WHAT LONG-TERM EFFECTS OCCUR FROM COMBAT DEPLOYMENT IN EFFECTING LATER ADAPTATION TO CIVILIAN LIFE?

by

Corey Waites

Liberty University

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of EdD Community Care and Counseling

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APPROVED BY:

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Abstract

This study shows the effects that combat exposure can have on an individual by compiling information gained from surveys and collecting data from Facebook interactions. Members of the study who were deployed to the Southern area of Baghdad, Iraq, between 2003-2005 were included in this research after they voluntarily responded to an initial group message on Facebook to members of the 703rd medical company members. This research sets out to determine how a review of the veterans of the US Army 3rd Infantry Division 703rd medical unit between the years 2003-2005 in Iraq can tell us about the long-term effects of combat deployment in effecting later adaption to civilian life. The collection of this data was compiled through the administering of the AUDIT, CAGE, DSAT-20, GAD-7, and MDI surveys as well as weekly group meetings through a Facebook group. Findings show that sixteen years after deployment, participating members have been able to maintain employment while some have had other issues consisting of anxiety, depression, and some usage of alcohol reported throughout the study. The study provided information on different causes from combat trauma with ways of improving the outcome of the symptoms before they happen as well as after they occur. The research will hopefully improve treatment for those who served in combat and ultimately for all who experience trauma. The researcher is looking to expose issues with treatment of the diagnosis instead of the individual's issue. Here will be information on what was expected, found, and things that could have been improved on as well as future research to assist in gathering information on the topic of combat PTSD.

Dedication

I would like to dedicate this work to my sister, Karen Perow; may God rest her soul. I love you and wish you were around to share the thrill of God's finished work. Love you, big sis! Also, any members of the armed forces who lost their lives in combat, an accident after returning home, or who have experienced any mental health issues. God rest your souls.

Acknowledgments

First and foremost, I want to give honor, praise, and glory to my Lord and Savior Jesus Christ. Without Him, the idea of this would not even be possible. I would like to thank my wife, Erica Waites, for being in my corner throughout and being the first to try to inspire me to take this journey years before the process began. A big thank you goes to my kids, Josiah, Kaysaan, LeCoreyen, and Maxx Waites for dealing with the times of me having to concentrate on completing this task and setting a standard for them as young men in Christ. Thank you to my parents, Edgar and Hellen Waites for giving me my foundation and supporting me up to this point, and finally, thank you to my church family, Hebron Community Church, for all the love as well as supportive prayers that held me up.

An important thanks goes out to all the members of 703rd that helped shaped me through our deployment as well as the final leg of my degree in gathering the data for this research, Rock of the Marne! A special acknowledgement to the members of US Army 3rd Infantry Division 703rd medical unit who served from 2003-2005 and especially those who participated in this study. MAINTAIN THE LINE!!! Also, thank you to the man the Lord placed in my life to assist in bringing this down the home stretch, my chair, Dr. Al Sarno, who has been a great help as a chair and brother in Christ. God bless you and all that played a role in me getting to this point in my life.

"For I know the thoughts that I think toward you, saith the LORD, thoughts of peace, and not of evil, to give you an expected end."

Jeremiah 29:11

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Acceptance and Commitment Therapy (ACT)

Alcohol and other drug (AOD)

Alcohol Use Disorder (AUD)

Alcohol Use Disorders Identification Test (AUDIT)

Alcoholics Anonymous (AA)

Cognitive behavioral therapy (CBT)

Consolidated Troop Medical Center (CTMC)

Department of Defense (DOD)

Disabled Transition Assistance Program (DTAP)

Disorderly action of the heart (DAH)

Dynamic application security testing (DAST)

Explosive Ordnance Disposal (EOD)

Forward Operation Bases (FOB)

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

Generalized Anxiety Disorder-7 (GAD)

Glutamate and gamma-aminobutyric acid (GABA)

Hamilton Depression Scale (HAM-D)

Hospital Anxiety and Depression scale (HADS-A)

International Classification of Disease (ICD)

Integrated Cognitive behavioral therapy (ICBT)

International Epidemiology to Evaluate AIDS (IeDEA)

Intolerance uncertainty (IU)

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Major Depression Inventory (MDI)

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Neuropeptide Y (NPY)

Operation Enduring Freedom (OEF)

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Physical Therapy Evidence Database (PEDro)

Post-Traumatic Stress Disorder (PTSD)

Prisoner of War (POW)

Service-Connected Disability (SCD)

Substance use disorders (SUD)

Transitional Assistance Management Program (TAMP)

Tolerance of emotional distress (TED)

Treatment as usual (TAU)

Traumatic brain injury (TBI)

Transitional Assistance Program (TAP)

Veteran Affairs (VA)

World Health Organization (WHO)

World Trade Center (WTC)

Chapter One: Introduction

All too often in life, things are overlooked for many different reasons. Sometimes those things need to be exposed and dealt with to start the healing process. As described in The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the basic overview of Post-Traumatic Stress Disorder (PTSD) is persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others. A full diagnosis by a professional would have to review the eight criteria and two specifications. However, many of the symptoms and problems associated with PTSD are also associated with other diagnoses which can cause issues that prevent an individual from being able to make progress in healing

This study shows how many people are living in society productively among us with the daily problems of PTSD without the proper treatment. This will be accomplished by determining how a review of the veterans of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq in 2003-2005, adjust to the long-term effects of combat deployment by finding persistence in maintaining a productive civilian life? Throughout time, the world has had its fair share of wars, attacks or terror, plagues, and a host of events that have shaped it into what it is today. The way each individual lives with that is known as how they cope. While much is reviewed about trauma focusing on certain groups such as military, first responders, childhood traumas, and rape, the research needs to be extended to less communal and more individual areas of consideration. Many who have a cry for help are going unheard, leaving their needs untreated and eventually causing them to self-explode. These events can turn into lifelong trials that can have adverse effects on many aspects of a person’s life. Many times, the trauma can cause other

issues leading to a domino effect when the proper coping mechanisms are not identified. As time goes on, other issues can occur which can take their toll on a person leading to different factors.

In most televisions shows, many of the military, first responders, lawyers, and other prominent figures are often seen having a drink whether it is at a local bar, home, or even pulling a bottle right out of the desk drawer. Many of the characters have success in the shows, which some viewers feed off in hopes it will help them. Often when things are not going well, people turn to alcohol to lower stress, not realizing it is a depressant. Others go further down the drug line from prescription drugs to cocaine and/or other illegal drugs to take the edge of the memories away. Regardless of the manner used to cope with the hurt of the trauma, masking the pain never helps the individual solve the issue. It only fuels the flames that will eventually consume all they are trying to keep together if the appropriate help is not pursued. For some it costs them their careers, families, freedom, and all kind of other things they have worked hard to achieve.

Background

A person can get PTSD from any type of trauma. Most studies are done on military personnel and first responders, but there are other forms of trauma such as child-abuse, rape, domestic violence, and in the upcoming years there will sure to be research released on the acts of terror being performed more often. A person's background, upbringing, beliefs, prior exposures, and branch of service can all play a role in the difficulties one may face before, during, and after a deployment. When an individual joins the military, they bring all they have learned with them to be combined with what will be taught in basic training, and it will be used throughout their military careers. While that training and teaching is good, it is no substitute for

personal, life experiences. Throughout history, there has been a quest to establish a foundation for PTSD symptoms and causes which is the first step to developing treatment.

Historical

There have been a lot of contributions in the development of where we are today in diagnosing and treating PTSD. Many times, the struggles, rejection of opinions, and unfortunately not knowing or understanding what an individual is dealing with symptomatically are extreme setbacks in making progress. From the first signs of human life, there have been stressors and developments on how to deal with PTSD adversities. Over time, there has been more emphasis on diagnosis and treatment of PTSD which would not have been accomplished if it were not for the work done in the past. In each development of the process that has brought us to where we are today, it all began with the work put in by the pioneers in the field from the beginning looking at stressful events with information still being added today with the consent changes in society.

Early History of PTSD

The history goes back to an early mentioning of it by Homer in The Iliad and The Odyssey where soldiers were traumatized due to war. There is also a reference of the character Hotspur in King Henry IV as having post-traumatic neurosis. An Austrian medical provider, Josef Leopold, in 1761 reported that soldiers missed home, felt sad, had problems sleeping, and anxiety, called nostalgia. These symptoms also reflected the symptoms of U.S. Civil War soldiers one hundred years later. Next, in 1813, we see the mentioning of not only a civilian but a child being traumatized known as repetitive dissociative attacks which included reenacting behavior from the invasion of French soldiers in Vilnuis, Lithuania.

Crimean War

During the Crimean War of 1853-1856, British, French, Russians, and other soldiers were recorded as incapacitated due to an irritable heart; although, no physical issues could be found with their hearts. The veterans of this conflict were later determined to have Da Costa Syndrome or Effort syndrome. In 1860, the correlation was made for the first time that the traumatic events can be linked to psychological and physical injury. Again, the recording of an individual not connected to the military being associated with these symptoms was recorded. Here, the difference is there was no related experience as this trauma occurred to those exposed to accidents on the railroad, referred by Fredrick Erichsen as Railroad Spinal Syndrome.

U. S. Civil War

In 1861-1865, the Civil War was fought, and participants were said to have irritable heart. Charles Dickens wrote about witnessing people dying in accidents associated with the railroads in which he referred to as railway shaking. A British military psychiatrist described this as soldier's heart in 1870. In 1871, an Army surgeon from the Civil War, Da Costa, described this as what is known as Functional Neurological Symptom Disorder or Dissociative Conversion Disorder. In 1878, it is termed psychic trauma as it was suggested there is an emotional shock that led to concussion of the brain which was followed in 1879 by the denial of PTSD known as compensation neurosis. In 1882, Névrose Traumatique and Hystérie Traumatique (Traumatic Neurosis and Traumatic Hysteria) was used in France to categorize individuals with symptoms of PTSD. In 1882, a book called Concussion of the Spine was published to enlighten people of the issues of COMBAT PTSD then known as nervous shock. The following year, 1883, led to John Putnam suggesting that the railroad victims essentially suffered from hysterical neuroses (hysteria). In 1885, a surgeon by the name of Henry Page rejects the idea that PTSD is a result of

spinal indicators and developed Nervous Shock and Functional Disorder. 1889 follows with neurasthenia (nervous exhaustion), which is related to symptoms coming on after exposure to a trauma. The Aetiology of Hysteria and Studies on Hysteria in 1896 converts neurasthenia to being known as seduction theory as it involves female victims exposed to child sexual abuse.

Boer War

Britain and South Africa engaged in the Boer War which lasted from 1900-1939. The war produced the diagnosis of disorderly action of the heart (DAH), replacing irritability of the heart. In 1900, a significant number of soldiers were reportedly suffering from PTSD-like symptoms which lead to Anthony Bowlby recognizing the over-diagnosing of rheumatism and notating the lack of mental health disorders. Morgan Fincuane established that those recovering from gunshot wounds have similar characteristics of those with nervous shock leading to the consideration of railway spine. In 1904, DAH is reported to be linked to the troops carrying extremely high volumes of items on huge marches. The year 1905 brings the denial of child sexual abuse with the disliked notion of Freud's seduction theory known as the Oedipus complex. A Swedish psychiatrist, Eduard Stierlin, contributes the added studies of a natural disaster's effect, in part, to lingering PTSD issues in 1911; at which time, he made the argument that traumatic neurosis is not the predilection as the significant factors are caused by violent emotions and fright. However, in 1914, a new introduction to exposure causing PTSD was introduced when French ships exploded leaving rescue personnel to respond to the event.

World War I

The stage takes a different turn as this war involved more participants and created changing factors that will affect the world whether they want to be involved or not. From 1914-1918, the result of this conflict led to the study of combat stress. DAH and neurasthenia were

used to describe symptoms of PTSD which became known as shellshock in 1915 coined by Charles Myers. In 1916-1917, abnormal biological responses were noted to be from shock or trauma but did not seem to be recognized until years later. An issue that arose was the thought that shellshock was a disorder of will that needed to be handled with actions of discipline. German psychiatrists discovered that soldiers in Berlin were having issues with motor and sensory responses without having PTSD, thus they were diagnosed with hysteria as the residing physician determined they have what was thought of as an illness gain. These issues are what we refer to today as functional neurological symptoms. In 1926, the denial of PTSD was increased by a German psychiatrist's claims that traumatic neurosis during war comes from social illness encouraged by the gains of health insurance rewards. This caused the termination of compensation for German veterans. It is also notable that Pavlov introduced the notion of PTSD in animals with the double approach of avoidance of conflicts in trauma, documented when his dogs were trapped in a flooding lab unable to escape. In 1926, Freud recognized traumatic neurosis in conjunction to helpfulness and powerlessness in trauma that is not existent in other stressful events. Although Freud abandoned the idea of his seduction theory, Sandor Ferrenczi continued the aspect of child sexual trauma, regardless of the extreme displeasure of the notion in 1932. Individuals' traumatic experiences during WWI leads to Abram Kardiner, who later publishes The Traumatic Neuroses of War in 1941. He suggested that veterans often stay trapped in the traumatic event which ultimately leads to the creation of the 1908 DSM III PTSD criteria.

World War II

From 1939-1945, a second world war began which continued the lifelong cycle of war which resulted in the categorizing of symptoms we now refer to as PTSD. In 1940, Charles Myers proposed that shellshock was not a term that was out of sorts. He declared that it needed

to be split into the separate categories of shell concussion (now known as Traumatic Brain Injury) and shellshock itself. In the following year, it was suggested that battle neurosis, battle fatigue, combat exhaustion, and shellshock were all common results of specific combat traumas. Traumatic neurosis was believed to be a peacetime disorder. The term, combat exhaustion, became a way to describe the ongoing development of PTSD symptoms including an increase of fear and anxiety caused by mechanized terror, unpredictability, and increased deadliness of weaponry. With an increase in deaths caused by psychological factors, the term, forward psychiatry, is used to categorize the preventative and therapeutic interventions of WWI. By utilizing help from neighbors, comrades, and colleagues to support traumatized troops, forward psychiatry was beneficial in preventing and treating PTSD which led to the group therapy approach used in civilians post conflict. In 1948, a sixth version of the International Classification of Disease (ICD) is developed by the World Health Organization (WHO) as a health diagnosis manual which included a section for mental health for the first time. In this publication, PTSD is referred to as acute situational maladjustment with three variations known as abnormal excitability under minor stress, combat fatigue, and operational fatigue which was based on mental health manuals developed by the American Armed Forces and Veterans Association.

Korean War

During 1950-1953, forward psychiatry was presented once again. It was believed that civilians were also traumatized by the results of WWII not resulting from being a Prisoner of War (POW). In 1952, gross stress reaction was first seen in the DSM-I known as the psychiatric manual. Gross stress is in the transient situational personality disorder. Then a report from the Kinsey Institute, in 1953, reveals 25% of females experience sexual abuse which probably does

not cause the individual any harm. Concentration camp syndrome was introduced in 1954 to declare the speed up of the aging process was due to the physical and not psychological attributes in a person's life. The reported information from the Kinsey Institute was contradicted in 1955 by Weinberg's research on child sexual abuse with no correlation being made to PTSD or mental disorders.

Vietnam War

From 1955-1975, during the Vietnam War, a review of the damage of conflicts was given additional information which did not embrace the concept of having a strong support system. In 1958, a publication of Nazi oppressed victim's exposure to great life-threatening events caused life event-based changes in personality. From this, WHO implemented the Enduring Personality Change After Catastrophic Experiences to the ICD-10 in 1992. In 1960, there were questions of the lifespan of a person who experienced a disastrous event by Harold Wolff regarding increased VA admissions and accidental deaths. Then, 1961 revealed the survivor syndrome—as the person who experienced loss in combat feels guilty on top of the already possible existing PTSD symptoms. In the same year, denial of PTSD comes from the review of accidental neurosis in which it was thought that a person would be malingering to get benefits as they would no longer have symptoms after being granted the reward. The Battered Child Syndrome is published by Dr. Henry Kempe et al. in 1962 to enlighten children's symptoms of PTSD. WHO adds transient situational disturbance to the ICD-8 in 1968 to replace acute situational maladjustment. The DSM-II was initially published in 1968 and changed the name to adjustment reaction of adult life, which is later changed to adjustment disorder. In doing so, the impact of trauma was no longer looked at as a personality disorder. Instead, it was considered that the person would recover over time as the stress decreases, linking it more with acute stress disorder.

Rape Trauma Syndrome

In 1974, movements began to push for research that included Post-Vietnam syndrome, abused child syndrome, and battered women syndrome. The Child Abuse Prevention and Treatment Act was also passed making it a requirement to report child abuse. In 1975, the information of Weinberg's estimated reported cases of child abuse were published in The Comprehensive Textbook of Psychiatry by Kaplan, Freedman, and Sadock. Acute reaction to stress is added to the ICD-9 in 1977. Another first comes in 1978 when Vietnam veteran Charles Figley published his book entitled Stress Disorders Among Vietnam Veterans, which revealed how PTSD affected Vietnam veterans.

Ongoing Development

In the releasing of the DSM-III in 1980, for the first time, PTSD is listed as a separate diagnosis as an anxiety disorder. In 1987, not only was the DSM revised, but its changes included the revising of diagnostic criteria for PTSD. Judith Herman proposed complex PTSD in 1992 to consider the most devastating signs of an individual's extended trauma into three areas not in PTSD known as dissociative identity disorder, borderline personality disorder, and somatization disorder which would later be known as disorder of extreme stress not otherwise specified. The DSM–IV was released in 1992, at which time acute stress disorder was added. Compassion fatigue which was earlier referred to as secondary traumatic stress disorder, while first being recognized in 1970 as burnout, is not considered a diagnosis. The DSM-5 is released with changes that introduced the relocation of PTSD and acute stress disorder to a new section entitled, trauma and stress-related disorder. The DSM-5 also introduced a dissociative subtype for PTSD.

While there have been continued conflicts across the world, more current information is being gathered by the events that have taken place in the Middle East from the Gulf War era that is still current today. The most recent encounters began as an American retaliation to the destruction of the Twin Towers when terrorists crashed planes into the World Trade Center (WTC) with hijacked commercial flights that included two separate attacks—the Pentagon and another unknown target that was unsuccessful. The War on Terrorism which started with the 2001 invasion of Iraq and later included Afghanistan were called Operation Iraqi Freedom (OIF) and then transitioned into Operation Enduring Freedom (OEF) in 2005.

War gives researchable data that is easier to gather information a war on drugs, rival gangs on the streets of a neighborhood, or what a person may consider a warzone that they live in daily. This fact suggests that there are multiple ways a person can get PTSD. The more investigating done, the more it becomes plain to see that the human brain adapts to constant trauma related issues. Over time there have been many theories and types of traumas. Today, the exposure to a trauma is much different than before, which leads to more situations that can make that exposure common in our society today.

Problem Statement

Most studies are done on military personnel and first responders, but there are other topics such as child-abuse, rape, domestic violence, and possibly other categories to be developed from the ever-changing society full of acts of terror performed more often. Many things can be a factor that leads to trauma. A person's background, upbringing, beliefs, prior exposures, and branch of service can all play a role in the difficulties one may face before, during, and after deployment. A huge problem is how to treat and deal with those traumas with so many outstanding variables for everyone. In trying to determine a more common way to treat

trauma, this study looks to see how did the veterans of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq in 2003-2005, adjust to the long-term effects of combat deployment by finding persistence in maintaining a productive civilian life.

When an individual joins the military, they bring all they have learned with them to be combined with what will be taught in basic training, and it will be used throughout their military careers. While that training and teaching is good, it is no substitute for personal, life experiences. Once a person goes through a traumatic event, no matter how the exposure happened, there is a process that the mind goes through. Depending on the person, that process can be to not deal with the situation which can also be catastrophic. There is more experience with the military which has established different elements to provide services for a service member. There needs to be the same type of commitment for the civilian population.

Social

The transition can be more significant for military personnel than a civilian as the trauma can be looked at as one factor while the transitioning phase can be a different matter altogether. While both parties can experience a change of lifestyle, there is another variable in dealing with trauma as well as treatment. While programs are not always utilized or not fully taken advantage off, there are ways to assist in the changes to come after being exposed to an event that can cause trauma. The emphasis has just been honed more on military and abuse.

Military

Some changes have been made for those on active duty since mental health services are now provided for those who seek it. In some cases, they do not have to seek help in cases involving domestic violence or alcohol and/or substance abuse. However, there are still stigmas that prevent many from seeking services—fear of retaliation from a superior in the form of

passed over promotions or increased duties. It is also considered that at some point military service will be completed. Since military services will eventually be complete, the Disabled Transition Assistance Program (DTAP) was formed. This program was developed to replace Transitional Assistance Program (TAP), established in the 1990s by Congress, which mandated that service members undergo a three-day process before separating from their branch of service (U.S. Department of VA, 2016a). However, DTAP does not require the service member to attend the previous process. This transition may be different for various branches, but the intent is to begin the process of becoming a civilian again. If the service member has other issues, such as PTSD, it can add an extra component to an already stressful time. This is even more stressful for those who have not been in any treatment.

Veteran Affairs

President Hoover used the power of the Presidency to sign an executive order in 1930 to establish Veteran Affairs (VA) (U.S. Department of VA, 2017b). It is here that a veteran can continue care for services that were sustained while serving their country. Services are provided to all veterans but are not standard across the board for all. Many veterans are only approved for things that were serious enough for initial treatment and then those issues would have to be determined to continue to cause the veteran issues. Without the diagnosis of PTSD, or a rating high enough to wave the financial obligation, the veteran still does not get the resources needed. There is also an issue of malingers who make the system harder to navigate for those who truly need treatment.

Theoretical Framework

There can be a wide range of problems regarding treatment since many service members have not been diagnosed or have been given the wrong diagnosis. This could have led to

improper treatment in the past which could detour those seeking treatment. It is estimated that over 100,000 veterans who have been in combat are dealing with a mental health illness for which they are seeking help, or they are engaging in some type of substance abuse (AMITA Health, 2015). This does not account for those who did not have direct combat experience— the family members, friends, neighbors, and civilian employees that have also lived the experiences with the veteran.

