	5	1	4	4	5	1	1	5	0	5	0	0	0	2	39	2.29*
14	0	1	5	5	1	3	5	5	4	1	5	0	5	0	0	0	3	43	2.53*
15	0	1	5	5	1	3	5	4	1	1	5	0	5	0	0	0	3	39	2.29*
16	0	1	5	5	1	3	3	4	1	1	2	0	5	0	0	0	2	33	1.94
17	0	1	5	5	5	4	4	4	1	1	4	0	5	0	0	0	2	41	2.18
Totals	0	18	79	78	28	55	69	70	24	20	61	0	85	0	0	0	35	622	2.14

Re-experiencing	
Avoidance	
Arousal	

The top five responses to questions asked by the questions on the survey are marked with a (*). Question 4 and 5 are questions about re-experiencing the trauma. Remembering things from the past and having physical reactions when remembering past traumatic events. Questions 13, 14, 15 are questions that asks the partner/spouse about arousal symptomology.

Summary

The number of returned surveys is 17 (n=17) of 50 surveys that were sent. The ages range from 30-79. With 79.4% of respondents being White, 8% Native American,

5% being Hispanic, and 2% Asian American. Thirty-five percent of the couples participating in the survey have been together for 21-30 years.

Forty-seven percent of the veterans completing the survey were between the ages of 50-59. 94% were male veterans that returned the survey and 6% of female veterans completed the survey. 29.4% of the spouse/partners that completed the survey were between the ages of 70-79.

Ninety-four percent of the veterans that returned met the diagnostic criteria for PTSD. The five highest averages on questions, 80% of the question participants responded with “frequently true” answers, when the subject matter was regarding avoidance symptoms. 20% of the “frequently true” answer was to establish if the veteran increased arousal symptoms.

Twenty-three percent of the spouse/partners had met the diagnostic criteria for PTSD. For the spouse/partner 60% of the top five responses, participants in the survey responded to re-experiencing the trauma. Whereas, 40% responded the highest to questions directly relating to increased arousal.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to determine whether spouses or partners of combat veterans experiencing PTSD exhibit symptomology similar to the combat veteran that is directly related to the veterans' traumatic experience. If so, what are the three most common symptoms?

The problem was first acknowledged when the researcher began completing a practicum at the Vet Center that is located in Phoenix, AZ. The researcher observed many clients that partners/spouses were also exhibiting symptoms of posttraumatic stress disorder. The discovery of similar symptomology between partners brought further questions. Is the partner exhibiting symptoms of the veterans' traumatic event?

The methodology used in this descriptive research consisted of two Likert type scales. These scales were mailed with a self addressed, stamped envelope to prospective participants, allowing three weeks for completion.

When the surveys were returned scoring was completed, according to the scale designers. The assessment or scales used for this research was the Mississippi Scale for Combat-Related PTSD and the PTSD Checklist for PTSD (Civilian and Military).

Results from the research established that 94% of the veterans, and 23% of the spouse/partners who participated in the survey do meet the criteria for PTSD. The

veterans' range of age between 50-59, compiling 47% of respondents are in this age group. Spouses/partners ages ranged from 70-79, that is 29.4% of the participants.

Veterans responded with the highest averages on questions relating to symptoms of avoidance and arousal. Of the five most commonly answered questions 80% of those were relating to symptoms of avoidance. Symptoms of avoidance are as follows: (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma, (2) Efforts to avoid activities, places, people that arouse recollections of the trauma, (3) the inability to recall an important aspect of the trauma, (4) Markedly diminished interest or participation in significant activities, (5) Feeling of detachment or estranged from others, (6) Restricted range of affect (numbing), and (7) a sense of a foreshortened future.

20% of the Veterans responded to symptoms of arousal. Symptoms of increased arousal include: (1) difficulty falling or staying asleep, (2) irritability or outbursts of anger or rage, (3) difficulty concentrating, (4) Hypervigilance and, (5) exaggerated startle response. For the spouse/partner respondents 40% responded to increased arousal symptomology.