Trauma is not something that is unique to those who are in a line of work that exposes them to it daily. Personnel, such as military and first responders, are more likely to be subject to an event that can cause trauma. However, they are no more likely to encounter it than an individual who lives in an area of high crime, violent inhabitants in the home, or surrounded by drugs depending on when this exposure started and how it is handled. This can affect the needs of the individual's treatment which can play a significant outcome in the development and recovery process of developing adequate coping skills for the trauma. The longer a person survives with unhealthy coping mechanisms such as drug abuse or avoidance, the harder it will be to implement a better long-term solution, therefore, complicating future needs to include relations of a personal and professional nature which also creates additional issues with moving forward from the trauma. A study of the negative effects of PTSD on successful employment are significant and show that veterans that participate in transitional work have an improvement in their relationships and lifestyles. The results showed an improvement with results of predicted population margins of -3.92, 95% CI [-7.49, -.36]; $p = .03$ for those exposed to transitional work and a predicted population margins of -2.37, 95% CI [-4.74, .00]; $p = .05$ after being removed from the study (Mueller, Wolfe, Neylan, McCaslin, Yehuda, Flory, Kyriakides, Toscano & Davis 2019).

Veteran Affairs

The nature of the veterans' disabilities will determine the services provided. When a veteran applies for Service-Connected Disability (SCD) services, they must show that the condition is related to military service. For many, not seeking treatment while in service does not allow them to provide this evidence. Therefore, many become tired of the process of trying to prove the issues they have and thus continue to struggle without treatment. For veterans who seek treatment solely for financial gain, the benefits of treatment are greatly diminished. These veterans tend to only be treated medicinally instead of being treated to manage and determine their triggers to establish solid coping mechanisms.

Civilian

This can be an issue financially for those who do not have insurance that will cover it and even then, the insurance companies have guidelines that do not always give the patient enough time to gain the skills needed. This service can be for anyone exposed to trauma who are in need or for the veteran that is unable to get the services through the VA. Although the number of visits is limited, there is the opportunity for extended care. Unfortunately, many veterans attend services that go on for years with little to no progress, thus making it difficult to successfully treat an individual in eight to twelve weeks. This estimate does not include family therapy for the transition involving the loss of a family member to war, how the family dynamic may be different or difficult once the service member returns from war, or possibly dealing with no perceived change at all. Many times, the stressors involved in war are like throwing a pebble in a body of water; the ripples can go far with no sign of an end. The bigger the stone or number of stones, the bigger the size and quantity of ripples that occur.

Situation to Self

In dealing with traumatic events, there can be difficulty in determining the extent of the damage an individual may have endured because the threshold of what each person can handle differs from individual to individual. While a person's younger years are developmental years, the brain never stops processing information and often manages the reality of what it has already been exposed to. The brain is a unique piece of equipment that controls the functions of the body and is where thought processes occur.

The decision made to respond to certain stimuli created during these traumatic events are a result of processes that sometimes result in many different coping measures such as fight or flight. When a person is dealing with multiple symptoms, it can be difficult to determine what is creating the biggest problem. Acevedo, Aron, Pospos, and Jessen (2018) performed a study on sensory processing sensitivity which showed symptoms related to PTSD have intersecting conditions that consist of sensitivity to the environment and hyper- or hypo-responsiveness to stimuli. This provides more correlations between the learned behavior, the body's natural defense mechanisms, and a person's ability to continue functioning after certain changes. While an individual may be diagnosed with PTSD, they may be coping with drugs/alcohol, a divorce or a multitude of other factors which may be a greater problem they are facing.

Purpose Statement

The purpose of this phenomenological study is to show how those who suffer from ongoing issues related to combat PTSD are adversely influenced in their ability to continue a successful standard of life. The phenomenological approach in this study is to show how combat PTSD detrimentally effects a person, yet the person can go untreated, still find resilience and experience growth. The occurrence of comorbid PTSD-SUD in treatment happens regardless of

an abundance of clinical interventions and trials (Capone et al., 2018). Capone et al. (2018) utilized research to show a reduction in PTSD symptoms and SUDS over time by using integrated cognitive behavioral therapy (ICBT) along with treatment as usual (TAU).

The phenomenological aspect of this study will focus on the ability of a person to adapt to the exposure of trauma as seen by Bronfenbrenner's phenomenological view of human development. Social science has a diverse amount of disciplines and fields which have been affected by Bronfenbrenner's bioecological theory of human development (Velez-Agosto el at., 2017). The idea is to show how the continuing ability of humans to adapt to exposure to combat trauma just as done over time as Bronfenbrenner's systematic approach of human and social development within children. Bronfenbrenner's emphasis on a child's impact on how they develop and grow provides the same idealistic changes that take place to the mind as we continue to grow and develop. ACT has a philosophical perspective of functional contextualism and the Relational Frame Theory which meshes with this phenomenological approach. Velez-Agosto el at. (2017) reports the theoretical misunderstanding of the predominantly challenging of habits and making new habits at any point in life stands out. This is also true with the cultural misunderstanding of military personnel who experience combat trauma of different kinds, as opposed to any other trauma regarding the ability to adapt and to overcome the variables faced on their own.

Information will be collected from individuals of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq from 2003-2005 to determine the long-term effects from combat deployment in later adapting to civilian life. The individuals were given surveys (Appendix F-I) with no prequalifying diagnosis being required to participate. The only requirement is that they were assigned to the US Army 3rd Infantry Division, 703rd medical unit

and deployed to combat between 2003 and 2005. This study will focus on determining if the participants suffer from depression, anxiety, and substance abuse by gathering information from surveys, self-reported information through conversation as well as a Facebook group of all the participants selected.

There is a transition that takes place with a person that can be life altering, and without proper diagnosis, the process cannot be looked at appropriately. The phenomenology in this study will gather information from veterans that have been coping for 15 years with or without treatment in an effort to adjust to life outside of a warzone. The performance values of human events in livelihood of negotiating through the trauma (Hayes, 2016). ACT will be introduced to the group as a method of coping in a way that shows the participants that they are already using the concept. Hayes (2016) refers to the nature of this concept being engrained in clinical behavior that is used to connect with self amid additional matters, spirituality, and values. With the right exposure, this study can help assist in the acceptance of who is suffering and can suffer from combat PTSD triggering situations increasing the chances for the appropriate treatment. Therefore, the chances of better treatment for all who go through changes related to their trauma will increase. Better diagnostic ability will lead to better treatment which should, in turn, increase the possibly of a person's capability to transition successfully.

This plays an important role in providing better care to those who are exposed to combat trauma. Many of the men and women who serve in such conditions experience things alone, as individuals that they come home to have no way of relating to the experience(s) the person has faced. Many factors can have a direct effect on an individual's ability to adjust to certain circumstances. In triaging the person's matters to develop a plan of treatment, it is important to take care of the issue that is going to increase the chances for improvement. In doing so, the

person can make progress in the most vexing area allowing them to stay focused on the overall purpose of the treatment. Research should focus on providing information if a person will continue to have problems in an affect to determine in the treatment is successful (Kiger and Hamilton 2017).

Significance of the Study

Past acknowledgements of stressors causing stimuli can be present in human life throughout generations with many different pioneers trying to understand the way the mind works. Gathering information to assist in treating any kind of anomaly, whether it be physical or psychological, starts with a good understanding of what is being treated. Therefore, it is important to expand the diversity of to whom and how the determination of PTSD is referred. Many go untreated because of their situations or are misdiagnosed because their situations are not viewed as being one of the underlying criteria. The problem rests with the misconception that victims of PTSD are those who have been in combat, work in a profession such as a police officer or first responder or have been a traumatized child or rape victim. Once the labels that do not pull from the DSM-5 are removed, proper diagnosing and better treatment can be obtained by those who need it.

Research Questions

An important concept of discovering how a person reacts to situations is the ability to assist them with it. PTSD is an ongoing issue that has multiple layers of issues that can accompany the diagnosis. It is one thing to understand a person's crisis and another thing to be able to assist them through it. This research seeks to bridge some of the limitations or overlooked issues that exist with PTSD. With so many different elements that can come from this diagnosis which can affect many people including those not directly involved in the traumatic event.

Increasing the ability to deal with, as well as cope with, the outcome of traumatic exposure, takes more than a mainframe of treatment due to the difference in personalities of each individual person. Therefore, this study will be looking to answer this question: How did the veterans of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq in 2003-2005, adjust to the long-term effects of combat deployment by finding persistence in maintaining a productive civilian life?

Additional Questions

A person suffering from symptoms of PTSD can be limited in many areas which can also affect them in their personal and professional life. The surveys will be used to collect information on different areas each participant may be dealing with. Different outcomes and answers can be determined depending on what the researcher is seeking. Many times, the researcher can discover issues that they are not looking for which can raise the interest of another. Those items are sometimes addressed in the conclusion of the research to increase the chances that the information is explored more in depth. Most research will have some type of aftermath that was not envisioned at the beginning of the research which creates groundbreaking discoveries. Nevertheless, research is normally fueled around a specific area which will be brought out in questions that are aiming to be answered in the attempted research.

1. How do symptoms of combat PTSD cause multiple diagnoses such as anxiety, depression, and the possibility of substance use disorders (SUD), thus increasing the chance of a crucial impact on the victim's ability to maintain daily activities needed to be successful in finding purpose?

    A. How can interaction with others also involved in combat trauma be helpful in decreasing depression, anxiety, and the possibility of SUD?

Employment Effects

Here, the overall inquiry is to determine the effects of PTSD on an individual's ability to gain and maintain employment after experiencing trauma. Through surveys, discussions, and calls, information on various employment impairments will be collected to determine if factors related to combat PTSD have created barriers in employment. A cohort study performed on Vietnam veterans reveals a decrease in employment for veterans experiencing extreme mental health issues associated with PTSD, and chances for those issues are amazingly higher (Murdoch et al., 2017). Such concerns can cause more adversities than the person already has in life. The effects can have setbacks that may or may not be able to be controlled while trying to look for or maintain employment. This can easily increase the chances of other issues such as suicidal ideations, depression that may lead to drug use, reckless behavior like robbery, selling drugs or other illegal means to survive, or a multitude of things that can cause other diagnoses that may not have been an issue if the person could move on from the effects of the traumatic event.

Supportive Effects

Through discussions and conversations, the results of personal interactions will be revealed and provide information on how combat exposure has changed the lives of not only the person, but those around them. Many times, when people spiral out of control, it is due to not having the proper support around them. Often, people shut out those that could be beneficial to helping them in the process of recovery. Wendlandt et al. (2019) reviewed the effects of emotional support for those who are surrogates. It showed that when supportive care and communication is given, the person going through the traumatic event have less PTSD symptoms than those who do not get the appropriate support. Others may choose to narrow their support system by picking who they want to be involved in their experiences. Shutting everyone out is

not a good idea and sometimes not allowing people who can assist in moving forward in the process for whatever reason can be as detrimental as not seeking help at all.

2. How can interaction with others also involved in combat trauma be helpful in decreasing depression, anxiety, and the possibility of SUD?

A. Is the effect increased by SUD?

Substance Abuse Influencing

The surveys have some drug and alcohol specific questions that will allow for some insight into this area. More will be revealed through interactions, as some may be reluctant to answer the survey honestly. Many times, substance abuse is used to cope. The euphoria that one may feel when taking a substance can provide relief from the feelings they are going through. Coping in this way is a scapegoat that allows them to avoid the situation which is still there when the effect of the drug wears off. In another negative addition, it can have an adverse reaction to how the person functions afterward. Depending on the coping mechanism being used, the effects can have an enormous effect on the person's ability to perform daily tasks. This can also create other health issues that only compound an already delicate situation. Most shows on television consist of employees in stressful situations pulling through an event only to have a drink due to the magnitude of the situation. At times the desired drug of choice is of a higher sedative effectiveness. Mediaite-Abrams Media (2019) provides a look into arbitrators who review Facebook content who have, because of reviewing content, been diagnosed with PTSD who reported dealing with what they reviewed by using drugs as well as having sex at work.

3. How can combat PTSD patient's issues with multiple comorbidities that are inflated by symptoms caused by substance abuse issues, influence their ability to gain and maintain suitable employment?

Ways of Coping

Individuals will be introduced to the concept of ACT and given resources to assist them. Videos will be used to introduce the theory with a concept of showing how it is a part of their lives already without the realization of the concept. While having a good support chain is valuable to assisting the person in moving forward, it is also important that there is a good balance in therapy and self-awareness. With a lot of the people involved in studies being military and first responders, it is, at times, beneficial for them to cover up the effects of the trauma to secure employment. Others do not want to be viewed as weak which can cause them to not seek professional help. On rare occasions, there are individuals that will seek help, but at the same time keep it to themselves by covering up part of valuable resources such as the support of those around them. One must realize that the experiences that they are having has an impact on those around them as well as people they have never met, depending on what they are involved in. Take for example, a person who provides a service in a place that was robbed is now suffering with PTSD which creates a decrease in their level of service. Now the person coming in for service or receiving the service produced under the distress is now also affected by the outcome of the trauma. New ways of coping with the events intrinsically may be helpful as others can only support the victim in the recovery. This comparison calls for a continuation of research on PTSD related issues. Williams (2020) discusses ways for a PTSD patient to gain an excessive amount of progress through engaging in treatment accompanied with medication. The reference of this engagement discusses how service members and veterans are not successful in treatment also have little to no input in the treatment provided.

4. How do individuals most commonly cope with exposure to combat trauma, and why are they using this coping method as opposed to seeking mental health assistance?

A. How is SUD being used a way of coping with the combat trauma (to deal with it or a way to forget it)?

Universal Treatment

All involved in the all-too-common trauma inducing events today are impacted by the effects of the changes that occur. Marini el al, (2018) presents different variables such as unpredictability of different aspects that can take place in situations, as well as how they can become a stressor that affects the family in different ways. This brings an alteration in the family's dynamics that can be well developed only to be changed upon the return of the affected individual. It is not realistic to expect things to go back to the way they were. Adjustments do not happen that easy. Many families deal with the changes within the family environment in different ways. When an extra element is added such as PTSD, it changes the atmosphere of the household as well as the coping skills used in the household. Once the additional element is added, the family will need to utilize the resources that are a part of a family's development already. Parents and teachers are noted as being the most valuable assets with adolescents as they have the most interaction with them (Okafor et al., 2016).

Definition of Terms

Active Duty: Members of the U.S. Military Armed that are actively serving in a branch of military service (Ware, 2017).

Civilian: A citizen that is not serving or has not served in a branch of military service (Ware, 2017).

Combat: The conflict between two opponents usually dealing with the armed forces and an enemy (Ware 2017).

Depression: A mental health diagnosis dealing with the feeling of low self-worth, guilt, or a reduction in enjoying life (Zhu and Wang, 2021).

Department of Veteran Affairs: An institution developed to provide services for veterans after service in the U.S. Armed Forces (Ware, 2017).

Disabled Transition Assistance Program (DTAP): A briefing to assist service members with transitioning back into civilian life after military service is complete.

Military: Referring to any or all branches of military services (Ware, 2017).

Operation Enduring Freedom: An operation starting October 7, 2001, designed to dismantle the efforts of the Taliban from assisting al Qaeda's development of training for terrorism in Afghanistan (Ware, 2017).

Operation Iraqi Freedom: On March 20, 2003, American forces led a coalition to invade designed to dethrone Iraq of the dictator Saddam Hussein after an attack on American soil (Ware, 2017).

Post-Traumatic Stress Disorder (PTSD): A mental health disorder that occurs when an individual has experienced or witnessed a trauma of life altering incidents, such as war, accidents, sexual assault, and/or violence.

Service-connected Disability: A disability that occurred or was made worse while on active-duty service (Porter, 2018).

Substance Use Disorders (SUD): A disease that affects the brain of drug addicted individual's behavior that renders their inability to control the desire to react to the impulse of legal and illegal drugs or prescriptions (Back et al., 2019).

Transitional Assistance Program (TAP): The original program from the 1990s Congress started to assist service members with transitioning out of the military into civilian life (Ware, 2017).

Transitioning: A period of moving from one state of being to another. In this writing, it will refer to leaving the military or dealing with the changes after a traumatic experience.

Veteran: Any former service member of the Armed Forces (Ware, 2017).

Summary

Throughout time, there has been a development of criteria for those that have been exposed to traumatic experiences. In that time, there has been considerable consideration to areas of interest such as war, child abuse, and rape. While these areas give the opportunity for lots of research, it narrows the vision of those who provide the services resulting in possible financial issues from insurance to providers that ultimately effects the individuals seeking treatment. This process can affect generations as the outcome of a traumatic event can cause those ripples of throwing a rock in the water which continue to move well after getting out of the sight of the person who throw the rock. Other factors such as the inability to proceed with basic human needs to survive not only affects the person directly but also others that depend on the person whether it be a family member, coworker, or even the employer. A study of twelve sessions of simultaneously involvement of veterans in treatment for PTSD and Alcohol Use Disorder (AUD) displayed those who showed improvement attended more sessions while others dropped out if noticeable improvement was not recognized (Szafranski et al., 2019).

Chapter Two: Literature Review

The literature shows that data has confirmed that PTSD is a real issue that has caused complications in the lives of the individuals suffering from the illness as well as those who close to those who suffer. This literature will show how individuals need to be properly diagnosed so that the proper treatment can be administered. This will be done in determining the answer to, “How did the veterans of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq in 2003-2005, adjust to the long-term effects of combat deployment by finding persistence in maintaining a productive civilian life?

Certain factors that can be caused or amplified by PTSD need to be addressed as well but cannot be addressed as the source of the individual’s diagnosis. It is no different from treating a person for a medical condition without addressing person’s the mental conditions. The normal approach is to consider depression due to a life change, and there is a line that cannot be crossed in misdiagnosing a person who has been in a traumatic event such as a car accident, robbery, or injury due to a violent act. The "too hard basket” has been used to refer to the complications of dealing with the psychosomatic issues involved with substance abuse. While treating the person for substance abuse, the approach neglects the outcome the choice has on the person’s mental well-being (Webber et al., 2016).

There is constant change in how treatment is administered according to guidelines in place, although many studies have been done on limited subject areas that continue to grow. First responders have taken on the persona of military personnel when it comes to treating stress responses from the job. Although there is almost no exploration of social support with PTSD, it is stated to be a vital role in the development, maintenance, and treatment (Back et al., 2016). The fact that social support with PTSD as a vital role is understandable since so much

information is spread and shared through different social media platforms. There are instances that more than one condition can exist which requires the treating person to triage what is most important at the time. In psychological matters, if a patient has a plan and the means for completion of suicide along with suicidal ideation, the suicidal ideation would be the first condition in line for treatment. Prioritizing the needs of the individual is just as important as treating the needs. It has been discovered that this can be an issue due to organizational and structural barriers, access and engagement, treatment and service delivery, and training and resources that result in breaches on reaction to those who have mental health (MH) and alcohol and other drug (AOD) issues (Posselt et al., 2017). This is as vital as having the appropriate treatment and providing the correct information proving that it is not wise to load the wagon before hooking up the horse.

Conceptual Framework

Acceptance and Commitment Therapy (ACT) was founded by Steven Hayes on the psychological intervention model from a philosophical perspective of functional contextualism and the Relational Frame Theory. The functional contextualism provides the behavior principles of human events in support of contextual behavioral science. It is vital to the growth of a person who has experienced trauma to accept what has happened. This is needed to deal with the concept of the trauma. The ability to accept the trauma in breaking down what has happened goes a long way in developing a good treatment plan. That is why ACT will be the focal point involved with the individuals in this study. This theory rooted in clinical behavior and used to assess needs of spirituality, values, and self amid additional matters (Hayes, S., 2016). In the application of ACT, the individual must commit to the change that will need to take place. One cannot focus on changing something that they do not see as a problem. In the individual

discovering different aspects of what is going on within themselves, the person is able to work with a therapist in setting up a plan of treatment. Imagine a person having an issue with alcohol which is a coping mechanism to not think about the traumatic event they have gone through. By ignoring or not facing the issue, a new problem that needs to be addressed. If the individual is treated for alcohol abuse, they still have the issue of the trauma. While both need to be addressed, just treating the obvious problem does not address the overall issue. By doing this it can leave the person in the same or a worse condition.

The aspect of using ACT is to assist the client in determining what can be detrimental to them and helping them develop healthy ways of coping with them as they arise. The population in this study will consist of individuals who through life circumstances have issues that are compounded by a deployment. For some that can move them away from the situation while for others it can cause one. In order for them to face the problem, they must first admit one exist. Something such as a deployment can be looked at as an issue in place of treating the actual issue as the problem. In doing so the root of the person's problem is never treated and new trauma just add to the situation(s) in their life.

One of the most important ways to combat an enemy is to know the enemy you are fighting. In this, one would try to get as much intelligence on the situation as possible to create a plan. This is the theory that is being presented here by knowing the entire playing field. A husband goes to war and comes back difference with a traumatic event of being away from family prolonged to having to kill another human being. When they reunite with family, they are not the same person and treatment may be sought. However, the changes that take place with that person will change the flow of that household like the atmosphere of a room before a fowl order is introduced. Spraying Febreze will only mask the smell with it returning if the source is not

dealt with. Burrell et al. (2016) speak to this through concentrating their study on what brings satisfaction before and after the traumatic event. In doing this, a provider can focus on the differences of the family to assist in the stressors that may be new or compounded due to the results of PTSD. Kritikos et al. (2019) reported that military families having less satisfaction over a deployment. This is a time of trauma for the family unit dealing with lengthy extended times of separation. Parents and teacher are noted as being the most valuable asset with adolescence as they have the most interaction with them (Okafor et al., 2016). Looking at this across the globe can be beneficial in proving the validity of an argument. This study was conducted in Europe where an interesting concept is brought into the equation. The mental status pf depression is reviewed in combination with coping skills as well as social stressors. The transitions put on the military family will increase these issues without the appropriate treatment. Even then it is hard for all dynamics of the family to open up to treatment and this is especially true with adolescents. Other factors are brought to the table such as teachers which gives a springboard for other factors to be considered in further review of needs to maintain healthy military families. Unfortunately, the report does have a lot of factors that cannot be accounted for. Not to mention the different factors that can change from day to day in a teenager's life. Hall (2016) adds to those teaching by acknowledging clergy and the need for information to be provided to them as well as teachers on education of risk factors in behavioral health.

Related Literature

Discovering an issue, admitting what that issue is, and being able to make the correct changes can be, at times, difficult. The involvement of trauma can intensify those burdens that can be compounded by other factors that come with the issues related to PTSD, which can be different for everyone. Many factors can play a role in the person's ability to deal with the

trauma and continue with a productive life after the experience. The framework will be established through the correlation of a PTSD victim's ability to cope with the symptoms. Studies have shown that a decrease in PTSD symptoms and SUD can be achieved when treatments such as cognitive behavioral therapy (CBT) are combined with treatment as usual (TAU) (Capone, 2018). A widely used test called the Major Depression Inventory (MDI) assist many in measuring depression and has been found to be valid, even with the lack of unreliable results gathered which assist the attempt to abuse the diagnosis of depression and cut down the over treatment for it (Nielsen et al., 2017). Aspects of PTSD's effect on those who experience it has a wide range that can be seen when looking at the studies performed on it. Not only does it affect traumatic events that happen in life, but it also involves those who work in high-risk areas other than first responders and military. Symptoms linger for some and causes other medical issues which was determined in the observation of forty Portuguese war veterans with chronic and remitted PTSD (Ferrajão, 2017). The goal was to limit the cost to the veteran's health by increasing coping skills.

It can be assumed that PTSD is a growing epidemic that many times is treated through self-medication. Many untreated incidents that are discovered are associated with military personnel or first responders. Often, there is no difference 1 between the levels of those who are exposed to different events. For example, a medic would have a different experience than an infantry man, just as a 911 operator would have a different encounter than the first police on the scene of a call. This is evident in the results showing 28% of medics reported experience in combat, 62% to injured or dead friendly forces, 38% considered to be in danger, and 23% perceived they would die. Altogether, it shows that 90% of the soldiers involved in psychological stressors have higher depressive disorders than present in medics (Walker et al., 2016). Many

believe that PTSD is a diagnosis only involving a person exposed to combat or similarly engaged lines of work such as police officers. However, a report shows a high percentage of spouses and close relatives of burn victims reveal anxiety, depression, or PTSD-related symptoms in the clinical range with spouses having an elevation in the outcome of the scores than close relatives on symptoms measured. There were noteworthy variances in anxiety symptoms showing that the symptoms of the event can also affect those who were not even directly exposed to the trauma (NewsRX LLC, 2018). On top of all the other stressors that go along with military life for the spouse, they are also located in an even stranger land than another state. The difficulties that come with that can add extra stress on the family and in return cause higher stress levels. A point to review in this type of situation is the effects of a deployment on the spouse as well as the ability to be supportive. The well-being of the family is a precursor for success in transitioning. If the relationship is already damaged, more stress can only make things worse. Focusing of what brings satisfaction to a family before factors that contribute to PTSD occur will assist in restoring the relationship afterwards. More studies can help end this oversight in treatment (Burrell et al. 2016). In a study done on British military a key point was made which helps to improve the outcome that the results from PTSD are not limited to one country or group. Thomas (2018) provides information on the life of military personnel from the positive things for them and their family, to the reality of a lifestyle that is not built around the structure of a family unit. While he focuses on transition from military life to civilian, the change from situations that cause PTSD such as war, also have a transition period. Although the population is small consisting of only two groups, the population involved still provides information that can assist military personnel with transitioning skills. This can help with the adapting process of change that the families go through in the different aspects of change so often experienced by those involved in the process

of military life. Kritikos et al. (2019) reveals couples report being less satisfied over the course of deployment. Many factors can contribute to this, and the lifestyle of the military can compound this. Having the couples list factors contributing, can range from infidelity to the possibility of death that surrounds. Family members either have direct encounters from participation or neighboring unit member. These items that can be gained from such a list would allow researchers to develop better skills for the family by homing in on the stressors that have been experienced. It can also shed a light on the factors that tear the family apart in the attempt to catty out the commitment involved in military service. After all, the author refers to family as the backbone of the military while the view seems to be one of use and replace. Many families go through similar issues with a variety of ways to copes.

O'Neal et al. (2018) present both military and civilians personal in a study that reviewed the quality of social interaction in the community. They will provide information on the aspect of taking a village to raise a kid. In promoting a family atmosphere that expands into the military unit, it is vital that the members are there for one another prior to hard times occurring. This will reveal the support system in place which will be beneficial in getting through the entire process of the transition. While this consisted of 223 families, it leaves out a lot of others than can be looked at in future studies. A report like this can give the type of information to raise curiosity as well as concerns of the opportunities available for those who need it most. Mancini et al. (2020) provides the concept the role played by National Guard and military reserves. They help bridge the gap between civilian and military lifestyles as these two groups are not full-time as active duty are. Just knowing you are going to deploy itself is a transition. While this is another article reviewing different education involving the military families, it gives a different view of a family that has different aspects which includes finances. With an active-duty member, a deployment

increases the income. On the other hand, this takes away the possible income as military pay may not be as high as the person's civilian pay. This can provide useful information as ways to prepare and deal with military life, but also have the withdrawal of location as National Guard is state, and Reserves have multiple units abroad that may not be able to provide the same benefits. Marini et al. (2018) focuses on the daily occurrences for a military family. They present good insight to look at what life is like for such families as one may see military and civilian families as the same with different circumstances. This will allow great information to determine the truths and compare the two. Unfortunately, the population reviewed in a study will also dictate that outcome. One must also take into consideration the things that can cause multiple changes even within the population that is study. Things as individual crisis within the family assets within the dynamics of the family. No matter, information from different service members will allow for a better viewpoint when making the outcome. The review of military personnel after wartime can provide a lot of information about the family's ability to adjust. It also will allow for the same review of a family after a traumatic event.

Zhu and Wang (2021) provide information showing the effectiveness of mind-body interventions having an increased use in the treatment of PTSD. Mind-body exercises are exercises that utilize psychology, behaviors, and the body to focus on the mind through including breathing and physical exercise, meditation, etc. The authors used the Physical Therapy Evidence Database (PEDro) scale in in their study to determine the effects of mind-body interventions on PTSD symptoms consisting of depression and anxiety. The results show that this could have a positive effect on balancing treatment. When a person goes through a traumatic event, they sometimes unwittingly turn to self-medication as a form of coping. This could be a normal thing they do, or it can be denial about the choice of use of medication. However, alcohol

is not illegal, so many times the substance abuse is overlooked. Significantly high quantities of information links exposure to trauma with the abuse of substances which can also disrupt treatment (Peirce et al., 2016). With those involved in a self-medicating situation as such, they revert to what has always worked for them or has helped move them from one situation to the next in life. These coping skills, good or bad, are used by an individual to survive, which is why so many times people relapse to their familiar coping mechanisms. It was shown in a study that veterans with only PTSD have less of a decline than those with PTSD and SUD (Bountress et al., 2018). Noted, two-thirds of this study had SUD prior to the conclusion being drawn that they have PTSD.

Depression is a common diagnosis that accompanies PTSD which can have setbacks in recovery time of treatment when SUD is involved. Many individuals may already have ongoing issues with SUD before being diagnosed with PTSD, and that does not change the fact that one condition can hinder the improvement of the other. Just like PTSD, SUD can involve multiple symptoms that can be combined with catastrophic results for some. A person with a mental health issue is no different than one with a medical condition. With consideration being focused on this, more of an emphasis can be put on properly diagnosing the individual allowing for better treatment.

A common unvisited reality of today's gloomy world are the effects of PTSD. While it is a subject that has been looked at more over the years, it is focused more on the individual suffering from it and not the family as a unit. When a person goes through a trauma, it is unrealistic to think the people around them do not experience the changes as well. This needs to be realized by the person in the situation as well as others involved. When a family member is going through changes, it affects everyone around them. This is the same with physical and

mental illness alike as most physical diagnosis carry an effect on a person's psychological wellbeing. That may make an argument that the impact of the family atmosphere all depends on the mental status of the person who has been diagnosed. Lufkin (2017) uses the aspect of gender assumption being a vital part that should be taken into consideration when creating programs from military families. The research shows that deployment and going away to war more commonly being a reverse role through the information gained, giving a well-rounded evaluation. It is reported that this population is only 5% male so while the participants will not give a high number in the population overall, it allows a different viewpoint. He reports the role of the military spouse as stressful and not just focusing on the difficulty of the service member. The transition a family goes through leading up to the causing factors of PTSD can be felt by the family and are also dealt with by each member. So much focuses on the member that the other factors going on within the household are over looked. This information can open doors of sharing similarities and coping skills for the different genders. Park & Lee (2019) gathered information providing insight on the stress of marital life in conjunction with military life. This helps bridge the gap between the transitions made in civilian and military life. It also shows adjustments that must be made just because of military life. In preparation and planning for deployments, there is always the possibility of the next conflict. Upon reviewing the aspects of military life, it can show aspects not reviewed in other studies such as long unspecified work hours and frequent moving that can result in other conditions that deployments only intensifies. Another factor closely reviewed he is the happiness in the marriage due to these factors which can change the entire dynamics of the family. This will allow one to look at and compare the mental well-being of a military family in its day-to-day life of transitions as well as post deployment. Rowan-Legg (2017) presents the families' identity is made of from other concepts

than just the military and sometimes the stressors of those concepts can be compounded by the military. The author refers to similarities that military and civilian families, while at the same time gives a viewpoint of how different they are. While showing a family in a region is a family, difference is made in the way situations must be dealt with. A Canadian spin is given here which provides a different concept as not only are the families of civilians and military different, but they also are different rules for different countries military standards. The article tells some standards which allows a researcher to obtain information about other regions that may not be accessible to them. It allows for comparison of different factors such as the stressors as well as coping skills from different regional standpoints.

The key to this is looking into creating a program that involves the entire family. Having treatment for only the individual involved in the traumatic event directly is like having surgery to remove only part of the body's cancer cells, there is always a greater chance of the issue reoccurring. One of the biggest limitations of a study that involves a subject matter with stigmas, illegal action, or potential adverse actions of vulnerability can be difficult. The potential for a person to not provide adequate information can be compromised. Also, the different variables that make up a person's life can change the possible outcomes of the desired issues to be identified. There are multiple ways that an individual can be exposed to trauma, which causes the handling of the trauma to be different between individuals as well as the different approaches that affect things like their background. Other factors could consist of different characteristics from their past, family communication, current depression, return to work, history of death of relatives, witnessed the death, length of amnesia, hospitalization, injured situation, and accident severity. While different types of trauma can cause PTSD, it is commonly established that individuals that have combat experience tend to either have PTSD or traits of the diagnosis. It

has been noted that the comorbid circumstances associated with PTSD are noticeable factors that increases the chances of an individual involving injury/illness, somatic symptoms, and sleep problems, which provided a noteworthy role in how to address the situation in during therapy (Armenta et al., 2018).

It is common for certain symptoms and diagnoses to accompany one another. Individuals that have been exposed to an event leading to PTSD are at a higher potential for SUD (Boland et al., 2018). Research is being conducted to connect other factors that may affect the correlation of PTSD and SUD such as glutamate and gamma-aminobutyric acid (GABA) systems (Bountress et al., 2017). It has been established there is a need to review the likeliness that more than one diagnosis can be present. It has also been shown that such studies can increase the symptoms of a diagnosis, which causes the increase of something that could alter results (Lancaster et al., 2019). Many different and constant changes in politics, as well as social climates, have made a shift in the definition of PTSD and SUD. (Kramer et al., 2014). Therefore, there should be a shift in the approach to treatment as well as the research. Many studies have been done on the issue and most have been to the likelihood and not to the treatment or population. In this study, it shows that there are two consistencies of a low and high chance and occurrence of use as well as a high chance with moderate occurrence (López-Castro et al., 2019).

This is also true about the training process as individuals start to learn from the time they are born. The things learned expand from birth with each encounter a person has throughout their life. Life experiences shape whom a person will become, however, the experiences are just as unique as each person who encounters them. This uniqueness provides difficulty in creating a standard of care regarding the outcomes of a person's daily encounters. Unfortunately, the world of mental health is often shaped by insurance requirements, but since no two people are the

same, difficulties arise at determining treatment accessibility. An individual may start treatment which will require unique styles consisting of various techniques which may not always be compatible with the requirements set forward for things such as insurance approval.

Studies

1. Study A: This study draws the much-needed attention to a topic that is needed for progress to achieve a resolution for many veterans that bear an undesirable branding of mental health treatment that goes back to the treatment of those seeking professional assistance while on active duty. Research on integrated cognitive behavioral therapy (ICBT) combined with treatment as usual (TAU) shown that symptoms related to PTSD and SUD decrease over time (Capone et al., 2018).
2. Study B: Results conclude that there is a benefit to having additional information gathered that reproduces the results that affect altered encounters during war that change health outcomes. Factors that can play a role in the severity of the affects to be dealt with due to deployment consist of a person's background, upbringing, beliefs, prior exposures, and branch of service (Porter, 2018).
3. Study C: A study conducted by King-Adams (2009) of 45 participants consisting of fifteen patients with long-term PTSD, fifteen with short-term PTSD and fifteen with no diagnosis of PTSD where their quality-of-life coping resources and level of adjustments were accessed to determine if these areas would show a difference. The results revealed that there were more successful ways to apply available coping resources than those currently used at the time.
4. It has been confirmed that substance use disorder (SUD) has generated high levels of proof in relation to exposure to trauma in relation to interruptions in treatment which

causes the individual to terminate their therapy when it could prove to be favorable (Peirce et al., 2016).

SUD and other symptoms can be associated with PTSD, but there are chances that there are many more factors that can be present. For example, the person can have elevated depression. (Korte et al., 2017). It needs to be realized how many people are living among us with the problems of PTSD daily without the proper treatment in society productively. Many who have an unheard cry for help needs to be investigated just before they self-explode. A person can suffer from PTSD after any number of traumatic exposures, which are becoming more prevalent today. Most studies are performed on military personal and first responders, but there are other forms of trauma such as child-abuse, rape, domestic violence, childhood and adult trauma, trauma in women, and in years to come, there will be research released on the traumatic responses to acts of terror. Data gathered from those studies will be immensely important for future diagnoses. The information gathered from will also show different permutations of trauma response to the same stimuli at varying ages, including responses to the same traumas for a second time. (Morgan-Lopez et al., 2014). Treatments must work with more than just one person to be considered effective. Research allows for the validity of the treatments to be verified. Here, the review of SUD regarding prolonged exposure to PTSD can aid in showing results to determine different types of treatment strategies according to the length of exposure and/or usage (Morrison et al., 2014). When a screening can be used to show the effectiveness of the desired outcome and gather other indicators, it assists in developing more information on the subject matter. When dealing with mental health, there are so many symptoms that can be linked to multiple disorders that if is beneficial to discover other signs. The discovery of multiple diagnoses can shed light on

other issues that need treatment (Parcesepe et al. The International Epidemiology to Evaluate AIDS (IeDEA) Consortium 2018).

The goals in treatment have a relevant difference. This difference is seen more in the harshness of the SUD. Most in treatment for PTSD and SUD are uncertain of the effectiveness and progress of the treatment (Lozano et al., 2015). Studies try to involve the element of criminal actions and violence (López-Castro et al., 2019). This reveals how other factors can be part of a diagnosis, indicating that more needs to be done to make treatment better and more accessible. In some cases, the findings can show there was no evidence that SUD to be a result of PTSD (Leeman et al., 2017). This lends reason to suspect that there may be some need to see if the SUD was caused by the traumatic event, already an issue, or has no link at all.

Correlation between PTSD and SUD is established here with the linking of multiple symptoms. (Maremmani et al., 2018). The symptoms present with both disclose a need to see if one is caused by both or if those symptoms are misconstrued as being with both when they are present due to one. Many different studies have been developed because of the global war on terrorism. The purpose is to show the effects of PTSD in relation to SUD (McDevitt-Murphy et al., 2014). Studying the symptoms involved with PTSD and SUD has uncovered interesting results of what is involved with them. More needs to be done to determine what the results of those symptoms are (McHugh et al., 2017). This study focused on the effects of sleep in PTSD patients. This could help patients suffering from PTSD who exhibit symptoms of sleep disturbance as well as others suffering from the same (McHugh et al., 2014). Another area to review would be those who use SUD to assist in sleeping. Some studies target certain areas such as child abuse as it is linked to PTSD and SUD. A correlation of a type of traumatic trauma is being reviewed for the potential cause of SUD (Mergler et al., 2018). This gives insight to the

idea that something else prior to the event being reviewed in adults is the reason for SUD. While it may be PTSD, it may not be the most current event. This shows the viewpoint of those who seek treatment for PTSD and SUD. The study was conducted to show the desire to seek treatment for the symptoms associated with the diagnosis (Meshberg-Cohen et al., 2017). Many of the symptoms that are associated with the diagnosis cannot be treated without being diagnosed. The key point that can from come this is determining the reasons why treatment is not sought after.

The more a topic is studied and reviewed, the more knowledge that can be gained. Awareness of issues and situations increases the chances of developing an understanding of those problems. SUD is commonly present with PTSD as well as with other mood related illnesses (Khoury et al., 2010). Many different issues can trigger a need or desire for research to be done in a particular area. In Virginia, 33 students and faculty were killed resulting in a study performed on a first responder of over prolonged exposure (Golden et al., 2014). However, each study may focus on areas that may not be beneficial to assisting victims in crisis in another area caused by the involvement or exposure to the traumatic event. King-Adams (2019) conducted a study of 45 participants containing 15 patients with long-term PTSD, 15 with short-term PTSD and 15 with no diagnosis of PTSD where their quality-of-life coping resources and levels of adjustment were accessed to determine if these areas would show a difference. The result reveal that there are more successful ways to apply available coping resources than those currently used at the time.

With so many different conflicts involving the United States, it would be impossible to believe one goes through their day without encountering someone who has not been affected by combat. When a person joins the military, they sign up for a different life than most, and that life

can leave scars most Americans will never experience. Many veterans have difficulty adapting to life after the military, but it is different for those who have been to war. The challenges of such traumas have shown to have sensory processing sensitivity as related to PTSD causing hyper- or hypo-responsiveness to stimuli in certain environment (Acevedo et al., 2018).

Many of the active-duty personnel who have challenges dealing with the symptoms of PTSD have difficulties accepting treatment after going undiagnosed while on active duty, making it tricky to adjust once leaving active duty. Even though there is a growing number of clinical trials underway to expose the issues and develop treatment of comorbid PTSD-SUD, individuals continue to suffer from the challenges involved with treating these issues. Many challenges with treatment with comorbid PTSD-SUD exist despite numerous clinical trials (Capone et al., 2018). The Veteran Affairs website reports this region to be "the second largest VA health care system in the country serving more than 129,000 veterans with 1.4 million outpatient episodes of care in FY 17 (US 2018). Nevertheless, many veterans do not seek treatment due to the stigma that comes with PTSD. Therefore, many do not seek the treatment needed to assist in recovery or coping with the changes that have taken place. Those who fail to cope often turn to self-medicating. The outcome of studies will be different according to the number of traumatic events the participants have been in. The connection of SUD with PTSD is increased by four times in women than those found to have severe, chronic depression with SUD (Aakre et al., 2014). A study shows the effect of healthcare workers over 12 months who were subjected to physical violence, and two of the surveys revealed that PTSD factors were not manifested in half of the workers with coping skills being of the positive nature on a higher level for women than men (Shi et al., 2017).

An issue that is not looked at is active-duty treatment as many veterans who have severe problems are discharged and it is up to them to ensure they get treatment through the VA (Capone et al., 2018). Capone (2018) has provided research using integrated cognitive behavioral therapy (ICBT) combined with treatment as usual (TAU) to show a decrease in PTSD symptoms and SUD over time. While this is a topic that has been given a lot of attention, but as many veterans carry a negative stigma for mental health treatment dating back to their time on active duty, there is no clear-cut treatment. With most of the information gathered about PTSD, it is very important that the range of those exposed is expounded to those exposed to treatment and not just those that are easily identified. Work needs to be done to create more acceptance for such a diagnosis to increase the amount of people willing to open themselves up for treatment, therefore, increasing the chances of better treatment. Porter (2018) provides information to verify the benefits to having additional research to duplicate the effects of different exposures with being in combat on an individual's health. A person's background, upbringing, beliefs, prior exposures, and branch of service can all play a role in the difficulties one may face before, during, and after a deployment.

Adults show to have a higher level of connection with PTSD and SUD than adolescents (Najavits et al., 2015). While this study was limited to females, it gives insight on the attendance and feelings of being in treatment. The information shows levels of how one reacts with different variables such as age and status. Diversity is added in a study that consists of men and women where both can have the same symptoms, and yet, they handle situations differently. Factors of similarity were the variables of having a lower socioeconomic status and being minorities (Najavits & Johnson, 2014). This is an area that SUD is looked at a lot more than PTSD and establishing any type of connection can go a long way in future treatment of minority, low-

income patients. Research that encompasses multiple variables assists in the growth of progress in diagnosis and treatment. Late adolescents to adults in their 30s have change drastically over the years. Here, the population is African American and Puerto Rican of which 60% were female. It gives a diverse range in age and gender. The objective is to show that the appropriate diagnosis needs to be gathered to give proper treatment (Pahl et al., 2020).

Somer et al. (2016) provides information on social workers dealing with the outcome of the growing terrorist violence. They presented subjects consisting of regaining a sense of security needed to move forward, assisting families with pain, and separating the emotions from the services being provided. Compean (2018) looked at Neuropeptide Y (NPY) involvement with PTSD or SUD which revealed a gap in clinical research involving the subjects. This gives information that can provide other sources to issues. This can also raise interest for others to help the spread of information. Davis (2019) suggests that PTSD and SUD should be treated congruently. Patients with PTSD and SUD have issues completing treatment. This remains to be a challenge in successful treatment (Belleau et al., 2017). However, when there is a physical disability that needs attention, a referral can be understood. When treatment only covers part of the problem, it can only address that part of the issue leaving the overall problem of the person unresolved.

PTSD

Walker et al. (2016) discuss the different duties associated with the job of first responders and military personnel as related to having PTSD. For example, a medic would have a different experience than an infantry man, just as a 911 operator would have a different encounter than the first police on the scene of a call. This is evident in the results showing 28% of medics reported experience in combat, 62% of injured or dead friendly forces, 38% considered to be in danger,

and 23% perceived they would die; altogether showing that 90% of the soldiers involved in psychological stressors have higher depressive disorders than present in medics. NewsRX LLC (2018) reports that on “admission, 77% of spouses and 56% of close relatives of burn patients reported anxiety, depression or PTSD-related symptoms in the clinical range. While spouses had higher scores than close relatives on symptom measures, significant differences were only established for anxiety symptoms ($p < .02$).” This shows that not just the person involved directly in a situation can be affected by the event.