60% of the respondent's felt they had been reliving the traumatic experience. For the spouse/partner re-experiencing the event includes: (1) recurrent and intrusive recollections of the event, (2) recurring distressing dreams of the event, (3) acting or feeling as if the event were recurring (reliving the event, illusions, hallucinations, flashbacks), (4) intense psychological distress at exposure to internal or external cues, and (5) physiological reactivity on exposure to internal and external cues that symbolize or resemble an aspect of the trauma.

Conclusions

Although there were very similar symptomology the correlation between individual symptoms were not significant. Similarities in the avoidance symptoms between the veteran and the spouse/partner were substantiated. However, there is a significant difference between arousal and re-experiencing symptomology between the veteran and the spouse/partner.

The researcher acknowledges the possibility that disclosure may have been exaggerated due to the veteran's disability compensation seeking participants. The research may also suggest that exaggeration and the inability or difficulty to disclose sensitive information on the part of the spouse/partner.

The researcher hypothesized those more visible symptoms of avoidance and increased symptoms of arousal would be apparent on the part of the spouse/partner. The avoidance symptomology were apparent, however, the re-experiencing symptoms were more prominent than expected. The arousal symptomology for the spouse/partner was insignificant.

Numerically the veteran does not transfer a significant amount of PTSD symptomology to their spouse or partner. However, the statements from spouse/partner in individual sessions would lead the researcher to believe that this is not accurate.

In completion of the surveys the researcher has found that the higher the score on the Mississippi Scale for combat related PTSD taken by the veteran, the higher the score the spouse had on the PTSD checklist for civilians. The completed surveys show there is significant symptomology a spouse of a combat veteran will exhibit that is directly related to the combat veteran's traumatic event

Recommendations

For further study in this area of combat veterans the researcher recommends targeting a specific era veterans for the surveys. Maybe encouragement for a larger sample ought to be considered.

It is suggested that further assessment among veterans in this particular subject matter may consider designing a different scale for the partner/spouse direction.

Although the PCL-C was validated for the civilian aspect of PTSD questionable results in accordance to military related secondary trauma is different.

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APPENDIX A

SURVEY PACKET

Nikki Woo
1901 E. Meadowbrook Avenue
Phoenix, AZ 85016
October 10, 1999

Dear Fellow Veteran:

My name is Nikki Woo. I am currently an intern counselor at the Vet Center and a Master's Degree candidate attending Ottawa University. I am seeking information to complete a thesis, and I have hope you can assist me. The purpose of my thesis is to identify PTSD symptoms in combat veterans and their spouses or partners.

You can assist me by completing the enclosed questionnaires and returning it to me in the self-addressed, stamped envelope.

Please be assured all surveys returned will be kept confidential. The results of the questionnaires will not effect any disability rating or services offered by the Vet Center or Veterans Administration. Once the information is complied all individual information will be destroyed by shredder. If you would like a copy of the results please return the enclosed insert named "Results Request" in the white self-addressed stamped envelope.

Thank you for your time and patience in completing and returning the enclosed questionnaires. Please return them by March 3, 2000.

Sincerely,

Nikki J. Woo
Counseling Intern

VETERAN'S SURVEY

Veteran's
General Information Questionnaire

**** All information is confidential and will be destroyed when research is completed****

Date of Birth: _____

Sex: Male Female

Ethnicity (✓ the correct box)

- White
- African American
- Hispanic
- Pacific Islander/Hawaiian
- Asian American
- Native American
- Alaskan Native

Branch of Service (✓ Check all that apply)

- U.S. Army
- U.S. Army Air Corps
- U.S. Air Force
- U.S. Navy
- U.S. Marine Corps
- U.S. Coast Guard

Were you ever on active duty? Yes No

Were you a reservist called to active duty? Yes No

Dates of Service: From _____ to _____

Date in War Zone: From _____ to _____ Branch of Service _____
From _____ to _____ Branch of Service _____

Are you service connected for injuries(physical and emotional) suffered during time in a war zone theater or in military service? Yes No

If yes, briefly describe your service connection:

What is your current disability rating: _____%

Are you currently in the process of upgrading your current rating? Yes No

In combat did you witness a traumatic incident or event? If so, please describe.