Sparrow (2017) reveal issues that can result from PTSD can increase the support of future research in the area. They also contribute to other areas such as families outside of the military. The problems that arise with the stress of military families are reviewed in this article by showing how violence between partners is related to mental health disorders. The information is vital to exposing the need for the educational programs and resources to ensure families are kept intact. While the military personnel has a mission to complete, they also have the right to pursue the dream they are fighting to keep alive. The review of gender specific situations could be looked at in regard to punishment and help. The military is less likely to being harm to an asset they need, just as a husband is less likely to be reveal spousal abuse as the person on the receiving end. PTSD can cause issues with memory and verbal learning (Paulson 2016). Things like this can affect the results and raise the question of the validity of the study in terms of the answers obtained in the research one may do with any one person suffering from a trauma. Testing is different from military than others and reserved for first responders but overlooked for others. Treatment for those with disorders is different from those with PTSD and SUD as they have more severe symptoms and worse results (van Dam et al., 2010). With the symptoms of PTSD causing depression for many, SUD is one of the directions that can create a setback in

treatment. While some may have already had a problem with SUD prior to a PTSD diagnosis, one can still be fuel for the other. There are many symptoms that are involved with PTSD as well as with SUD and they can be combined with catastrophic results for some. Many individuals with PTSD have different symptoms that vary due to the use of varying drugs which makes treatment for one person different from others (Dworkin et al., 2018). The research, knowledge, as well as the review of changes in society need to combine information in developing better resources to treat PTSD and the things that go with it.

SUD

PTSD and SUD have been reviewed through a unitary perspective by looking at the link from testing the severity of heroin addiction, doses of opioid medication, and severity of PTSD in 82 patients under methadone-treated heroin-dependent treatment (Dell'Osso et al., 2014). More studies on alcohol are available since that substance of choice is legal. Many patients do not seek the treatment needed to assist them in recovery or coping. Those who fail to cope often turn to self-medicating. The outcome of studies will be different according to the number of traumatic events the participants have been in. The connection of SUD with PTSD is increased by four times in women than those found to have severe, chronic depression with SUD. (Aakre et al., 2014). It has been uncovered that PTSD and SUD show to be two of the commonly linked issues in veterans. Its findings indicate an increase the quality of care for veterans. Alcohol and drugs were reported to be used to mitigate issues (Back et al., 2014). Veterans are commonly linked by PTSD and SUD according to the results provided in this article. Its findings point towards an increase of the quality of care for veterans. Alcohol and drugs were reported to be used to mitigate issues (Back et al., 2014). When someone goes through a traumatic event there are sometimes other factors that make them more prone to SUD. Often, it could be a preexisting

habit or a way to cope with the trauma itself. Many people like to drown themselves with varying substances to forget the underlining issue. This becomes more of an issue for those who have some type of physical disability (Anderson et al., 2014). It can be helpful to determine variables are present by using instruments to determine what the person is suffering from. Instruments such as the MDI and GAD-7 have been proven to have high reliability with significant results (Chen et al. 2019)

Generalized Anxiety Disorder

The Generalized Anxiety Disorder-7 (GAD) is a scale and question from a questionnaire asking 8 questions about trouble relaxing nervousness, restlessness, being afraid, and a non-scale question of when symptoms began. It was reported by Tong (2018) to be easy to understand and that no questions were left blank on the exam given to patients with a mean age of 29.86 + 11.9 years old. The GAD-7 is used for speedy results in detecting the presence of anxiety disorder in a patient. Tong et al. (2015) reported the GAD-7 to be a valid test for screening and measuring the severity of anxiety in a study resulting in 50 of 213 having anxiety disorder.

Major Depressive Index

The Major Depressive Index (MDI) is used in patients with signs of depression ranging to the level of severity with hopes to improve their symptoms over time. It was originally written in Danish but has since been translated into several languages to include English in the purpose of being used as a diagnostic tool (Christensen et al., 2019). Olsen et al. (2003) utilized the Hamilton Depression Scale (HAM-D) results to determine who would receive the MDI for measuring the validity of the test. It was given to 91 patients which showed the test to be exceptionally valid as it confirmed the scores from the previous testing. The test asks twelve

questions dealing with trouble sleeping at night, feeling very restless, and feeling less self-confident just to give a few.

Treatment

Patients with PTSD and SUD have issues completing treatment. This remains to be a challenge in making success in treatment (Belleau et al., 2017). When red flags are seen, it is a sign that something that a previously seen behavior may repeat itself or needs to be closely reviewed. Adults asking for certain stimulant medications as those used to treat ADHD can present problems with treatment plans (Knopf, 2018). Clinicians are often reluctant to offer combined treatments and will instead make referrals (Nass et al., 2019). This can cause a person to walk away or be discouraged by having to tell the story again. Many are ashamed of the events that have transpired and do not feel comfortable talking to anyone about it. When treatment is sought, a person can overcome the adversities faced with experiencing trauma. While the coping is different for all, there are ways to treat those who need the help. Sometimes, more than just the issue must be treated as other problems arise from things such as self-medicating through drinking and/or drugs. Treatment has been proven to have positive outcomes on military veterans with SUD and PTSD (Back et al., 2019). For many who experience the symptoms of going through a trauma may find it hard to relate to others who have not. Therefore, turning to their normal support chain can be difficult. Often, we see the correlation of PTSD symptoms increasing due to SUD as reported by 35 members of a study involving veterans who were in Iraq or Afghanistan. Of those, 94.3% reported a relationship between the two with 85.3% reporting the increase of symptoms (Back et al., 2014).

The impact of intolerance uncertainty (IU) and low tolerance of emotional distress (TED) have been reviewed as affecting factors of PTSD. Veterans with low TED and high IU may have

less success in treatment. Clinical results are less likely to have a chance with cravings for substance abuse being higher in the clinical environment (Banducci et al., 2016). Making others aware of situations helps things like funding and support to have projects that allow growth in an area. In doing so, the knowledge of triggers from SUD and behavioral patterns can be given the proper responses needed for attaining coping skills (Vrana et al., 2017). These coping skills, good or bad, are used by an individual to survive which is why so many times people go back to what it is they are familiar with doing. It was shown in a study that veterans with PTSD have less of a decline than those with PTSD and SUD (Bountress et al., 2018). Noted, two-thirds of this study had SUD prior to the conclusion being drawn that they have PTSD. Peirce et al. (2016) report that there is extreme amount of evidence relating traumatic exposure to SUD causing a break in treatment resulting in the patient ending treatment when the treatment could be beneficial. With those involved in a situation as such, they do as most people and revert to what has always worked or has helped move them from one situation to the next in life.

Summary

The subject of PTSD and SUD are reviewed, and many different diagnoses can be underlying whether they are directly caused from the original diagnosis or not. It can be preexisting or caused by something totally unrelated. Either way, they are issues that can compound the problem, lead to misdiagnosis, and/or prevent the appropriate treatment from being given. Research will always be needed to continue to expose the different effects that mental health issues can take on an individual. Many factors can pay a role in this, and it is important to make sure the person is being treated according to the seriousness of their diagnosis. Therefore, triaging is important in the treatment which also must have the understanding that the most important item this week may not be the most important tomorrow. Just as patients are

triaged to determine if they can be treated as inpatient or outpatient is done, there is a strategy for making sure the individual are getting the attention needed in the right areas.

Kigerl and Hamilton (2017) report that focus on research that would provide information on if a person who has mental health issues will offend again. This could assist in determining if the treatment the person had was affected. Offenders can be someone suffering from a traumatic experience and creating traumatic experiences for others as they deal with their own issues in a nontherapeutic manner. Scales are used to measure things and for some it determines if they are being successful at what they are doing. Many veterans spend years going through treatment at the VA and walk away as they feel nothing is changing. That very well could be from a misdiagnosis or failure to address what the actual problem is. Screening is used to determine what teachers are teaching, and a study shows that the same was done to determine mental health risk in students. It makes sense to look at the difficulty the student is having learning, treat it, and try to accomplish the goal of teaching. Renshaw (2018) reports that self-reporting issues are combined with a seven-item scale which helps determine the level of mental health.

There is no reason the same type of system cannot be used when treating those who have PTSD and SUD; assisting with the correct or most damaging issues first can assist in dealing with others, therefore, causing fewer setbacks and higher levels of completion in treatment plans. PTSD is a worldwide issue whether people want to admit it or not. It cannot be swept under the rug even though some of the causes are still quite taboo subjects. Not receiving the proper treatment creates a societal lack of productivity, an unprosperous life, or even worse, a menace to society. It is stated that a public health crisis is deemed when a disease “is widespread, creates suffering and loss of function in affected populations, has an impact on wider society (i.e., cost of health services, loss of manpower, loss of productivity and economic performance), and is

preventable, with effective treatments available". According to the recent reports involving twenty-four countries and 68,894 adults, about 70% reported having a traumatic experience (Caska-Wallace et al., 2019). This is from self-report and does not include everyone in the country. The lack of attention given to those dealing with issues is causing a pandemic that creates other issues such as SUD, depression, anxiety, and a host of other possible things that can spread through a home, community, and more.

Chapter Three: Method

This chapter will set out to explain the method that will be used to obtain the information in the research. The purpose of the study is to add facts to the information providing that PTSD is an ongoing issue in the world by seeking to determine, "how did the veterans of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq in 2003-2005, adjust to the long-term effects of combat deployment by finding persistence in maintaining a productive civilian life?" through a qualitative study. Facebook Messenger will be used to connect with members of the US Army 3rd Infantry Division, 703rd medical unit who deployed to Iraq from 2003-2005. Multiple surveys will be used to determine different changes they have encountered since deployment such as depression, anxiety, and substance abuse. There will also be weekly discussion sessions over Facebook Messenger set up for the members who have consented to participate in the study. The members will be introduced to ACT through video to expose them to a new concept in a comfortable way through interpretation of a concept that portrays making little change.

PTSD is an issue that has been going on since the beginning of time. In the past, it has not always been referred to as PTSD, and still, in current times it was not acknowledged as an issue people had. When PTSD began to be viewed as an issue, there were limitations on whom would be diagnosed. These limitations provided a hindrance in the studies performed and who would be considered for the diagnosis. The inability to review other options delays and even prevents the chance for the research to grow. This study attempts to gather similar information from participants that represent a variety of subjects to establish a well-rounded approach to treatment for all types of PTSD victims as well as those involved in the individual's treatment. This is to be accomplished not only by allowing the person to see for themselves what types of

things they have been dealing with, but also encouraging their acceptance. The acceptance is not just to accept the issues, but to also accept the change by committing to treatment.

Design

The theory that will be placed into play in this research is ACT. In theory, a person cannot deal with a situation that they have not accepted. Denial is not often explored or talked about in recovery of PTSD. However, many deny having the diagnosis for various reasons to avoid seeking treatment. Those who are forced to enter treatment have a decreased chance of success because they do not wish to participate in the first place. ACT is an empirically based psychological intervention in which the goal acceptance and commitment to the changes required. This approach allows the patient to have some ownership in their treatment not only during treatment, but also in the planning stages. Wharton et al. (2019) report a decrease of symptoms of PTSD in veterans that are in the ACT involved treatment group, as well as individual reductions in PTSD symptoms for ACT intervention and a deviation in overpowering thoughts, mindfulness, and psychological tractability.

In theory, the approach will demonstrate ways that can assist an individual by combining all forms of research since the concept of the theory is to emphasize the individual and not situation. The participant will focus on what they can control within the commitment being made. Each of them will be taking a journey together at different paces at the same time to work within themselves. The design can work differently with different participants but has the same concept for all of them. Materials used in the study will be items that will allow the participant to see their programs and whether they find the material to be a useful measuring tool after participating in the study. The idea is to allow the participant to see how to continuously work through the issues that prevents their productivity. With PTSD, having so many different

possible effects on the individual depends on the stressor at the time to what treatment should be utilized.

Application

The uniqueness of ACT is that it allows the individual to look at their situation and accept it for what it is. Then, in developing a reasonable road of recovery, the person will begin to cope by committing to the desired outcome. In applying ACT across a study of veterans, a significant difference occurs in the pre and post testing results for symptoms presented (Wharton et al., 2019). Testing materials will be administered to determine a baseline for the individual's anxiety, depression, and alcohol and/or drug usage. Measures will be taken to assist the participant in an individual and group setting situation of the ACT concept. Each person will complete their own treatment practically in a self-treatment environment to determine their ability to continue to progress in their daily activities. Many of the concepts of ACT are used in natural behaviors which will be reviewed with the participants while focusing on control and acceptance of their situation. Hermann et al. (2016) have shown that ACT has proven useful in PTSD/SUD treatment of veterans who struggled with this comorbidity.

Gathering information

The information will be self-reported. The importance of the participant being truthful will play a role in the outcome of the study as well as securing the acceptance in place. The person's ability to accept what is going on is very important to their ability to progress with ACT. Provided assessments will assist the person by offering information which can be used in ongoing therapy or assist them in finding the assistance they need. The acceptance of their situation and their commitment to change can increase the chances of the participant understanding that there is a problem, and they can overcome it. The primary goal is to aid with

treatment, not just to gather information. The collective information is a way to assist others in finding the help they need to cope. At the same time, the research will also help provide crucial information in the treatment of others.

Central Research Question

The information gathered through the findings of this study is to determine how did the veterans of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq in 2003-2005, adjust to the long-term effects of combat deployment by finding persistence in maintaining a productive civilian life?

Additional Questions

The following additional research questions were designed to address the participants' ability to adjust to the psychological and physical changes that accompanies the transition from combat to civilian life.

RQ1: How do symptoms of combat PTSD cause multiple diagnoses such as anxiety, depression, and the possibility of substance use disorders (SUD), thus increasing the chance of a crucial impact on the victim's ability to maintain daily activities needed to be successful in finding purpose?

A. How can interaction with others also involved in combat trauma be helpful in decreasing depression, anxiety, and the possibility of SUD?

RQ2: How can interaction with others also involved in combat trauma be helpful in decreasing depression, anxiety, and the possibility of SUD?

A. Is the effect increased by SUD?

RQ3: How can combat PTSD patient's issues with multiple comorbidities that are inflated by symptoms caused by substance abuse issues, influence their ability to gain and maintain suitable employment?

RQ4: How do individuals most commonly cope with exposure to combat trauma, and why are they using this coping method as opposed to seeking mental health assistance?

B. How is SUD being used a way of coping with the combat trauma (to deal with it or a way to forget it)?

Settings

The entire study will be done online with a Facebook weekly chat group to allow everyone to comment as their schedule allows. Since each member is already a Facebook member, interaction will be setup there. By having a form, the members to comment they have time instead of trying to get everyone into a Zoom meeting with possible conflicting schedules. Information provided will also be documented and accessible to all the participants at any time. The researcher will create the group which will consist of each member that provided a consent form. At the beginning of each week, the facilitator will present a conversation based on the answer of the given surveys.

Participants

Individuals participating in this study will consist of Army personnel who served 703rd Forward Support Battalion members, which provides support to 3rd Infantry Division, based out of Fort Stewart, GA. The unit that will be targeted were in a medical company that deployed to Baghdad, Iraq, in 2003-2005. Some of those members returned from deployment, from less than livable living conditions as the campaign first began when during the 2005 push things started to transition into a peace-keeping mission. Some members of the study are now civilians and others

are still active duty. The company consisted of medics, doctors, physical therapy, dental, preventive medicine, personal, and mental health. Different duties were performed by all, as the saying in the Army is that you are a solider first. The medics were divided into two teams: treatment and ambulance. Treatment consisted of running the Consolidated Troop Medical Center (CTMC), while ambulance assisted in missions. While the Infantry units have their own assigned medics, some units such as National Guard and Navy Explosive Ordnance Disposal (EOD) did not have assigned medics. In this group, the study will be able to apply the effects of PTSD on an active-duty member, a civilian and a veteran since some fit the criteria for all three prior trauma exposures before joining the military, their experiences in Iraq, and some have already separated from service.

Variables and Similarities

As with many circumstances in life, no situation is always the same for anyone or are two different people in the same situation at the same time. This study will be random so there will not be any required factors to qualify for the study as members of the 703rd unit are friends on a Facebook page already. A message to the members will be sent for each to respond privately if they would like to participate. The elements of the research are not designed to determine the factors that can create differences in reactions to possible trauma. After spending a year in Iraq and possibly being on more than one deployment, there could be a very long list of things that change the participant's outcome from the job they held to what they experienced.

The information obtained in this study will not control variables but gather information from individuals exposed to trauma. The idea is to review the different coping methods to assist in providing a better therapy for others who may struggle with getting past the effects of trauma by targeting a group of individuals who will have a more well-rounded area of approach as most

studies target only those who faced the actual combat. The group of soldiers in this study dealt with the outcome of the fighting that took place during deployment which helps provide information from the viewpoint of military and first responders. The uniqueness of the individuals within the unit is a great way of gaining information that will be representative of others who experience trauma.

Procedures

The first step in the process will be to determine the participants. The study will be a qualitative study in which several surveys will be given prior to engaging in the different aspects designed to gain further information. Then everyone will have the results of their provided information as it will be an online scoring system. Most of the questionnaires can be found on https://qxmd.com/calculate which not only has the questions on the site, but also allows the participant to see the results as soon as they finish. This allows them to see the results as soon as they complete it. The testing site also has information about the test and references that can provide additional information about the subject to allow further exploration into the outcome of the reviewed situation.

In doing this, information is provided to the person without placing a label on them. There is no evidence to say that they suffer from anything being tested, but it does provide resourceful information without having to seek for it. The information will be the first step in making transitioning into acceptance of the issues that may have been masked or possibly not handled. For those who may have been diagnosed or received treatment, this allows them to add to the multiple ways of coping since the next day may a different approach to coping. To not open wounds, the individuals will be in a group that they can use to lean on one another for help. This will allow them to express things that the others may also be going through in a noninvasive

approach to their privacy. It also puts them in touch with people they know, who may have also been a part of the trauma if nothing more than being with them during the time of deployment.

Video

After completing the questionnaires, each person will be asked to watch the following video: https://www.youtube.com/watch?v=Z29ptSuoWRc. The video is just under five minutes long and titled Passengers on a Bus—an Acceptance & Commitment Therapy (ACT) Metaphor. This is a short, animated video about a bus driver named Tom who is going on a route that never changes while dealing with the same reoccurring emotions during the process. It will give the individual identifiable situations and emotions. This video will be used to prime the participants with the possibility of taking ownership of the things they experienced and deciding to take control of them. As the bus starts on the journey, it begins to change names—identifying with the person making changes and how they handle situations. This will be the first step in encouraging the participants to engage in the concept of accepting things that they may be dealing with.

Exercises

Next, the participants will self-analyze the benefits of accepting and controlling changes in life. They will be encouraged to take notes on how they believe they could utilize the model. While going through this process, they will have the option to interact with each other, as they are already friends on Facebook. This a private group for the participants to be able to reconnect and assist one another in building a part of their support chain that they may no longer be using as military life can cause people to drift apart due to reassignments or moving on with life after service is complete. The things they will be looking for, within the process, will be to answer the following:

1. Do you see helpful concepts and/or restraints on your life caused by your mind?

2. How could this be usual to you?
3. How would you implicate ACT into your daily life?

Facebook

Facebook permits individuals to come together again under circumstances that will allow them to share thoughts that could help one another process moments that have been suppressed or managed in a nontherapeutic manner. In the military, they considered each other family, and it may be easier for them to reconnect than to require a visit to the local VA to sit in a room of strangers. The first concept to review is an evaluation of Tom's management of the characters on the bus and to replace that management with their own. There are options of using FaceTime to reconnect or dropping a post for the group members to address. While this is optional, if beneficial, the facilitator will ask for personal answers to be complied and entered for feedback from the group with no identifying information. Everyone will be asked to review a posting on YouTube providing information on ACT and explaining how it can be used as a tool. The idea is to demonstrate to them that the concept is something that they probably have been using for some time, if not their entire lives. All they need to do is apply the concept to other factors in their lives.

Review

This process will go on for one month before individuals retake the questionnaires to determine if any change has come from the established process. Information from the replies will also be gathered to review if the person is utilizing the ideas of the theory. It is suspected that much can be gained from the self-reported information. While the results of the questionnaires may not be different, it is fair to say that any changes in anxiety could be from other reasons other than the variables added by the research. This is another reason why the factors from the

self-reporting and interactions will be play a huge role in assisting with what influences may have an effect. The idea is to set the participants up with some support as well as self-actualizing ways of treatment to allow them to work towards a goal they have set themselves. This is where the commitment comes into play which can be a task taken on by more than just the individual as they can hold one another accountable for the commitment they have made. Just as military personnel look out for one another and support each other, this will be designed to bring out the positive factors gained from the military to be used in moving in a positive direction to deal with the trauma.

Each participant will take questionnaires to help determine certain problems that exist with individuals that have PTSD. While they may not have those symptoms, they could have been dealing or dealt with them already. Their information will be helpful to others and assist in the development of others in similar situations get the help they need. Different screening instruments will be used to address the areas of interest in this study which are anxiety, depression, and SUD as related to PTSD to determine if there is a correlation in the person's ability to maintain a successful like after exposure to trauma. Each questionnaire will be used in a manner to show the individual what is going on with them according to the answers they provide to the testing instrument. It is a way of making them aware of the symptoms and illnesses they have been living with to get them prepared for the suggested change through the coping skills being used in this study.

While using the videos to provide information on ACT and an example of how the theory can be implemented into their own personal lives, the questionnaires will be used to determine if they suffer from anxiety, depression, or drug abuse. In doing so, the results from the questionnaires will assist them in acknowledging if they have any symptoms they may not be

aware of as long as they answer the questions truthfully. This information will be useful in helping the person to accept the things that they have reported to embrace the concept of the theory being presented to the participants.

Data Collection

The data will be collected using surveys and interaction in an online group session. The questionnaires used in this study were chosen to determine the quality of life for the participants are having. The forum will be used to gather information not addressed on the forms as well as allow them to support one another. The use of online surveys that scores the assessment will allow each participant to immediately get their results with the instructions on how to understand the results. This allows them to utilize the information with any professional they may be seeing or may decide to seek treatment from after participating in this study.

Questionnaires

The first resource is where most of the questionnaires used will be found. The site is https://qxmd.com/calculate. It has apps that can be downloaded and allows a person to take a questionnaire and scores it with the click of the button as soon as they complete it. There is no fee or account needed to pull up a test, take it, or view the scores. The site has a search engine of multiple testing materials. While the site is being used as a tool to access and score the chosen questionnaires, it has many other resources that can be used in future studies as well. This will greatly assist the individual in instantly knowing the outcome of the test taken and has the following link to read the information: https://read.qxmd.com/. To use the read portion of the site, a login is needed which is also a free sign up. Other things are available such as articles and papers on other resources that can assist a person with getting familiar with the results provided by the tools the site provides.

GAD

The GAD-7 Anxiety Scale is a questionnaire consist of seven questions used to determine severity of generalized anxiety disorder. It is a useful tool consisting of seven questions with a four-point Likert scale ranging from 0-3 that is sensitive to change and used to monitor the severity of symptoms. This screening tool has been used under different circumstances which provides the evidence of its usefulness. While it has not been accepted as tool of use in China for prenatal anxiety, it was used in a prenatal study. Gong et al. (2021) used it with the Hospital Anxiety and Depression scale (HADS-A) to collect evidence from 140 pregnant women to test the validity of the screening. The results did provide a finding that the test is acceptable and noted similar results from a Canadian study. Clover et al. (2020) also used the GAD-7 in testing oncology patients in which they report the tool to be used to have a different approach in how other tools measure anxiety with the suggested one here falling in the acceptable range. Therefore, the shortness of the questionnaire along with the ability to determine how severe the anxiety is at the time of testing makes it an excellent choice for this study. Chen et al. (2019) reports the instrument to have high internal reliability and good criterion, construct, factorial, and procedural validity. https://qxmd.com/calculate/calculator_317/gad-7-anxiety-scale

MDI

The Major Depression Inventory (MDI) is a 12-question scale used to gain self-reported information about the person's mood. It collects information on the severity of symptoms in clinical depression. It was developed by Professor Per Bech, a psychiatrist based at Frederiksborg General Hospital in Denmark working with the World Health Organization (WHO). A great benefit of this tool is that it is free and has been proven to be useful and easy to administer as well as score. Like the GAD-7, the MDI is not valid in Chinese language, but was

used to screen for depression in a study created to test the reliability of a Chinese developed version of the assessment in patients with acute myocardial infarction. In this study, the MDI was given with the GAD-7 in which it was established that the reliability was high, and structure was valid (Chen et al., 2019). Other studies have been performed on different patients from various conditions to test if they suffer from depression. Christensen et al. (2019) refer to it as a widely used instrument in general practice for screening, diagnosis, and monitoring of depression that has been proven to be valid tool in determining depression amid adult partakers. https://qxmd.com/calculate/calculator_542/major-depression-inventory-mdi

CAGE

The CAGE Questionnaire is a 1968 development created at North Carolina Memorial Hospital that consist of four questions used for screening patients that appear to have a drinking problem. It was developed by performing a study of 130 patients randomly selected for a thorough review that was used to develop the four questions of what became a commonly used screening tool. The name is made up of an acronym of the questions derived from the words Cut, Annoyed, Guilt and Eye-opener. The answers consist of a yes or no response which allows a quick turnaround for results. While it is used to screen alcohol and drinking problems, it is also looked at as a concern for those who report having an eye-opener which could result as scoring a one if that is the only yes. It must be considered that most people taking this questionnaire will not feel that they have any issues. Another factor with the population in this study is that the guilt they feel may not be associated with their drinking. However, if it is, they could be having elevated feelings of guilt due to multiple sources of guilt.

This instrument will be used to assist in opening the individual's insight into the possibility of a drinking problem. Since many people drink and it is legal to do so for those over

21 years of age, it is commonly not looked at as something that is an issue. In a study done on burn survivors misusing alcohol, it was determined that the participants had misuse over several years by using the results gained using the CAGE (Grant et al., 2020). Dezman et al. (2018) used the assessment to identify non-alcohol substance abuse disorders in 1,115 adult patients exposed to trauma, leading to the determination that the tool is a good to excellent implement. This not only shows relevance in the tools ability to address issues with alcohol related problems but also illegal drugs. The study provides excellent information in how this can be used for more than just one type of finding. Vissoci et al. (2018) combine the CAGE and AUDIT in a study of Tanzanian adults derived from a registry of TBI victims to analyze validity and reliability. While the instruments were determined to be useful in the study, both are being used since the CAGE is brief and lacks any questions addressing quantifiable importance of functional deficiency or anguish.

https://qxmd.com/calculate/calculator_481/cage-questionnaire

AUDIT

AUDIT stands for Alcohol Use Disorders Identification Test (AUDIT) consist of ten questions addressing alcohol abuse and dependency. Developed in 1989 for screening patients for harmful and hazardous alcohol consumption established from a six-country WHO joint venture. Norway, Australia, Kenya, Bulgaria, Mexico, and the United States of America all took place in the two-decade long process of establishing the validity of the screening. It is also used to diagnosis alcoholism which will make it a good tool to use in conjunction with the CAGE. Both will be administered at the same time as to not cause any suspension to the participant and establish each get the same testing. Vissoci, et al. (2018) provide evidence that both tests work well together with proven acceptable tools for medical and social research environments. The

AUDIT goes into more than just screenings like the previous questionnaires as it is also structured for diagnosis. Verhoog, Dopmeijer et al. (2020) refer to the AUDIT as the gold standard for determining alcohol abuse in adults who engage in hazardous drinking. This study performed a health survey on 5,401 college students to determine its validity on that population which revealed twenty percent of them were either hazardous or harmful drinkers increasing the validity of the assessment. Another review of the test where descriptive statistics, internal consistency, confirmatory, and exploratory factor analyses are used to determine the frequency of alcohol use, reliability, and construct validity. It was determined to be an excellent tool to use (Noorbakhsh et al., 2018). While this study is not aiming to diagnose an individual, the use of this questionnaire will be a good tool to assist the individual in understanding the possibility of unhealthy coping skills and their negative effects.

https://qxmd.com/calculate/calculator_474/alcohol-use-disorders-identification-test-audit

Drug Use Questionnaire (DAST-20)

DAST stands for Dynamic application security testing (DAST) and has variations of 10 or 20 yes or no questions with a simple calculation and interpretation guide. Since this screening is the main questionnaire being used for illegal drug use, the lengthier of the two is being used. This screening does not include alcoholic beverages over the last twelve months of potential drug involvement. It will assist in adding needed information to determine the use of drugs to review the possibility of SUDS. Liao et al. (2017) conducted a study on adolescents using the test to determine reliability and validity while trying to determine the level of drug use. It was determined that the test has a high construct validity and reliability which helps establish the use for the instrument. Rivera-Perez (2019) used the instrument to report in his study that both positive and negative associations existed within different tools leading to alcohol and substance

abuse being measured with separate instrument. This is another reason why the DAST-20 is added as one of the instruments used. https://odh.ohio.gov/wps/wcm/connect/gov/db243c91-5fcc-4b6e-b421-2ff8d64b30b7/Substance+Abuse+Screen+%28DAST-20%29.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-db243c91-5fcc-4b6e-b421-2ff8d64b30b7-n5rNH7M

Pros and cons

The first thing to mention is the con of having so many different screenings. A pro is that they are not lengthy or very time consuming. The answers given are short and easily scored. The individual has instant results at the time of completion that are easy to understand. The con of instant gratification is the potential adverse effect the participant may have to discovering their illness. It is also an issue that self-reporting tools rely on the honesty of the answers provided. The questionnaires will be the way of setting the baseline and reused to show improvement. If the person is in denial of the possibility of having any of the existing issues, or have not been in treatment, it will not be a good thing for them.

The multitude of variables that can play a factor in the person's lifestyle before, during, and after deployment can play a role in the outcome of their responses. As with anything, there is a risk when asking for someone to be vulnerable. There is even more of a risk of not getting truthful information from a person who is admitting to something unlawful. The ability of the person to be honest and seek improvement in their daily activities will play a big role in whether any of the information will be beneficial to them. The hope is that the participants will see the study as a chance to reflect on themselves with the opportunity to make developments for the better.

In the presented situation, the biggest absence is the ability to control the flow and outcome of the study. While honesty is hoped for, it is not guaranteed. Another issue that cannot be controlled is having individuals that will complete the entire study. Some may have good intentions but decide to not complete for whatever reason. Others may have difficulty discussing the negative aspects of their findings which could negate the benefit of the study. The goal is for participants to discover the positives and negatives about themselves.

Dependability and Confirmability

Many different things can affect the response to trauma from the event itself to the person's ability to cope with different situations. In combat, the preparation for events is taken into consideration, but it is always different for everyone. Some of the same circumstances involved in the military atmosphere are like civilian life. Some people live in what is perceived to be a war zone in their community, while each person has a personal war raging inside of them each day. With possible symptoms ranging from nightmares or unwanted memories of the trauma, avoidance of situations that bring back memories of the trauma, heightened reactions, and/or anxiety to depressed mood, there could be many ways a person's psyche could respond. Then there are the differences in how men and women not only handle things differently, but also the differences in their physical reactions. Some of this comes from gender-specific expectations and learned behaviors.

Controlling the variables involved in treating a victim of a traumatic event are complicated considering the variables of the situation and preexisting issues are different for most. A person's experience of the event is not the same as the next, and the elements that have shaped them are different even if they have similar circumstances; for siblings that grew up

together, the chances that everything in the decisions they make are the same. Those conditions play a big role in how they will react to the trauma as well as how they will cope with it.

Summary

The overall idea for the study is to be an eye-opener for the individuals involved. A big concern will be to make sure that each of the participants are able to navigate through the intended goals of the study. It must be understood that the participants are not being gathered because they have issues but are being screened to see if they exist. The common factor for each of them will be the unit they were in, and all will have been deployed at least once serving in Iraq at the same time. Although they all may have had different jobs or performed different duties within the same job, each will bring a different set of variables to the evaluation.

The different variables will assist in making the study a well-rounded and diverse population involved. The factors will be unknown as the participants are solely voluntary with the only prequalifying factor being that they are members who served in the 703rd Forward Support Battalion medical unit who supplied support to the 3rd Infantry Division in South Baghdad, Iraq in 2005. Each member is certain to be from a different background and at least three or more different types of assignments will be represented. Just by the nature of the unit's make-up, there will be representatives of different types of individuals which represent more than one type of population.

The situation that each one of them has experienced in life rather it be prior to, during, or after deployment can take a toll on how the study can help them as well as the effectiveness in making a change for others. As service members, they made a difference in the lives of many, and now they have the chance to do the same thing again. If understood, they may even gain a sense of pride that makes them want to continue with treatments after the research part of the

study is over. With all the different categories that each person has, additional studies can be done as well as other information gathered through other questionnaires or one developed for the population targeted. Since the information determined to be gained in this refers to more than just veterans, the techniques used are not because the individuals are veterans, but that they have most likely been exposed to a trauma at some point in their life. The design is to address possible unhealthy or lack of coping skills with a technique that is commonly used in life. It just needs to be explained in a way with which the person can identify.

Chapter Four: Findings

In this chapter, the information obtained and how it answered the question will be shared. Information such as the participants and how the information was collected and formulated will be listed. Information will be presented on the results of surveys and the other factors included in the study. In closing, this chapter, a summary of the findings will be developed to answer the research question of: "How did the veterans of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq in 2003-2005, adjust to the long-term effects of combat deployment by finding persistence in maintaining a productive civilian life?"

Participants

The participants in this study randomly volunteered by responding to a request on Facebook. The pool used to gather the participants consist of Army personnel who were deployed to the Southern area of Baghdad, Iraq, between 2003-2005. The US Army 3rd Infantry Division 703rd medical unit provided members who consisted of areas of administration, mechanics, combat medics, dental, and mental health personnel. The requested included 21 individuals who stated they would like to take part in the study with only ten returning a consent form. The ratio of male to female was balanced with six males and four females.

Research Design

The design of the study was to gather information about how the lifestyles of the members of the 703rd medical unit had changed due to combat exposure. ACT was introduced to allow a way to process the reliving the moments in Iraq as well as changes on the home front. By allowing the participants to understand that they are dealing with multiple stressors, the idea was to increase the chance acceptance. Maybe the concept will be easier to understand by recognizing that others have the same connection to depression, anxiety, and alcohol/drug abuse

originated in their life. That common denominator would be the deployment of multiple people who served in the same unit doing the same work in the same location during the same time spam. Some who have deployed more than once whether it was before the 2003–2005-timeframe or afterwards. Some focus on the negatives that happened after trying to reintegrate to society causing them to lose focus on the source of the problem.

In theory, a person cannot deal with a situation that they have not come to accept. Denial is often overlooked or not discussed in recovery of PTSD. However, many deny having the diagnosis for various reasons resulting in the lack of treatment. Those who are forced to enter treatment have a decreased chance of success because of the lack of participation in the first place. ACT is an empirically based psychological intervention in which the goal is to convince the person to accept and commit to the necessary changes. The most important aspect is the participant's ownership of the treatment and the planning stages resulting in situational control. Wharton et al. (2019) report a decrease of symptoms in veteran's PTSD who are in the ACT involved treatment group, as well as individual reductions in PTSD symptoms for ACT intervention and a deviation in overpowering thoughts, mindfulness, and psychological tractability.

Hopefully, this approach will demonstrate ways that can assist the induvial that combines all forms of research as the concept of the theory is to focus on the individual and not the situation. The participant will focus on what they can control within the commitment being made. Each of them will take the journey together at different paces at the same time to work on themselves. The design can work different for different participants but has the same concept for all of them. Materials used in the study will be items that will allow the participant to see where they are, and if they find the materials useful, it can be used as a measuring tool after

participating in the study. The idea is to allow the participant to understand how to continuously work through their issues that prevent their productivity. With PTSD having so many different effects on the individual, the specific stressor indicates what tools should be used.

Results

Participants were able to access the surveys online by clicking the link in provided in Facebook Messenger or via email if requested. While Messenger was the main source of group interaction, additional information was gathered through private messages, phone calls, text messages, and emails from various participants. The site used for administering the surveys is https://qxmd.com/calculate which is a site established by medical professionals to create content through cooperation devoted to generating extraordinary quality in a tool for healthcare professionals using these tools as a resource. In using this method, the intent is for the individual to be honest with themselves to understand where they are without being told by a professional. The intent is to increase the chance of them feeling like the behaviors are self-identified, thus, increasing the chance of acceptance of the condition. Therefore, increasing the chance of the participant's commitment to change.

GAD

The GAD is a tool used to determine signs of anxiety through seven questions requiring the responses of 0-3. Each answer is awarded a point to tally as according to the response starting with: not at all (0 points) – with the implication that the subject has not experienced the anxious sign in the two week period; several days (1 point) – the subject has experienced the sign in some days (7 or less); and more than half the days (2 points) – the subject has experienced the sign for more than 7 days and nearly every day (3 points) – with the implication that the sign was experienced almost every day of the two weeks. The totals can result in score ranges between 0

and 21; 0 meaning no anxiety and 21 meaning severe anxiety. This survey had the second highest average recorded at 11.2 from the surveys given to the 703rd with some severe cases. Clover et al. (2020) preformed a study using the GAD to determine levels of anxiety oncology patients which hey stated measures a tapered range making results easier to be classified as mild than severe. This is important as the results of combat can cause anxiety after being on edge for so long. If the participants returned home untreated and continued to use the methods of adapt and overcome known to active-duty military, it could cause adverse effects to their transitioning out of the military. Oversight in treatment while deployed followed up by not being treated upon return from deployment can cause many to suffer in silence. The participants in this study have been away from deployment for over fifteen years and still report high anxiety tendencies. Results of the collected GAD-7 show a mean of 11.2 giving the participants an overall diagnosis of suffering from moderate anxiety disorder. With over half of the completed surveys landing in the 10-14 interpretation which indicates the participants need to be evaluated through more tests.

Table 1 GAD 7 scoring interpretation

GAD 7 score (points)	Interpretation	Recommendation
0 - 4	No or little anxiety	Common symptoms should continue to be monitored if there are still suspicions. Follow up GAD 7 assessment in 2 weeks.
5 - 9	Mild anxiety disorder	Patient monitoring needs to be initiated.
10 - 14	Moderate anxiety disorder	The patient should be evaluated with other quantitative and qualitative measures of psychological/ psychiatric testing.
15 - 21	Severe anxiety disorder	Treatment needs to be initiated if it hasn't already.

MDI

The MDI is a tool used to determine if common identifiers of depression exist by checking the progress of already diagnosed patients. In this group, there was no predetermined diagnosis of depression. However, almost every participant scored the highest reported number

on this survey. Many of those who had high scores on the MDI, also had high scores on the GAD. Chen et al. (2019) used both the MDI and GAD in a study which showed the MDI provided less skewed scores. The participants of the 703rd provided results that show the overall average of 20 which is mild, but many scored high enough to create concern. Alarming scores as high as 30 were reported with many factors that are not asked in the survey, have not taken place, or were taking place at the time of completing the survey. With different factors such a race, sex, environment, age, and combat exposure as a probability related to the depression, it would take more one-on-one therapy to resolve the causes of the reported depression. Transitioning to new things can be stressful, and after being successful in the military, it is not always easy to become a civilian again without the tools needed to compete as one did while on active duty. Each participant, except for one, scored high on this survey. Results show an average of mild depression with some moderate cases, and one scored severe with an alarming 37 and another scored on the border of severe with 24.

Table 2 MDI scoring interpretation

The final score range between 0 and 50, where 0 indicates no depression and 50 indicates severe depression.

There are three cut off points at scores of 20, 25 and 30, that create four categories of screening outcomes:

MDI score	Depression severity
0 - 19	None
20 - 24	Mild
25 - 29	Moderate
≥30	Severe

AUDIT

AUDIT is a ten-question test used to identify hazardous and harmful alcohol consumption. This survey is administered to determine the possibility of alcohol being used as a coping mechanism. Most movies and television shows have multiple scenes where the characters

consume alcohol as a way of coping. Alcohol is no stranger to military personnel whether it be on the big screen or in actual day-to-day life. In 2005, Budweiser sent a shipment of 12 oz. cans to the Forward Operation Bases (FOB) occupied by the members in this study. While answers to the questions administered at the time could have change over time, it reflects on the last year. Some of the questions may be answered by the participant in how they perceive their situation without realizing the severity of their problem. Denial is the worst enemy of a person in need. The AUDIT with the ability to see scores firsthand was given to the participants in this study to provide insight into the possibility of a drinking problem. Military life has its stressors and there is no definite rule that the stress of military life or trauma resulting from PTSD will result in drinking. The results would make an argument that it is not true. That could be due to the participants being from a medical company or the nature of their responses. The interesting take from the surveys is that the person with the highest number on this survey has the lowest number on all the other surveys taken. Verhoog et al. (2020) refers to the AUDIT's capability of detecting hazardous drinking in adults as the golden ticket as their study determined the validity of the population. While that was not the case with this review, other details from the participants may reveal otherwise. The ratio of men to women would give a mean of 2.5 for women and 7 for men. The average score for female participants was less than any score for the males. Most of the scores were a low risk with no intervention needed with the need of a refresher of safe drinking protocols to ensure the risky level scored did not grow into more of an issue leading to alcohol abuse or long-lasting health issues.

Table 3 AUDIT scoring interpretation

AUDIT Score	Risk Level	Possible Intervention
0 - 7	**Low Risk.**	Intervention not required
8 – 15	**Risky** or **hazardous level** Moderate risk of harm	Brief intervention of simple advice – reinforce safe drinking behaviour
16 - 19	**High-risk** or **harmful level**	Brief Intervention, brief counselling and continued monitoring. Assessment & referral for more intensive intervention where necessary.
20 or more	**High-risk Dependence likely**	Further assessment and more intensive intervention required. Consider referral to medical or specialist services for withdrawal

CAGE

The CAGE gets its name by asking questions about areas dealing with one's drinking consistent with Cutting down, Annoyed by criticizing, or Guilt of drinking, and the last question asking about the need for an Eye opener. Scores on this are calculated from 4 specific questions that complement the AUDIT in many ways. Vissoci et al. (2018) combine the two in a study to assist in gaining data. It was interesting to see the difference in the scores from the two. It shows the level of how drinking is perceived by the drinker. No one scored more than one on this survey because of the question about having a need to stop. That question is a good one to utilize ACT and can be accompanied with Alcoholics Anonymous (AA). Whether the person answers the four questions honestly will determine their ability to actively start the road to recovery. Many of the participants' answers could be responses to the stigma of the response. Some of the conversations had with participants in the study differ from the answers. This can also be from a personal perception of what they think regarding their actions. No one scored over 1 on this survey with the mean of the participants being 1. However, to score over 1 would be an admission for a need for help. Three of the questions ask the participants how they feel about

their drinking which may be a different answer from someone close to them on their drinking habits. The question asking about how friends react to drinking will not give much assistance in determining if the person has a drinking problem if the friends are the person's drinking buddies. Using these results with those of the AUDIT seem to show some consistency. However, it is not clear whether the consistency is denial, a cover up of the truth, or drinking is not an issue with those involved in the survey.

Figure 1 CAGE Scoring Interpretation

Scoring:

Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

Drug Use Questionnaire (DAST-20)

This tool was used as a bridging point to determine how the different results of the other surveys could have been a determining factor in the participant's ability to adjust. With the previous mention of how acceptable drinking is today, this survey peeks into the darker side of drug use. The description used on the survey refers to the use of over the counter or prescription drugs in excess of the directions and any non-medical use of drugs including cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD), or narcotics (e.g. heroin). It does not include alcoholic beverages which is why the surveys complement one another. The DATS-20 revealed some interesting results as it was the one not available online. The scoring is simple enough to understand, and many completed it quickly. However, with questions concentrating on drugs, there is a feeling that the responses may not be as valid as hoped. Most responses were 0 with some scoring 2. Questions 4 and 5 would be answered yes to stay consistent with the other no responses. This raises concerns in the validity of the answers since responding "no" to questions

asking, “can you get through the week without using drugs and are you always able to stop using drugs when you want to?”, does not coincide with a no answer to using drugs. The highest reported number was 9 while others ranged from 0-2. Information gathered in this section will help not only determine the effects of possible drug use but also the validity of answers shared. Question nine asks about the participants’ spouses which was answered no by most. Then, through provided information, the participant may provide different information that contradicts that response. This raises other questions to be explored which makes room for continued research to determine better ways to assist combat PTSD treatment for those in need of. Participants’ involvement and willingness to share information is vital to accessing appropriate data with this survey as the responses can use some clarification. Overall, the results show that the participants have low to intermediate severity with only one scoring in the range suggesting outpatient intervention. Overall, the mean was a 1.7 giving an average interpretation of low severity and brief intervention needed.