Are you currently married or cohabiting with someone for at least one year? Yes No

How long have you been married or living together? _____

The Mississippi Scale

Terrence M. Keane, Juesta M. Caddell, & Kathryn L. Taylor
 Psychology Service (116B)
 VA Medical Center
 Boston, Massachusetts 02130
 Copyright 1986

Circle the number that best describes how you feel about each statement

1. Before I entered the military I had more close friends than I have now.

1	2	3	4	5
Not at all True	Slightly True	Somewhat True	Very True	Extremely True

2. I do not feel guilt over things that I did in the military.

1	2	3	4	5
Never True	Rarely True	Sometimes True	Usually True	Always True

3. If someone pushes me too far, I am likely to become violent.

1	2	3	4	5
Very Unlikely	Unlikely	Somewhat Likely	Very Likely	Extremely Likely

4. If something happens that reminds me of the military, I become very distressed and upset.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

5. The people who know me best are afraid of me.

1	2	3	4	5
Never True	Rarely True	Sometimes True	Frequently True	Very Frequently True

6. I am able to get emotionally close to others.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

7. I have nightmares of experiences in the military that really happened.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

8. When I think of some of the things I did in the military, I wish I were dead.

1	2	3	4	5
Never True	Rarely True	Sometimes True	Frequently True	Very Frequently True

9. It seems as if I have no feelings.

1	2	3	4	5
Not at all True	Rarely True	Sometimes True	Frequently True	Very Frequently True

10. Lately, I have felt like killing myself.

1	2	3	4	5
Not at all True	Rarely True	Sometimes True	Frequently True	Very Frequently True

11. I fall asleep, stay asleep and awaken only when the alarm goes off.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

12. I wonder why I am still alive when others died in the military.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

13. Being in certain situations makes me feel as though I am back in the military.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

14. My dreams at night are so real that I awaken in a cold sweat and force myself to stay awake.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

15. I feel like I cannot go on.

1	2	3	4	5
Not at all True	Rarely True	Sometimes True	Very True	Almost Always True

16. I do not laugh or cry at the same things other people do.

1	2	3	4	5
Not at all True	Rarely True	Somewhat True	Very True	Extremely True

17. I still enjoy doing many things that I used to enjoy.

1	2	3	4	5
Never True	Rarely True	Sometimes True	Very True	Always True

18. Daydreams are very real and frightening.

1	2	3	4	5
Never True	Rarely True	Sometimes True	Very True	Very Frequently True

19. I have found it easy to keep a job since my separation from the military.

1	2	3	4	5
Not at all True	Slightly True	Somewhat True	Very True	Extremely True

20. I have trouble concentrating on tasks.

1	2	3	4	5
Never True	Rarely True	Sometimes True	Frequently True	Very Frequently True

21. I have cried for no good reason.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

22. I enjoy the company of others.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

23. I am frightened by my urges.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

24. I fall asleep easily at night.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

25. Unexpected and loud sounds make me jump.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

26. No one understands how I feel, not even my family.

1	2	3	4	5
Not at all True	Rarely True	Somewhat True	Very True	Extremely True

27. I am an easy-going, even-tempered person.

1	2	3	4	5
Never	Rarely	Sometimes	Usually	Very Much So

28. I feel there are certain things that I did in the military that I can never tell anyone, because no one would ever understand.

1	2	3	4	5
Not at all True	Slightly True	Somewhat True	True	Very True

29. There have been times when I used alcohol (or other drugs) to help me sleep or make me forget about things that happened while I was in the service.

1	2	3	4	5
Never	Infrequently	Sometimes	Frequently	Very Frequently

30. I feel comfortable when I am in a crowd.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Always

31. I loose my cool and explode over minor everyday things.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

32. I am afraid to go to sleep at night.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Almost Always

33. I try to stay away from anything that will remind me of things which happened while I was in the military.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Almost Always

34. My memory is as good as it ever was.

1	2	3	4	5
Not at all True	Rarely True	Somewhat True	Usually True	Almost Always True

35. I have a hard time expressing my feelings, even to the people I care about.

1	2	3	4	5
Not at all True	Rarely True	Sometimes True	Frequently True	Almost Always True

Please any answers that apply

Do you:

- | Yes | No | Sometimes | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | have flashbacks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | avoid crowds |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | have difficulty going to sleep |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | have difficulty staying asleep |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | get irritated easily |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | appear to be at a constant state of alertness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | still do things you did before your traumatic experience |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | have hallucinations about your trauma |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | seem to avoid things that remind you of your trauma |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | appear to avoid situations that remind you of your trauma |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | avoid talking to others about your traumatic experience |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | have difficulty remembering important aspects of your trauma |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | isolate yourself from family members |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | jump when they hear loud noises |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | have night sweats |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | have nightmares about your trauma |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | isolate yourself from friends |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | feel detached from others |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | have difficulty concentrating |

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how often you feel these problems and complaints have bothered your spouse, partner, or significant other in the past month.

Question	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
1. Repeated, disturbing memories, or images of a stressful military experience?	1	2	3	4	5
2. Repeated, disturbing dreams of a stressful military experience?	1	2	3	4	5
3. Suddenly or acting or feeling as if a stressful military experience were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of a very stressful military experience?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful military experience?	1	2	3	4	5
6. Avoiding thinking about or talking about a stressful military experience from the past or avoiding having feelings related to it?	1	2	3	4	5
7. Avoiding activities or situations because they remind you of a stressful military experience?	1	2	3	4	5
8. Trouble remembering important parts of a stressful military experience?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feelings as if your future somehow will be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "superalert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

SPOUSE, PARTNER
OR SIGNIFICANT
OTHER
SURVEY

General Information Questionnaire
Spouse, Partner, or Significant Other

**** All information is confidential and will be destroyed when research is completed****

Date of Birth: _____

Sex: Male Female

Ethnicity (✓ the correct box)

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Alaskan Native |
| <input type="checkbox"/> Pacific Islander/Hawaiian | |

Branch of Service (✓ Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> U.S. Army | <input type="checkbox"/> U.S. Navy |
| <input type="checkbox"/> U.S. Army Air Corps | <input type="checkbox"/> U.S. Marine Corps |
| <input type="checkbox"/> U.S. Air Force | <input type="checkbox"/> U.S. Coast Guard |

Were you ever on active duty? Yes No

Were you a reservist called to active duty? Yes No

Dates of Service: From _____ to _____

Date in War Zone: From _____ to _____ Branch of Service _____
From _____ to _____ Branch of Service _____

Are you service connected for injuries(physical and emotional) suffered during time in a war zone theater or in military service? Yes No

If yes, briefly describe your service connection:

What is your current disability rating: _____%

Are you currently in the process of upgrading your current rating? Yes No

Are you currently married or cohabiting with someone for at least one year? Yes No

How long have you been married or living together? _____

Have you ever had a traumatic experience? (examples: car accident, bombing, tornado, abuse, rape etc.) If so, please briefly describe it and include your age at that time. Please continue on the back if more space is needed.

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how often you feel these problems or complaints have bothered you the past month.

Question	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
1. Repeated, disturbing memories, or images of a stressful experience from the past?	1	2	3	4	5
2. Repeated, disturbing dreams of a stressful experience from the past?	1	2	3	4	5
3. Suddenly or acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of a very stressful experience from the past?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
6. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?	1	2	3	4	5
7. Avoiding activities or situations because they remind you of a stressful experience from the past?	1	2	3	4	5
8. Trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feelings as if your future somehow will be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "superalert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how often you feel these problems and complaints have bothered your spouse, partner, or significant other in the past month.

Question	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
1. Repeated, disturbing memories, or images of a stressful military experience?	1	2	3	4	5
2. Repeated, disturbing dreams of a stressful military experience?	1	2	3	4	5
3. Suddenly or acting or feeling as if a stressful military experience were happening again (as if they were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded them of a very stressful military experience?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded them of a stressful military experience?	1	2	3	4	5
6. Avoiding thinking about or talking about a stressful military experience from the past or avoiding having feelings related to it?	1	2	3	4	5
7. Avoiding activities or situations because they remind them of a stressful military experience?	1	2	3	4	5
8. Trouble remembering important parts of a stressful military experience?	1	2	3	4	5
9. Loss of interest in activities that they used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feelings as if their future somehow will be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "superalert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

Results Request

Please complete if you would like the final results when all information is completed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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