Figure 2 Scoring of DAST-20

Scoring The DAST-20

Score 1 point for each question answered "yes," except for Questions 4 and 5, for which a "no" receives 1 point.

DAST-20 Interpretation Guide

Score	Severity	Intervention Recommended
0	N/A	N/A
1 – 5	Low	Brief Intervention
6-10	Intermediate (likely meets DSM criteria)	Outpatient (Intensive)
11-15	Substantial	Intensive
16-20	Severe	Intensive

Facebook

After the private group was set for group communication purpose, it was hard to find a time that everyone could interact at the same time in a symbolic group setting. Therefore, the

posting was left to each person to share weekly as a normal Facebook group. The idea was to a friendly and nontherapeutic atmosphere. That started out easy in the beginning with posts of animals, kids, and just some friendly conversation. The group was reminded that the members of the study are family well as a reminder of the Army values. The values were slipped onto the page in a settle way by posting the old BE ALL THAT YOU CAN BE Army recruitment flyer followed by a picture taken in front of the aid station that the 703rd medical union worked out of in 2005 located in South Baghdad, Iraq. Next, the conversation shifted to informing them through the surveys and private messages that many of them have a lot in common in the hopes it will help them open up to one another. After establishing Facebook as the common line of communication, the study was prepared to go into full swing.

Video

For the sake of time and teaching of the therapeutic side of the study, members were referred to a YouTube video, "Passengers On A Bus – an Acceptance & Commitment Therapy (ACT) Metaphor, https://youtu.be/Z29ptSuoWRc, to expose them to the concept of the theory. The video was followed up with more information through a thirty-minute class presented on the theory, which was also located on You Tube, https://youtu.be/umYAnq1v3nU, to increase awareness about the concept. After the videos were introduced, a period of interaction and information gathering was allowed. No one reported doing any outside research on ACT and while no one reported knowing about it prior to this study's introduction, no questions were asked about it. As former and some current members of the medical profession, it seemed unusual that more information was not requested about the theory presented. Questions were encouraged to inspire the participants to review the facts of ACT with the thought process of how it not only applies to them, but how it is already a concept they unknowingly use. Responses

included the participants stating they never heard of it, but no one asked any questions after viewing the two videos.

Exercises

Throughout the course of the month, the participants were challenged to review the concept of ACT as it relates to things they have been struggling with. From conversations with the participants, it was revealed that many had not sought professional mental health treatments, and those who had, did not find it successful. As the weeks went by, it was more evident that resistance to treatment was greater than expected. Even though the members of this study knew each other from a yearlong deployment, the responses still seemed guarded. Measures were taken to provide guidance and ice breakers for information to be shared between the participants. They were informed so that many of them had similarities outside of being a group of Army personnel that deployed together in a hope to spike the interest of those involved and increase interaction.

4. Do you see helpful concepts and/or restraints on your life caused by your mind?

This question was presented to the participants to see if they felt they were having issues in their consciousness that affects them. The discussion goes on to address the possibilities of those thoughts dating back to deployment or maybe before. Some had to accept the fact that issues existed before deployment that were made worse by being deployed. A common concept all that are struggling with matters beyond their control from a mental standpoint was that life was better than deployment. The standard of knowing expectations is comforting for many. When this is related to things such as drinking or smoking, it gives an interesting correlation on the consistency of what is being sought. From this point, the participant reviewed those thoughts

and recurring situations they feel they have been having issues managing. This brought the group to a point of focus that is normal for them.

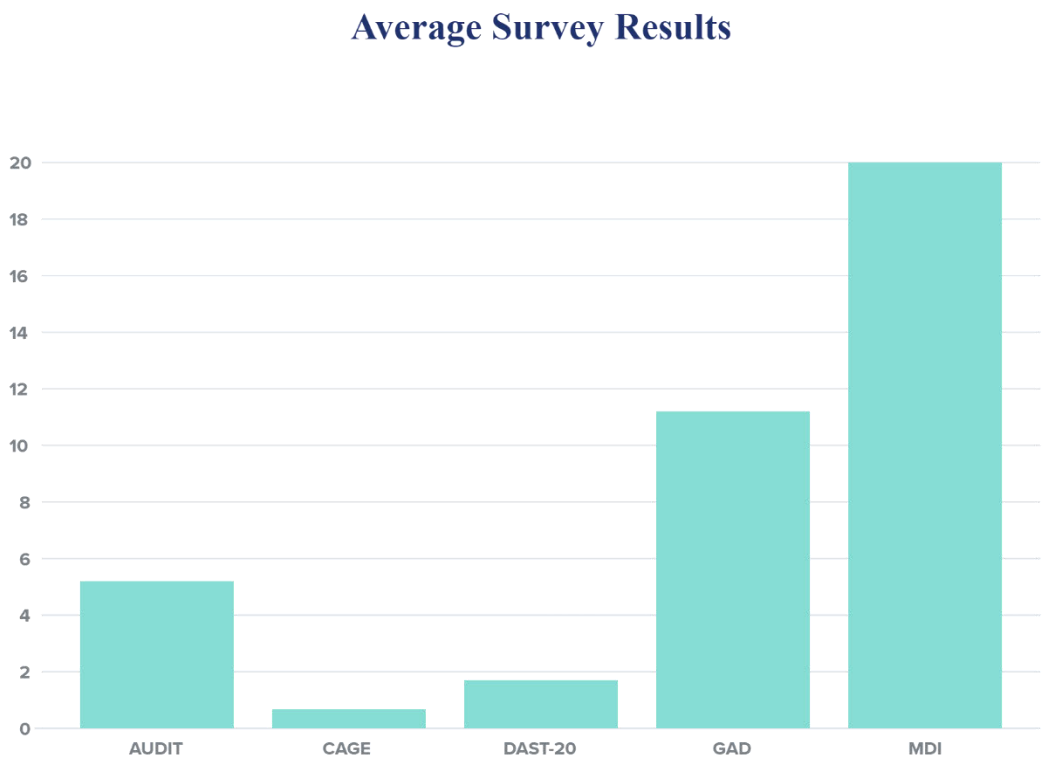
5. How could this be usual to you?

Formulating the things that may or may not be acceptable in society was a way to encourage the participants to understand what different actions or results from the test can determine what they needed to accept. There is no way to devise a plan and commit to it if the process of accepting the issue has not been reached. For many military personnel, drinking is a highly accepted concept, and depending on the background of the individual, this could have been an elevated acceptance that stems to before any military exposure. The United States military, regardless the branch of service, is much like the United States itself in that it is considered a melting pot of different nationalities, races, religions, backgrounds, and other variables that will affect a person's ability to adapt to situations. This makes for multiple findings with different and similar circumstances.

6. How would you implicate ACT into your daily life?

With any tool, application is key. Here, the focus was to make sure the participants understood what ACT is and how they could benefit from it. It was difficult to get a confirmation on the understanding of the participants. Nevertheless, the focus was to allow them the decision to change with the emphasis on starting small. Trying to resolve a major issues t would be setting them up for failure. While no one divulged what they decided to work towards, the goal was to enable the participant with a tool that could be used within the study as well as in the future as they try to overcome issues reported stemming from PTSD as well as other factors.

Figure 3 Average Survey Results



Research Methods and Data Collection Processes

In this study, a group of veterans assigned to the US Army 3rd Infantry Division, 703rd medical unit who deployed to Iraq between 2003 and 2005 will be given different surveys to address common issues associated with previous studies done on combat PTSD related reactions. A qualitative study was conducted by sending out a message where to several members of the US Army 3rd Infantry Division, 703rd medical unit over Facebook Messenger to establish contact. Twenty-one soldiers in the areas of administration, mechanics, combat medics, dental, and mental health personnel were sent this message through Facebook with twelve responding. A consent form was sent out to start the process of the study in which only ten were returned. Those ten where combined in a group called PTSD Study and weekly discussions were set up. The surveys were posted there and emailed to those who needed them. The surveys, except for

one, were available online for the participants' convenience. They were also able to view the results with information of the significance of the score.

Research Question

The information gathered through the findings of this study were to determine, "how did the veterans of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq in 2003-2005, adjust to the long-term effects of combat deployment by finding persistence in maintaining a productive civilian life?" It is not wise to believe that five surveys centered around depression, anxiety, depression, and drug and alcohol use would be able to determine the long-term affects the participants were having. Some of the participants deployed in 2003 and 2005, and those were not the only deployments they had endured. Others had more deployments after 2005 and experienced many other issues from then to now. Without more one-on-one counseling, it would be impossible to determine what is affecting everyone. However, through the surveys, one-on-one interaction, and group-style fact gathering, certain aspects that each participant shares were determined.

The surveys were examined by the category it was created to gather information and the person taking it. For example, did a person with a high AUDIT score have a high GAD or MDI score? Many combinations were fascinating, especially in cases where two of the surveys had been used in conjunction with the past. The CAGE and AUDIT were used together by Vissoci et al. (2018) to patients with traumatic brain injury (TBI). While no one reported suffering from one in this study, it is still a traumatic event which can have some similarities in participants. In that study, two instruments were allowed to access alcohol abuse and set cutoff values to establish evidence-based interventions to decrease alcohol-related morbidity and mortality and create procedures. In the study of the 703rd participants, the person with the highest of twelve

reported on the AUDIT scored the lowest scores on other surveys, while others reported drinking scores ranged from 1-5 for other participants.

In a study done by Chen et al. (2019) the MDI and GAD-7 was used to show a noteworthy variance in the mean. With the 703rd participants, the MDI and GAD had differences in the mean as well. Participants that answered high on one did the same on the other apart from one participant who barely hit the GAD with a 2 but scored a 15 on the MDI with trouble sleeping. One participant did report having past drinking issues for other reasons than deployment and had a low AUDIT score of 4 with the GAD showing mild anxiety accompanied with mild depression as shown by the MDI.

One of the unique factors of having Facebook as the place of communication is that many individuals post personal things on their pages. It was interesting to see posts of participants drinking or smoking apparent drugs with survey answers that contradict the behavior. It leads to question the integrity of the replies and lack of communication in the group as the participants are not strangers. Some keep in touch on and outside of Facebook. This could be because of the stigma that comes with the things that are in the surveys. The participants probably did not see that the surveys were not linked to the topic of becoming aware of situations that affect your daily interactions while determining a way to overcome them. While in the military, the concept was to "suck it up and drive on" which does not work well with mental health issues. Once separating from active duty, many do not change this mentally, and some have it more deeply ingrained from before military service.

After years of trying to cope with issues, the participants are being asked to step outside of their comfort zone. Some do not look at drinking as an issue as it is their coping skill. Many have been through or are currently report going through a divorce. The stories that come through

personal interviews can give so much more than what a survey can tell. Having a Facebook setting took away from revealing of some of the issues to try to set the tone of knowing you are not the only person going through these particular sets of situations. I almost shared a story pre-deployment to remind others of where he was in life to share that he is going through a divorce. He referred to home life being worse than deployment and that is what many who have deployed say when things fall apart stateside. As for his career he is making a living doing what he did in the military but states he feels lost. He posted "in the military you knew your job, you knew what and when, etc.—now I have to follow my own road, and it is scary." Four participants have either gone through or are getting a divorce. Five have remarried with two divorcing again. This doesn't include those who didn't report a divorce or remarriage as it was not asked. Also, different military jobs carry different burdens resulting in different types of casualties of war. The life of deployment also affects family and friends in ways that are often not discussed, and here, we see it taking a toll of the family life.

Additional Questions

1. How do symptoms of combat PTSD cause multiple diagnoses such as anxiety, depression, and the possibility of substance use disorders (SUD), thus increasing the chance of a crucial impact on the victim's ability to maintain daily activities needed to be successful in finding purpose?

The issues that PTSD has so many different effects on individuals can make it hard to manage. A therapist must know when they are dealing with the residuals of PTSD or something else such as anxiety, depression, and/or the possibility of SUD. While the information on the 703rd did not indicate a high alcohol or drug use problem, anxiety and depression seemed to be a big factor. With many veterans complaining of treatments that

include medication, many never mention triggers and coping skills. When they do not want to take medication, do they turn to other means such as drugs and alcohol to cope? Now a provider would have to determine from the scores whether the issues are related to combat PTSD or anxiety with depression. The diagnosis makes all the difference in the next step taken. Individuals would have to participate in more in-depth therapy to truly answer this. However, it seems that there are some aspects of the lives of those who participated that is kept secret.

A. How can interaction with others also involved in combat trauma be helpful in decreasing depression, anxiety, and the possibility of SUD?

Self-confidence is a major tool in success. When a medical unit is activated, second guessing can cause mistakes. With successful deployments under their belts, the members of the 703rd medical unit should have no problems with self-confidence. While that may hold true for some, most involved in this study show high levels of anxiety and depression. Many of the participants have been able to maintain suitable employment, but not healthy lifestyles according to the survey results. Over time, some of them have had a decline in interpersonal as well as occupational relationship problems which is how the VA determines a rating percentage according to the symptoms (see Appendix J). In determining the rating, the diagnosis is not taken into consideration as it is based off the symptoms. Should treatment not be looked at in the same manner? Looking over the results of the GAD and MDI those issues would need to be addressed to ensure success in the workplace. However, those symptoms may not be the root of the issues in the participant's mental health.

With alcohol being a depressant, it is more than likely that the usage of alcohol will increase depression. Drugs have different effects on different individuals which can alter the answers to these questions. Whenever legal or illegal use of drugs are taken to alter the mind of a person, it also alters judgement. The correlation of the participants does not show this to be true as the participant with the highest AUDIT score has the lowest score on the other surveys. In contradiction to it being likely, the highest anxiety scores have the highest depression scores matching the MDI with the GAD. The one exception of a low GAD score having the highest of more depression and trouble sleeping which also had the second highest AUDIT score.

2. How can interaction with others also involved in combat trauma be helpful in decreasing depression, anxiety, and the possibility of SUD?

Groups have been a great place for support as seen with Alcoholics and Narcotics Anonymous. The support of others that can relate to the same issues can assist a person by providing the acknowledgement that the person is not alone. In this study that was not present. While all the members were deployed at the same time, showed signs of anxiety, depression, and reported having been divorced at some point, none of it was spoken in the group setting. While the other factors from concerns of privacy and labeling to the time since deployment caused a distance in comradery.

3. How can combat PTSD patient's issues with multiple comorbidities that are inflated by symptoms caused by substance abuse issues, influence their ability to gain and maintain suitable employment?

The results of the MDI and GAD support the chances of this being a possibility. Some symptoms overlap with other categories making it confusing to confirm the

appropriate diagnosis. Professional judgement must use the guidance of the DSM-5 to provide the correct diagnosis. Even then, the best applicable treatment is not a positive as each person is different and will respond differently to different therapy whether the end goal is the same or not. Each participant scoring high on the MDI and GAD can also exhibit symptoms of combat related PTSD causing them to react to situations a certain way to similar stimuli. The other surveys did not address issues such as PTSD and because the participants were in a combat zone, PTSD is not an automatic diagnosis. Overall, the evidence provides data to show depression exists and is accompanied by anxiety in the participants with knowledge of combat exposure.

4. How do individuals most commonly cope with exposure to combat trauma, and why are they using this coping method as opposed to seeking mental health assistance?

A lot of military personnel deal with the stigma of mental health. Therefore, they serve their time, attempting to dodge psychological help to avoid the stigma that can cause them to overlook for promotions or be humiliated. As the service member moves up in rank, there is a self-awareness of not appearing weak to their subordinates. While demonstrating that help can be a useful tool for success, history has not paved the way for this type of leadership. Instead, the improved outlets for assistance have proven no change in the mentality of the person in need. Once the person separates from service, they keep the same mentality or continue managing the issue in the same way as before. In doing so, conditions worsen over time or flat line in a constant cycle of what is considered normal for the individual. When a veteran seeks services, many report it is for benefits offered that provides a monthly stipend or the services only prescribe medication. Participants in this study did not reveal why they were receiving help, but

scores show that many of them are dealing with issues in their lives whether it be from life circumstances or combat.

A. How is SUD being used a way of coping with the combat trauma (to deal with it or a way to forget it)?

While most scores on the AUDIT, CAGE, and DAST-20 suggest that SUD has not been a coping skill, members who participate in the study disclosed drinking issues from the standard of abuse. That standard is based off the U.S. Department of Health and Human Services and U.S. Department of Agriculture Dietary Guidelines for Americans (2020) limiting intake to 2 drinks or less in a day for men and 1 drink or less in a day for women. No one really admitted to any legal or illegal substance abuse outside of the contradiction in the yes/no answers about drugs and the one score of 9. While these activities could be used as unhealthy coping skills for many, it is not proven by this study that SUD is a common tool used to forget the things causing reactions to combat exposure.

Transferability

The concepts that have been determined to be caused by trauma can be transferred to other areas of trauma exposure. The idea of a traumatic event having to be categorized is not always the case. Trauma can sometimes depend on the person involved in the event. What could traumatize one may not another? While some of the experiences that may happen when a person is on deployment can happen at any time in life, it is not always clear what traumatized a person. Was it the event itself or was that just the breaking point? Being a victim of everyday life can sometimes bring on the hardships that come from war. The reaction of many that experience trauma at some point in life can have lingering effects that shape and mold a person. Some

lasting a lifetime, but all having an effect on the person. How they are handle will determine if the outcome of good or bad effects.

Ethical Considerations

The information gathered through the questionnaires of the participants will be stored on a password protected thumb drive. Any information shared by any member of the group in the Facebook group will be left there with access being limited only to those who are in the group. Consideration of deleting the messages will be reviewed so that shared information cannot be compromised by those with access. However, the group will remain so that members can still visit as a group to function as a support group if so desired. Information for assistance with mental health, suicide hotline and other VA benefits have also been posted to the page.

Research Question

How did the veterans of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq in 2003-2005, adjust to the long-term effects of combat deployment by finding persistence in maintaining a productive civilian life?

Sixteen years have passed since returning from deployment, and participants manage multiple issues during their lives. While it may not be directly from deployment, many of the participating members of this study have had problems with their relationships whether it be with their spouse, friends, or coworkers. As noted with an Army medic in a previous study that experienced trauma, there was difficulty concentrating and intrusive thoughts with a constant thought of impending doom (Sarno, 2014). Some of the participants have been successful in employment even with some issues over the past sixteen years. Some are now civilians and some who continued multiple years of military life before separation. Some continued to serve through the Reserves or National Guard. A reoccurring theme coincides with findings mentioned, and

while no one stated they had ongoing feelings of impending doom, the anxiety accompanied by depression speaks volumes to those findings. Many participants have experienced a divorce, are going through a divorce, or are currently separated.

Additional Questions

Employment Effects.

1. How do symptoms of combat PTSD cause multiple diagnoses such as anxiety, depression, and the possibility of substance use disorders (SUD), thus increasing the chance of a crucial impact on the victim's ability to maintain daily activities needed to be successful in finding purpose?

According to the surveys there is little to no effect of those exposed to combat experiences in the medical field. When asked about alcohol, most are open with the subject because it is something that can be legally bought. However, most do not feel they abuse it. A standard of being able to function daily by going to work and not going into debt by paying bills has been set for many as functional. However, the actual standard is set by the U.S. Department of Health and Human Services and U.S. Department of Agriculture Dietary Guidelines for Americans (2020) suggests limiting intake to 2 drinks or less in a day for men and 1 drink or less in a day for women. Upon conversation, you will find that many participants in the study average more than the recommended consumption per day. Substance abuse gets less admission than alcohol because of the stigma it carries. A person is less likely to admit to the use of illegal narcotics or the abuse of prescription drugs. It is estimated that over 100,000 veterans who have been in combat are dealing with a mental health illness for that they are seeking help or engaging in some type of substance abuse (AMITA Health, 2015). While drugs

and alcohol usage can have a negative effect of a person's life, the results from this study do not show any issues with the participant's ability to get or keep employment.

How is Employment Effected?

A. How is combat PTSD linked to the ability of an individual to gain and maintain employment?

In reviewing the abilities of those that participated in the study to maintain employment, there are various jobs being held by the members. Some have been on different jobs with an employment history that could establish an inability to maintain employment. When dealing with anxiety and depression, there needs to be an outlet. With no treatment or formal diagnosis for the issues, treatment would not be met through insurance and others do not have coverage. Ware (2017) concluded in her research that some of the programs designed to assist with this transition succeed. The assistance relies on the effective promotion of the information not only in programs at separation, but also through the VA. There are even jobs that look to hire veterans. Certain states also give opportunities to veterans which can be found through an internet search for "benefits for veterans by state." Many times, jobs will hire a person because they are a veteran, such as Home Depot, and some get incentives to hire veterans in certain states such as Texas. In looking at treating the symptoms over the diagnosis, treatment cannot be fixated on the diagnosis without looking at the issues coming from the anxiety and depression. The depression can make it hard to get up to go to work which can be compounded by a lack of sleep created by the anxiety. These factors can impact the quality of the work which will influence employment.

Is Its Effect Increased By SUD?

2. How can interaction with others also involved in combat trauma be helpful in decreasing depression, anxiety, and the possibility of SUD?

All too often an individual may turn to unhealthy forms of coping. Alcohol is often used to drown away aspects of life that troubles a person. Depending on preferences, some look to obtain a high that gives them an out-of-body experience allowing them to avoid their issues. Either way, the individual is looking to engage in a mind-altering experience that frees them from the cares at hand. In doing so, the person can have an altered sense of decision-making skills and result in having a life changing altercation. While some seek the freedom of what binds them, the decision to use a mind stimulating alternative to dealing with the situation head on can cause other issues. Some things can be addictive and cause side effects that have short-term and long-term consequences that can cause damaging effects. Those damaging effects can be mentally, physically, both, and/or manifest in places like work as well as other relationships. While this study didn't show a correlation between SUD and its effects on employment, it does not mean that the combination of SUDS does not amplify the conditions caused by combat PTSD.

Supportive Effects.

A. Is the effect increased by SUD?

Groups are a way that allows participants to see that they are not alone in situations, but it also gives them insight into other ways of coping. This not only helps the individual see things from an outside perspective, but it also allows the facilitator a way to see things from the participant in a different manner. Weiss and Rutan (2016) refer to the group as a safe place to work on discovering the meaning of relationships with others. It was also determined that an ongoing therapy group is an extremely effective method of learning for students and senior group leaders as well (Weiss & Rutan, 2016). This success has been discovered in support groups such as Alcoholics Anonymous and Narcotics Anonymous where the participants lean on one another

for support. There is a huge gap in this type of support for service members adapting to stateside life after experiencing combat. There is training to get ready for deployment as well as expectations of the prepared environment. However, upon return, the person is expected to pick up where they left off at as if nothing has changed. Having support from family members and to those they are returning could be a big benefit. Support groups would also help not only for the service member, but the spouse, kids, and others involved. Life can only move forward, and it should not be expected to go back to pre-deployment life. Support can come from various areas such as members of the unit, a retired veteran who has faced similar circumstances, or just an understanding person from a friend to total stranger.

Substance Abuse Influencing.

3. How can combat PTSD patient's issues with multiple comorbidities that are inflated by symptoms caused by substance abuse issues, influence their ability to gain and maintain suitable employment?

It has been found that some mental health patients have suffered from misdiagnosis. It has been estimated that over 100,000 veterans who have been in combat are dealing with a mental health illness for which they are seeking help or engaging in some type of substance abuse (AMITA Health, 2015). Some diagnoses of PTSD and symptoms determined to be alcohol or substance induced when the individual has just been trying to treat symptoms as best as they can due to a lack of help or willingness to seek help. Misdiagnosis can also assist a person to look for alternative means of treatment. The patient and therapist must work together as a team to best benefit the patient and not focus on outside things such as diagnosis, insurance or other number driven aspects that take away from the goal of treating the individual. When these outside factors start to affect the treatment, a person can turn to unhealthy means of treatment which can affect

their situation and assist in the misdiagnosis. Just as anything else that affects the individual or creates changes in the person, it effects their personal and occupational output. The fact that substance abuse and excessive alcohol use are considered unhealthy formulates the effort to prevent the use of such items as they have a negative on a person's daily life.

Ways of Coping.

4. How do individuals most commonly cope with exposure to combat trauma, and why are they using this coping method as opposed to seeking mental health assistance?

Within the results of this study, alcohol was the common outside stimulus. A lot of the information gathered indicates more unhealthy forms of drinking than reported since some of the surveys addressing the subject were opinionated. When looking at what is alcohol abuse, most drinkers would fall into that category. Most who are asked if they feel they can stop smoking, drinking, or using drugs would answer that they could. While these are looked at as the most common ways of unhealthy self-treatment, there is also the dreaded isolation that is sometimes happening in conjunction with the drinking and drug use. With a stigma on mental health throughout the years combined with personal thoughts of failure, it often leads to the use of outside methods. Some use religions, highly, well-regarded figures such as a parent/guardian, pastor, friends, etc. to assist them. For some, that is all that is needed, and for others, the issues are much deeper than what can be offered without professional assistance. While the list of possible coping mechanisms can be endless, it is safe to say changing any medical aspects in a person's life, professional guidance should be consulted.

Is SUD Used to Cope?

A. How is SUD being used a way of coping with the combat trauma (to deal with it or a way to forget it)?

Combining the results of the study and what was provided from the participants to make an overall review of coping with SUD was established. According to the U.S. Department of Health and Human Services and U.S. Department of Agriculture Dietary Guidelines for Americans (2020) it is suggested that limiting intake to 2 drinks or less in a day for men and 1 drink or less in a day for women is what is to be considered healthy. While different substances may be use, there is not much evidence that this group is using legal or illegal forms of substances. However, the AUDIT shows use of alcohol with one another member reporting excessive beer drinking, and Facebook posts show a participant having a favorite bar with self-reported drinking.

Summary

After completing the month-long review, "how did the veterans of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq in 2003-2005, adjust to the long-term effects of combat deployment by finding persistence in maintaining a productive civilian life?" Looking at employment of the participants of this study, it appears they have been able to function in the workplace. Some of the responses to the answers raise concerns with the ability to transition as not all of them are in the successful profession they want to be at this point. There is a high level of divorce, remarriage, and some even report legal issues. While there is no 100-percent guarantee that this is due to combat exposure, it does align with combat PTSD reported symptoms as well as the criteria used to give most of the participants a 30-70 percent disability rating for a mental health related diagnosis.

There are many areas left to explore providing interesting areas of continued research. Results of the surveys provide an insight to symptoms and possible diagnoses of the participants. Factors not reviewed could shine awareness on the reality of what service members go through

when they make the sacrifices to uphold the American ideals. An interesting result was the levels of alcohol use as it compared to anxiety and depression. A study like this performed when returning from deployment with a review or ongoing data collection. Something like the Millennium Cohort Study conducted by the Department of Defense (DOD), researchers have been doing an ongoing longitudinal cohort study of veterans who deployed to collect information on the health of the participants. With headquarters located at the Naval Health Research Center in San Diego, California, this research can allow for some groundbreaking information in treating the health of veterans to include combat PTSD.

Chapter Five: Conclusion

In setting out to perform this study there was one question to answer: “how did the veterans of the US Army 3rd Infantry Division, 703rd medical unit who deployed to combat in Iraq in 2003-2005, adjust to the long-term effects of combat deployment by finding persistence in maintaining a productive civilian life?” In answering this, the research should improve treatment for those who served in combat and all who experienced trauma. The researcher is looking to expose issues with treating the diagnosis instead of the individual’s issue. Listed here will be information on what was expected, found, things that could have been improved upon and future research to assist in gathering information on the topic of combat PTSD.

Discussion

The purpose of this study is to increase the quality of treatment of trauma patients by reviewing the ability of former combat exposed personnel’s ability to transition from active duty to civilian life. Hopefully, it will assist those who suffer from ongoing issues related to PTSD that influence their ability to continue a successful standard of life. More attention needs to be focused on treating the symptoms of the individual and not their diagnosis. The transition that takes place can be life altering and without the appropriate treatment can cause a spiraling affect which is sometimes an issue with determining the correct diagnosis. With the right exposure, this can help assist the acceptance of who is and can be exposed to PTSD. Increasing the chances for attention going to the appropriate stressor and adequate treatment. Therefore, the appropriate treatment for all who go through challenging changes related to their trauma can be encouraged. Better diagnosis will lead to better treatment which should, in turn, increase the possibly of a person’s ability to transition successfully.

Summary of Findings

The study is a qualitative review of the US Army 3rd Infantry Division, 703rd medical unit from 2003-2005 in Iraq conducted through Facebook after members answered surveys and interacted through a private group. Participants were provided with a link to complete the AUDIT, CAGE, GAD-7, and MDI which scored the surveys upon completion. All were located on the site with the exception on the DAST-20 which was sent as a PDF with scoring information. In assisting the participant in see where they may need to explore assistance with was the purpose of making sure they knew firsthand what the results were. The idea was to make it easier to apply their circumstances ways that they could see a way of moving forward. This was attempted by introducing them to ACT.

In theory, the surveys would reveal the issues they have been experiencing. In hindsight, this would help with the acceptance process of ACT. The ability of each participant to commit to their own personal recovery would depend on the ability to accept they had an issue. The group was set up for interaction between the members allow each participant to see that others also were having the same issues. A weekly forum was set to be held with the possibility to share and assist one another in the process as needed. The option to send private message was also an authorized option as well as sending something to the mediator to address to the group anonymously.

GAD

The results of the GAD-7 indicate some severe concepts of anxiety with 50% rate of return by participants. Now, these results could vary depending on the time the survey was taken. Often, the anxiety can have highs and lows. Not to mention the potential effects of alcohol or drugs whether they be prescription or illegal. For example, a participant shared information

about a divorce that may raise the anxiety of most people, but they had one of the lowest anxiety scores of the results, while another posted after taking the survey that anxiety "sucks." While reporting seemingly mundane or everyday conversations, some participants' scores could be elevated if they tested at that moment. If more individuals participated in these findings, it would have made for a better description of how anxiety is a factor in the life of the sample. Only one had a score of 0 out of all participants. This group was represented with a 53% overall chance of having anxiety with an average of 11.2 out of a possible 21.

MDI

The results of the MDI gave some high indications of depression with 40% rate of return by participants. One participant commented in the group about the details of a divorce that sounded like the story of someone who was on deployment. However, sixteen years later, the evidence of military lifestyle is still prevalent, and showed that some had trouble sleeping and some had high levels of depression. Everyone had some level of depression. While it cannot be a definite that this is due to combat exposure, the circumstances of a person's past can shape their future. Without more collected data about the individual's experiences on deployment to the present, there is no comparison. With some, reports of life changing events going on and setbacks can play a role in the provided scores. With the extremely high scores, additional testing, and professional counseling could provide more insight to what is going on. This group was represented with a 40% overall chance of having depression with an average of 20 out of a possible 50.

AUDIT

The result of the study reveals that the participants are not doing a lot of drinking with 50% rate of return by participants. The participant with the highest score on this survey is doing

the best out of any other participant when you look at the other scores and activity on Facebook. Another participant mentioned some characteristics that points toward some answers that could have been answered differently. With the participants being from the medical field, there are many factors involved with drinking that they are aware of which may be the reason for such low scores. That could be due to awareness, but it can also be from not providing information that would present an alcohol issue. Some of the participants enjoy taking a drink for various reasons and do not see it as an issue. In conversation with participants about daily activities, the results do not give a valid representation of the individual's drinking habits. This group was represented with a 41% overall chance of having depression with an average of 16.4 out of a possible 40.

CAGE

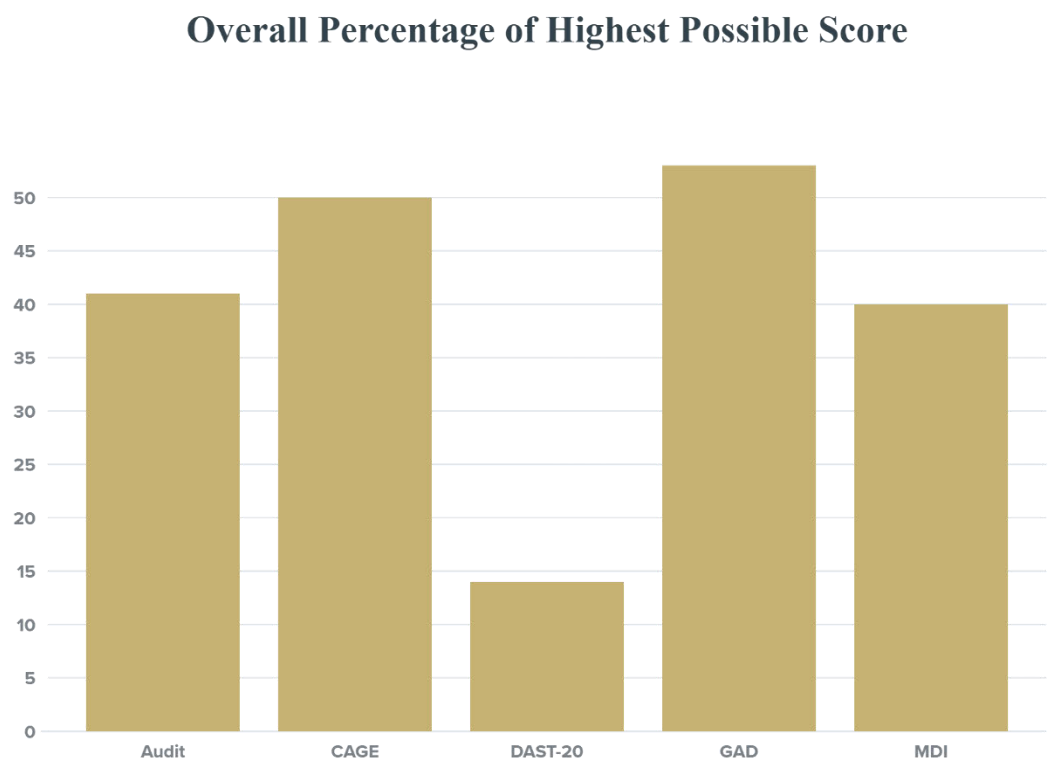
The results of the CAGE had a 40% rate of return by participants. With the scores on the AUDIT, this was not surprising. This survey would have shown a severity of any alcohol abuse. It must be considered that it is opinionated by the participant expressing their feelings on four questions. While each participant has a personal presence that varies from how they appeared upon deployment, certain circumstances can skew the outcome of answers, such as how do others react to your drinking? This could vary due to the absence of other expressing those feelings to the person or it not being received by a person possibly in denial of how they feel about their drinking habits. This group was represented with a 50% overall chance of having depression with an average of 1 out of a possible 4.

Drug Use Questionnaire (DAST-20)

The DAST-20 produced the most participation at a 70% rate of return by participants, which is interesting since this survey was less user friendly as it was not available online. However, it was the one that was completed by more than any other survey. While participants

were still able to see how to score the survey, the results may be inclusive. While some scored 0, a score of 2 was more attention grabbing as those were the results of answering no to all questions. Overall, the scores were low and did not raise a lot of concern. A score of 9 was present and nothing else above the skeptical 2. This group was represented with a 14% overall chance of having depression with an average of 1.7 out of a possible 20.

Figure 4 Percent of total scores out of possible scores



The results of this study demonstrated that the participants were reluctant to divulge information in a group setting, but through the completion of surveys and direct communication it was apparent the participants do have outstanding issues. Scores in anxiety and depression show that over half of the returned surveys revealed a high number with a possible connection with both. All the participants that scored this on the MDI also scored high on the GAD except for one. In determining if the participants had been able to adjust to civilian life, it was

interesting that those with the higher scores had experienced or were currently going through a divorce. Transitioning out of the military presents issues for those who have had OEF/OIF exposure which includes: getting out of the military due to mental health/PTSD, having a generally negative experience in the process, lack of information about the DTAP Program, an insufficient or lack of effective care/support, programs the military have in the process not having information provided, not being able to obtain proper care, and mental health challenges (Ware, 2017).

Considering many service members may have negative views or mental health issues that restrict their progress. Getting out can compound those issues as medical services are only provided for 180 days through TRICARE after separation known as Transitional Assistance Management Program (TAMP). Veteran Affairs (VA) provides services for veterans at no charge who have suffered a condition while on active duty and others who do not have qualifying circumstances have to pay a charge for services. Therefore, if the person may not receive treatment and necessary services get neglected. This can also be an issue with an individual that does not believe is necessary or do not want a handout. Looking at the participants in this study, some are medical personnel who may not wish to be truthful in fear of being seen as unable to perform their jobs.

In conclusion to the testing, there were pros and cons as well as outside factors that could have changed the outcome of this study. Many of the participants mindfully wanted to be helpful but were not able to fully commit. Some seem to have been reluctant to share information with individuals regardless of previous bonds. Not all the members were previously interacting with one another and some shared privately things that may have been beneficial to other members in making progress. In the Facebook sessions, a different survey could have been given each week,

but a lack of participation made for less data to collect. More information could have been gathered by doing a one on one more in-depth interview. With little response to the ACT, it cannot be determined if the participants gained any new tools to assist them in dealing with some of the exposed issues from taking the surveys.

It could be determined that avoiding the results could have been the reason for not replying. As noticed in the Facebook post in the group and in a personal post to members of the study, there were things that could have been discussed. While this was not a way to provide therapy, some therapeutic benefits could have been gained through participation which could have steered the individual in the right direction. The potential to be viewed as a failure is more than enough to prevent the sharing of certain aspects of one situation.

Implications

The church has always been an important part of everything this world is about. Psychological issues being no different, this is an interesting topic from a biblical point of view. With various religions, the subjects can have different variations. Since most of the information gathered on PTSD deals with war, there are topics that can come with all the different symptoms. Then there is the SUD which has another turn on it, not to mention all the dos and do nots that come with the trials of battling addiction. Many could find ways to conquer issues from a biblical standpoint if it were more of a clinical approach. Often, this is not an area covered in treatment, even when the patient states that it is an area they are using to help them improve. Fear can sometimes consume a person when trying to make change and many PTSD victims have overcome dealing with fear from situations like combat. Others are thrust into fear because of the event they have suffered through or witnessed. However, fear is to be looked upon as a spirit which God's children do not have. This is clearly stated in 2 Timothy 1:7 "For God hath

not given us the spirit of fear; but of power, and of love, and of a sound mind" (KJV). Religion also gives the practice of casting your cares upon the Lord as noted in 1 Peter 5:7 "Casting all your care upon him; for he careth for you" (KJV). Upon doing so, you will have to hold onto Isaiah 41:10 "Fear thou not; for I [am] with thee: be not dismayed; for I [am] thy God: I will strengthen thee; yea, I will help thee; yea, I will uphold thee with the right hand of my righteousness" (KJV). This can be a vital part of treatment that is often not used. It would take a spiritual approach, requiring the backing of someone who is able to and equipped to handle the spiritual warfare that comes with it.

PTSD

Wars have been recorded throughout the bible and the pages tell of men leaning to God for help before, during, and after battle. It could be said that Cain had PTSD after killing Abel. One could even say, the descendants of Adam all suffered because of the first sin, were left with the effects of PTSD after falling from the grace of God, losing all the spiritual and worldly things all at once. 1 Samuel 30 gives an account of the spoils of war where David and his men had everything taken from them. While they gained everything back, the first reaction was to come after David to act on the feelings they had. Verse 4 "Then David and the people that were with him lifted up their voice and wept, until they had no more power to weep" (KJV), gives a good account of some of the emotions that were present and how deep they ran. 2 Samuel 12:14, "Howbeit he would not hearken unto her voice: but, being stronger than she, forced her, and lay with her" (KJV), records a rape that had to be suffered in silence due to the shame. Many suffered from diseases that the person and their family had to endure. The leper, the woman with the issue of blood, the blind man, and others had situations that would fall under the category of PTSD. A review of the great flood in Genesis 6-9 whereas documented, in 2 Peter 2:5, "And

spared not the old world, but saved Noah the eighth [person], a preacher of righteousness, bringing in the flood upon the world of the ungodly" (KJV), the circumstances that describe experiencing a trauma are present.

SUD

After enduring the trauma of the 40-day flood and time on the Ark waiting for the waters to recede, Noah turned to drinking after returning to land, as recorded in Genesis 9: 20-21, "And Noah began to be an husbandman, and he planted a vineyard: And he drank of the wine, and was drunken; and he was uncovered within his tent" (KJV). 1 Timothy 3:1-3 states, "This is a true saying, if a man desire the office of a bishop, he desireth a good work. A bishop then must be blameless, the husband of one wife, vigilant, sober, of good behaviour, given to hospitality, apt to teach; Not given to wine, no striker, not greedy of filthy lucre; but patient, not a brawler, not covetous" (KJV). Then, verse 4 ties the information to the effects this has on the family, "One that ruleth well his own house, having his children in subjection with all gravity". Apostle Paul goes on to say in verse 8, "Likewise must the deacons be grave, not doubletongued, not given to much wine, not greedy of filthy lucre" (KJV). Apostle Paul makes the same declaration in Titus7-8, "For a bishop must be blameless, as the steward of God; not selfwilled, not soon angry, not given to wine, no striker, not given to filthy lucre; But a lover of hospitality, a lover of good men, sober, just, holy, temperate" (KJV).

Throughout different areas, one can find information about different people who drank and information on not drinking. This plays a role in areas, not only associated with PTSD, as the Bible references a person's drinking, letting it be known in 1 Peter 5:8, "Be sober, be vigilant; because your adversary the devil, as a roaring lion, walketh about, seeking whom he may devour" (KJV). One must stay alert to be ready for anything that may come in the battle being

constantly fought in spiritual warfare. Allowing your guard to be down can allow other illness to come in that we know to be spirits which effects a person mentally. Those things can have such a large influence when losing the war spiritually that the chances increase to be misdiagnosed leading to the wrong treatment.

Anxiety

When dealing with PTSD, a common experience the patient experiences is anxiety. No matter which version of the Bible used, this is addressed, it just depends on the version whether the actual word appears. In Philippians 4:6-7, the reader is told, "Be careful for nothing; but in everything by prayer and supplication with thanksgiving let your requests be made known unto God. And the peace of God, which passeth all understanding, shall keep your hearts and minds through Christ Jesus" (KJV). In these two scriptures, it is plain to see why a person should not be anxious, but it is one of those human impulses that so many act upon. When dealing with PTSD, sometimes protective or detrimental factors about a person goes into overdrive causing minor issues to become major. This can cause spiritual concerns because the person stops relying on God for their needs. Jeremiah 29:11, "For I know the thoughts that I think toward you, saith the LORD, thoughts of peace, and not of evil, to give you an expected end" (KJV), teaches all to look to God for instructions that have already been mapped out. Treatment under these terms would assist the patient in not looking toward themselves for answers, aligning them with Proverbs 3:5, "Trust in the LORD with all thine heart; and lean not unto thine own understanding (KJV)".

Depression

Proverbs 3:5 can also decrease a person's chances of depression before it can grow into major depression and even result in suicide. That brings the person into another conflict within

religion as Exodus 20:13, “Thou shalt not kill” (KJV), teaches one of the commandments that are a part of God’s core commandments. When viewed as an unforgivable sin, it puts the person at odds with their moral beliefs. In looking into religion to assist or be a means of treatment, reiterating leaning on the Lord is a valuable tool. This is stated in not only leaning to Him for assistance, but also in Matthew 11:28-30, “Come unto me, all [ye] that labour and are heavy laden, and I will give you rest. Take my yoke upon you, and learn of me; for I am meek and lowly in heart: and ye shall find rest unto your souls. For my yoke [is] easy, and my burden is light” (KJV). A hindrance in dealing with going through trauma, whether it be by being a victim or witness, is that it can give a feeling of why me. Many times, this question is partly not answered by not looking at it from a spiritual matter; once again, leaving unresolved issues.

Delimitations and Limitations

The participants were from the US Army 3rd Infantry Division, 703rd medical unit who had deployed from 2003-2005. The members of this forward support unit provided support to various components of US Army 3rd Infantry Division consisting of the 1st Armored Brigade Combat Team, 2nd Armored Brigade Combat Team, 3rd Combat Aviation Brigade, 3rd ID Sustainment Brigade, Division Artillery, Division Headquarters and Headquarters Battalion, 1st Battalion, 28th Light Infantry and Tenant Units based out of based at Fort Stewart, Georgia, as well as any other units that were attached including preventive measures on an FOB that was occupied by a Georgian unit (from the country Georgia). Multiple members were contacted with a group message to participate in this study with roughly 26 members stating they would be interested. In the initial process the number dwindled down to 19, with only 10 providing a consent form. Potential participants were encouraged to spread the information to others who served with them that weren’t in the message.

The participants covered ranks from the lower enlisted to officers working in areas such as medics, dental, mental health, etc. The medics were divided into two sections: ambulance and treatment. Ambulance went on missions to recover injured soldiers and treatment consisted of those who worked in the aid station. Ambulance also had members assigned to Explosive Ordnance Disposal (EOD) who searched for, and deactivated explosive devices meant to create deadly, bodily harm.

While a targeted group was used for this study, the participant selection was random. While having a mental health diagnosis was not considered in the study, surveys were given to determine if any possible symptoms may exist such as depression, anxiety, and the chance of alcohol/substance abuse. This information accompanied by the private Facebook messages, phone conversations, and Facebook posts would be used to fuel the direction of the weekly conversations. Hu et al. (2020) report that 7.1% of veterans (95% CI=5.6–8.8) met criteria of PTSD according to the DSM-5 criteria in a study consisting of a random sample of 1042 community-based US military veterans.

In the study of PTSD, many factors are considered as the subject grows. Most research looks at military personal, first responders, rape victims, and child abuse victims. By using a population of combat exposed participants that were assigned to a medical company, it provided the opportunity to have all the mentioned subject types in one group. While subjects like rape and child abuse were not explored, military in a medical profession makes them qualify as a first responder and other circumstances can exist prior to joining service as well as while assigned to the military.

Recommendations for Further Research

Recommendations for future research of long-term effects from combat deployment in effecting later adaption to civilian life first starts with preparation before a deployment, continued support while deployed, and continued support upon return. Assistance in managing the residuals of war should not end for a service member once they separate from services.

Recommendation 1

Many briefings in the military are mandatory, and mental health screenings should play more of a role in pre-deployment, deployment, and post-deployment treatment for those being exposed to the combat environment. Those services need to also be put in place for family members who also go through changes to the family structure. Resources meant to prevent some of the tragedies that happen need to be made known and used.

Recommendation 2

During deployment, better resources need to be made available to the family. The spouse needs more than financial assistance with maintaining the household and training with what to expect upon the return of their warrior. Giving them knowledge of what to expect could increase that capability of being able to deal with the changes. While there is no way to know what effect the combat exposure will have on the person, the same goes for the family. However, gathering information and putting it to good use will go a long way in providing a better and safe environment for reintroducing the service member into the family.

Recommendation 3

Programs that deal with alcohol and other substances have been set up in different branches of the service which usually are used as a one-stop fix-all. The same programs should be set up for service members who turn to these means to cope. Grouping them all together can

cause resentment for the person who feels a justification for taking the actions they have due to the deployment. Circumstances must be looked on as circumstantial and not applied as a one fit for all.

Recommendation 4

Information should be gathered about members of a unit that have been flagged for deployment the moment they are considered for deployment. Just finding out you are going to be deployed changes the mindset of the individual and those involved as the brain goes into preparation mode trying to plan for the unknown. Developing a system to assist in gathering information about a person who is going to deploy as well as while deployed, can be crucial in assisting the person and those that will be treating them tremendously.

Recommendation 5

The focus should be on treating the symptoms of the individual and not treating a diagnosis. Beyond the reasons needed for insurance payouts and the numbers needed by organizations to show justification for programs, the goal of treating the individual is being overlooked. Mental health treatment cannot be treated as a one treatment fits all. Better designs need to be developed to assist in modifying treatment for the needs of the person as no two people are alike. Also, a person can change throughout the treatment as things like anxiety and depression go up and down, therefore, the treatment needs to shift with the needs of the most compromising situation the person is managing.

Recommendation 6

Better availability to those who separate from service needs to be established. Currently, a service member receives 180 days of medical treatment and from there is expected to get set up with the VA for medical services. Without proof to establish a Service-connected Disability, this

can cause charges that the person cannot afford. The Department of Defense has great recruitment tools to entice a person to join the service like medical coverage, room, and board, as well as money for college. A better, lifelong promise would be the training that comes with the required civilian requirements for obtaining employment in the field they have learned to practice in. In the military some individuals become experts in what they do and cannot become employed as a civilian due to a lack of credentials.

Concluding Remarks and Reflections

Throughout the many different types of studies done on PTSD from combat and others means of being exposed to trauma, there are many ways that thigs can be done differently to improve outcomes. With the study performed here, it would have been nice to have a baseline of when the individuals returned from combat to know what their mindset was and if they engaged in substance or alcohol abuse. Knowing what a person was like before deployment would also assist in determining if combat had anything to do with the possibility of changes that may have taken place. Also, the sample population of individuals could have been closer to the time of return from combat as sixteen years is plenty of time to start working on ways to cope with issues that may have been accepted as a way of life at this point. While the sample was truly random in not choosing participants that have been diagnosed with the sought-out symptoms of anxiety, depression, PTSD, or substance abuse, looking for those type of certainties may have increased the input of those dealing with those issues. At the same time, what would be found in the results could be skewed by narrowing the participants to those who have been knowingly diagnosed with the systems.

The method of gathering information could have been developed through a survey that covered other items not discussed such as divorce, type of work, length of time on a particular

job, and choice of coping mechanisms. This could have an impact on the desired outcome as it relates to how the participants have been functioning in transitioning to civilian life. A lot of the information gathered, especially on the surveys, lead to additional questions to determine more facts. Having a higher sample that participates would have also been helpful. The unexpected factors such as not responding after giving consent, not completing surveys, or lack of participation in the weekly groups could not be controlled.

Summary

"With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation's wounds, to care for him who shall have borne the battle and for his widow, and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations."

-Abraham Lincoln 1865-

In 1865 the Former President Abraham Lincoln spoke the above words at Pennsylvania Avenue near the U.S. Capitol in his second inaugural address. Today, part of these words is located on a plaque at the entrance of Department of Veterans Affairs in Washington, D.C. headquarters. In 1959, the current administrator, Sumner G. Whittier, used "to care for him who shall have borne the battle and for his widow and his orphan" to create the VA motto to indicate the mission of his agency's employees. This way of thought should be taken upon by every American as this country as other countries can only stand united and shall surely fall if divided.

If combat exposure returns the military services members as damaged goods that have miserable lives that destroys the nucleus of the family, there is no hope of maintaining a successful military. In review of the US Army 3rd Infantry Division, 703rd medical unit, we see that multiple aspects can be looked at to how one reacts to not only combat, but trauma itself.

Medics in this unit were exposed to combat maneuvers in life threatening situations as well as dealing with the aspects of what a weapon meant for destruction can do. They experience losing patients, possibility having to take a life, time away from family, and many other factors. These different aspects can be used to develop treatment not only for military personal, but also first responders, kidnap victims, those exposed to assault and other forms of trauma. More research could reveal that some of those same individuals how are in the military are the same individuals who experienced trauma due to rape, child molestations, bullying, and other possible forms of trauma. Some of the unfortunate stories that arrive in the news come from service members or someone affected by their actions resulting in a negative effect on the lives of a town that ripple through the state, nation, and sometimes the world.

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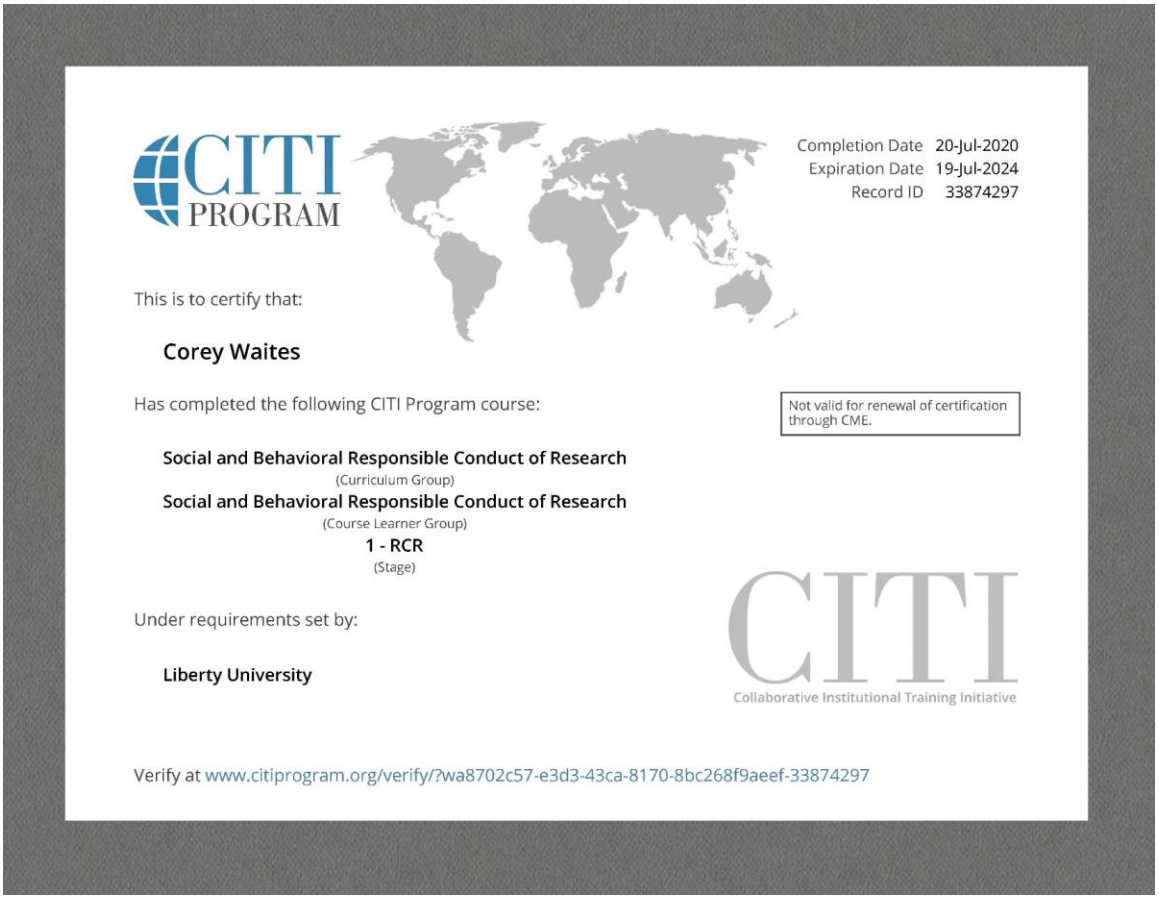
Appendix A: CITI Completion Report



CITI PROGRAM

Completion Date 20-Jul-2020
Expiration Date 19-Jul-2024
Record ID 33874297

This is to certify that:

Corey Waites

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Social and Behavioral Responsible Conduct of Research
(Curriculum Group)
Social and Behavioral Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Liberty University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wa8702c57-e3d3-43ca-8170-8bc268f9aeef-33874297

Appendix B: Permission Letter

April 2021

3rd ID 703rd Operation Iraqi Freedom/Operation Enduring Freedom 2005 soldier

Dear Service member/Veteran:

After careful review of your research proposal entitled **The Lingering Effects of Post-Traumatic Stress Disorder on the Ability to Survive While Trying to Adjust to Ordinary Situations in Daily Living**, I have decided to grant you permission to conduct your study by taking the surveys and participating in the Facebook group for your research study.

Check the following boxes, as applicable:

☒ The requested data WILL BE STRIPPED of all identifying information before it is provided to the researcher.

☐ The requested data WILL NOT BE STRIPPED of identifying information before it is provided to the researcher.

☒ I am requesting a copy of the results upon study completion and/or publication.

Sincerely,

Corey Waites
Doctoral candidate in the EdD Community Care and Counseling/School of Behavioral Science at Liberty University
[redacted]

Appendix C: Permission Request

April 2021

3rd ID 703rd Operation Iraqi Freedom/Operation Enduring Freedom 2005 soldier

Dear Service member/Veteran:

As a graduate student in the EdD Community Care and Counseling/School of Behavioral Science at Liberty University, I am conducting research as part of the requirements for an EdD Community Care and Counseling degree. The title of my research project is **The Lingering Effects of Post-Traumatic Stress Disorder on the Ability to Survive While Trying to Adjust to Ordinary Situations in Daily Living** and the purpose of my research is improve treatment for those exposed to traumatic events.

I am writing to request your permission to participate in this study.

Participants will be asked to go to webpage provided via Facebook and click on the link provided to complete the attached survey and submit to me. Group will be set up for you to accept membership to for weekly posting lasting a month.

Thank you for considering my request. If you choose to grant permission, please respond by email to cwaites1@liberty.edu. A permission letter document is attached for your convenience.

Sincerely,

Corey Waites
Doctoral candidate in the EdD Community Care and Counseling/School of Behavioral Science at Liberty University
[redacted]

Appendix D: Social Media Recruitment

ATTENTION 3rd ID 703rd: I am conducting research as part of the requirements for a Doctor of Education (EdD) degree in Community Care and Counseling at Liberty University. The purpose of my research is to improve treatment for those exposed to traumatic events, and I am writing to invite eligible participants to join my study. Participants, if willing, will be asked to watch a five-minute video, complete some short surveys to include the Generalized Anxiety Disorder questionnaire, Major Depressive Index, CAGE questionnaire, Drug Use Questionnaire (DAST-20), and Drug Abuse Questionnaire. It should take approximately 15 minutes to complete the questionnaires, which will be given in the beginning and end of the study. You will also be added to a Facebook group chat where you will be asked to watch a short, 5-minute video explaining the concept of Acceptable Commitment Theory. You will be encouraged to chat weekly for 10-25 minutes with others who were in 3ID 703rd FSB who deployed to Iraq in 2005. Your responses to the questionnaires will be completely anonymous. Names and other identifying information will be collected for adding participants to the group chat, but that information will be kept confidential.

To participate, you must be members of 3rd ID 703rd FSB who deployed to Iraq in 2005. If you are interested, please private message me, stating that you meet the inclusion criteria, and I will send you the consent document you will need to sign. Once I receive your signed consent, I will add you to the Facebook group chat and send you a link to the questionnaires.

Appendix E: Stamped Consent

Consent

Title of the Project: The Lingering Effects of Post-Traumatic Stress Disorder on the Ability to Survive While Trying to Adjust to Ordinary Situations in Daily Living
Principal Investigator: Corey Waites, Doctoral Candidate, Community Care and Counseling, School of Behavioral Sciences at Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must have deployed to Iraq in 2005 with the 3rd ID 703rd FSB. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of the study is to improve treatment for those exposed to traumatic events by gathering information on those exposed to a trauma to determine how they have moved forward from it. The goal is to increase the focus on what to look for in those who have been able to maintain positive coping skills and productivity since returning from deployment.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete some short surveys to include the Generalized Anxiety Disorder questionnaire, Major Depressive Index, CAGE questionnaire, Drug Use Questionnaire (DAST-20), and Drug Abuse Questionnaire. It should take approximately 15 mins to complete the procedure listed.
2. Watch a short, 5-minute video explaining the Acceptable Commitment Theory.
3. Interact weekly for a month in a Facebook group chat for 10-15 minutes with others who were in 3ID 703rd FSB who deployed to Iraq in 2005. All interaction is voluntary, and you are free to leave the group chat at any time.
4. Complete the surveys a second time.

How could you or others benefit from this study?

The direct benefits participants may receive from taking part in this study are gaining insights into how well they have dealt with life since their experiences during deployment and adjusting to civilian life since returning from deployment. There is a possibility that some may realize more assistance is available and that they need help with things they are experiencing. Participants may also gain useful information in dealing with life situations while getting to visit some familiar faces from their old unit.

Benefits to society will include information that can be used to better the way trauma is reviewed and treated.

What risks might you experience from being in this study?

The risks involved in this study include discovering that coping mechanisms being used are unhealthy. Some may also revisit thoughts they have not dealt with or have suppressed over time that occurred during deployment. There also may be the possibility of facing some aspects of life that may be a result of deployment or choices made at some point in one's life. The risks are minimal, which means they are equal to the risks in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you will be removed before the data is shared.

- Participant questionnaire responses will be anonymous. Identifying information in the group chat will be kept confidential.
- Data will be stored on a password-locked thumb drive and may be used in future presentations. After three years, all electronic records will be deleted.
- Confidentiality cannot be guaranteed in the group chat setting. While discouraged, other members of the group chat may share what was discussed with persons outside of the group.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time prior to submitting the questionnaire without affecting those relationships. You are also free to leave the Facebook group chat at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please inform the researcher that you wish to discontinue your participation, and do not submit your questionnaires. Your responses will not be recorded or included in the study. Because the questionnaires are anonymous, the researcher will not be able to determine which questionnaire belongs to whom and remove individual's questionnaires.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Corey Waites. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at [redacted] or [redacted]. You may also contact the researcher's faculty sponsor, Al Sarno, at [redacted]

Liberty University
IRB-FY20-21-762
Approved on 5-13-2021

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Printed Subject Name

Signature & Date

Appendix F: Drug Use Questionnaire (DSAT-20)

Drug Use Questionnaire (DAST-20)

Name: _____

Case Number: _____

Charges: _____

Test Date: _____

Score: _____

Preliminary Comments

Adapted from language provided by Dr. Harvey Skinner (January 5, 2009)

The following questions concern your potential involvement with drugs other than alcohol. When you answer the questions, remember that the term "drug abuse" does not include alcohol. Instead, it refers to your use of prescribed or over the counter drugs in excess of the recommended dosage. For example, if you were given a prescription for pain killers, but took more than you were supposed to, that would be included. The phrase "drug abuse" also includes *any* non-medical drug use, including illegal drugs. This includes substances like marijuana, valium, cocaine, amphetamines, LSD, and heroin. Remember that the term "drug abuse" does not include alcohol. If you have difficulty with a statement, then choose the response that is mostly right.

Do you understand?

Questions

These questions refer to the past 12 months.	**Circle the Response**	
1. Have you used drugs other than those required for medical reasons?	Yes	No
2. Have you abused prescription drugs?	Yes	No
3. Do you abuse more than one drug at a time?	Yes	No
4. Can you get through the week without using drugs?	Yes	No
5. Are you always able to stop using drugs when you want to?	Yes	No
6. Have you had "blackouts" or "flashbacks" as a result of drug use?	Yes	No
7. Do you ever feel bad or guilty about your drug use?	Yes	No
8. Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
9. Has drug abuse created problems between you and your spouse or your parents?	Yes	No
10. Have you lost friends because of your use of drugs?	Yes	No
11. Have you neglected your family because of your use of drugs?	Yes	No
12. Have you been in trouble at work (or school) because of drug abuse?	Yes	No
13. Have you lost your job because of drug abuse?	Yes	No
14. Have you gotten into fights when under the influence of drugs?	Yes	No
15. Have you engaged in illegal activities in order to obtain drugs?	Yes	No
16. Have you been arrested for possession of illegal drugs?	Yes	No
17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
18. Have you had medical problems as a result of your drug use? (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)	Yes	No
19. Have you gone to anyone for help for a drug problem?	Yes	No
20. Have you been involved in a treatment program specifically related to drug use?	Yes	No

Appendix G: Alcohol Screening Questionnaire (AUDIT)

Alcohol screening questionnaire (AUDIT)

One drink equals:  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

Scoring:	0 points per question	1 point per question	2 points per question	3 points per question	4 points per question
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
Add the score for each column:		+	+	+	+

Total Score (add column scores) = _____

Appendix H: Major Depression Inventory (MDI)

Appendix I: CAGE

CAGE Questionnaire for Detecting Alcoholism		
Question	**Yes**	**No**
C: Have you ever felt you should **C**ut down on your drinking?	1	0
A: Have people **A**nnoyed you by criticizing your drinking?	1	0
G: Have you ever felt **G**uilty about your drinking?	1	0
E: Have you ever had a drink first thing in the morning (**E**ye opener)?	1	0
A total score of 0 or 1 suggests low risk of problem drinking A total score of 2 or 3 indicates high suspicion for alcoholism A total score of 4 is virtually diagnostic for alcoholism		

A **Major Depression Inventory (MDI)**

Major (ICD-10) Depression Inventory

The following questions ask about how you have been feeling over the past week. Please put a tick in the box which is closest to how you have been feeling

	How much of the time...	All the time	Most of the time	Slightly more than half the time	Slightly less than half the time	Some of the time	At no time
1	Have you felt low in spirits or sad?	5	4	3	2	1	0
2	Have you lost interest in your daily activities?	5	4	3	2	1	0
3	Have you felt lacking in energy and strength?	5	4	3	2	1	0
4	Have you felt less self-confident?	5	4	3	2	1	0
5	Have you had a bad conscience or feelings of guilt?	5	4	3	2	1	0
6	Have you felt that life wasn't worth living?	5	4	3	2	1	0
7	Have you had difficulty in concentrating, e.g. when reading the newspaper or watching television?	5	4	3	2	1	0
8a	Have you felt very restless?	5	4	3	2	1	0
8b	Have you felt subdued or slowed down?	5	4	3	2	1	0
9	Have you had trouble sleeping at night?	5	4	3	2	1	0
10a	Have you suffered from reduced appetite?	5	4	3	2	1	0
10b	Have you suffered from increased appetite?	5	4	3	2	1	0

Total score: _____

B

Scoring rule for the Major Depression Inventory (MDI) as depression severity measure.

<u>General remarks</u>

Each item is scored on a 0 to 5 Likert scale as indicated in Figure 1A. For items 8a versus 8b and for items 10a versus 10b, it is the highest score on a or b that is used

<u>MDI depression severity</u>

The ten items (1 to 10) are summed up to give a total score for depression severity. Theoretical score range:
0 – 50.
The standardization of the MDI total score is:

No or doubtful depression:	**0-20**
Mild depression:	**21-25**
Moderate depression:	**26-30**
Severe depression:	**31-50**

Appendix J: General Rating Formula for Mental Disorder (VA)

General Rating Formula for Mental Disorders:	Rating
Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name	**100**
Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships	**70**
Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships	**50**
Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events)	**30**
Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or; symptoms controlled by continuous medication	
A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication	**10**
	0