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Description Notes Alvin L. Young filed this item under "Vietnam Veterans Twin Study." Memo discusses Agent Orange Working Group Science Panel review of the CDC Veterans' Studies and the VA Twin Studies questionnaires. Attachments include excerpts of the studies' questionnaires and an excerpt from the DSM-III.



Memorandum

Date July 31, 1984

From Carl Keller, Science Panel, Agent Orange Working Group

Subject Review of OMB Clearance Package for Veterans Studies

To Dr. Edward N. Brandt, Jr., Chair Pro Tem, Agent Orange Working Group
(Cabinet Council)

At its July 19, 1984 meeting, the Science Panel reviewed the psychological components from the CDC Veterans' Studies and the VA Twin Studies questionnaires (see attached at Tab A). The purpose of this review was to assess whether differences in the two questionnaires were likely to affect the interpretation and comparison of results from these studies. The psychological questionnaires for both of these studies are quite similar and cover essentially the same material. The psychological components of both are intended to allow an assessment of Post-traumatic Stress Disorder (PTSD) as defined in the DSM-III (see attached at Tab B). Neither is based on a well-standardized existing questionnaire.

Since their original submission to OMB, investigators at CDC and the VA have agreed to limit the recall period to the past six months. Some differences in formatting the two instruments may be unavoidable in that the VA questionnaire will be completed by the participants and returned by mail, whereas the CDC questionnaire will be administered as a telephone interview.

The Science Panel feels that the differences are minor, partially unavoidable, and may be advantageous if no well standardized instruments exist to simplify tentative diagnosis of this important condition. The similarity of recall period will eliminate much of the difference between the instruments and will focus on current prevalence of psychiatric disorders. Validation of this method for diagnosing PTSD may require psychiatric examination in at least one of these studies.

22.

A. Overall, how would you describe your readjustment to civilian life after your release from active duty? Would you say that returning to civilian life caused you . . . (CIRCLE ONE)

- Considerable difficulty (GO TO B).....1
- Some difficulty (GO TO Q.23).....2
- Very little difficulty (GO TO Q.23).....3
- None, or practically no difficulty (GO TO Q.23).....4
- DOES NOT APPLY; I AM STILL IN THE MILITARY (GO TO Q.23)...6

IF CONSIDERABLE DIFFICULTY:

B. Please describe the difficulties you had.

23. In the past 12 months how frequently have you experienced the following problems? (CIRCLE ONE FOR EACH LINE, a - o)

VA
Termin Study

	Very		Some-	Almost	
	Often	Often	times	Never	Never

- a. Had trouble falling asleep, staying asleep or sleeping too much..... 1 2 3 4 5
- b. Had repeated dreams or nightmares about things that happened to you while in the military..... 1 2 3 4 5
- c. Had painful memories of things that happened to you while in the military..... 1 2 3 4 5
- d. Avoided activities that might remind you of things that happened to you while in the military..... 1 2 3 4 5
- e. Found yourself in a situation where you started to feel and act as though a disturbing event you experienced in the military was happening all over again..... 1 2 3 4 5
- f. Had times when other feelings or actions became stronger when you were in situations that reminded you of times in the military..... 1 2 3 4 5

23. (continued)

Very Often Often Some- times Almost Never Never

- g. Felt ashamed or guilty about the kinds of things you did to survive while in the military..... 1 2 3 4 5
- h. Had trouble concentrating..... 1 2 3 4 5
- i. Had trouble with your memory..... 1 2 3 4 5
- j. Have been irritable and short-tempered..... 1 2 3 4 5
- k. Had explosions of angry or aggressive behavior..... 1 2 3 4 5
- l. Lost interest in your usual daily activities..... 1 2 3 4 5
- m. Felt distant from everyone, even those people you care about..... 1 2 3 4 5
- n. Felt that life is not meaningful..... 1 2 3 4 5
- o. Felt jumpy and easily startled or felt that you had to stay on guard all the time..... 1 2 3 4 5

24. Since your discharge from active military duty, have you and your partner(s) ever had problems having children? (CIRCLE ONE)

Yes.....1

No.....2

25. How many children have you ever fathered? (ENTER NUMBER. PUT A "0" IN ANY EXTRA BOX ON THE LEFT)

CHILDREN

CDC
Veterans Health Study

SECTION H

The following questions concern various psychological or emotional experiences you may have had. All of them refer only to the PAST 6 MONTHS.

H-1. Have you had repeated and painful memories, dreams or nightmares of some very disturbing event or events that happened while you were in the Army?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-2. Have you found yourself in a situation where you started to feel, and even act, as though some disturbing event that happened to you in the Army was happening all over again?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-3. Has there been a period of time when you felt ashamed or guilty about surviving any disturbing events that may have happened to you while you were in the Army?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-4. In the PAST 6 MONTHS, has there been a period of time when you avoided activities that might remind you of things that happened in the Army?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-5. Have there been extended periods of time when you lost interest in activities or people that used to mean a lot to you, or felt you had much less emotion than usual?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-6. Has there been a period of time when you felt jumpy, easily startled, or felt that you had to stay on guard all the time?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-7. DURING THE PAST 6 MONTHS was there a period of time when you had trouble falling asleep, staying asleep or sleeping too much?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-8. Was there a period of time when you had trouble with your memory or trouble thinking or concentrating?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-9. Was there a period of time when you were irritable, angry, or full of rage?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-10. Was there a period of time when you were afraid you would lose control over your anger or aggressive impulses?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-11. IN THE PAST 6 MONTHS, have you had frequent explosions of anger or aggressive behavior?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

Now, shifting the time period to include all of the PAST 12 MONTHS.

H-12. During the PAST 12 MONTHS, did you talk about any drug, alcohol, or emotional problems with a health professional?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-13. During the PAST 12 MONTHS have you gone to anyone other than a health professional for help with drug, alcohol, or emotional problem?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-14. During the PAST 12 MONTHS, how many times have you gone to any kind of a professional for help with any of these problems?

of Visits. . . ///
Refused. 99 [- ()]

H-15. DURING THE PAST 12 MONTHS, were you admitted to any kind of treatment program, because of a drug, alcohol or emotional problem?

Yes. 1 [-]
No 2 [- ()]
Refused. 9 [- ()]

H-16. How many different times were you admitted to a hospital or treatment program for any of these problems?

of times . . . / / /
Refused. 99 [- ()]

[IF D- THRU D- WERE ANSWERED COMPLETELY,
AND THERE WAS NO SIGN OF HESITANCY OR DISTRESS, SKIP TO D-]

H-17. Would you like the phone number of the Vet Center in your area where you can discuss, free of charge, your thoughts and feelings about these experiences?

Yes. 1
No 2
Refused. 9 [- ()]

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C.2

DSM III
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TAB
B

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A final word of thanks must be given to the many other participants in this effort who have not received formal recognition, but who provided critiques and suggestions that were helpful in the preparation of DSM-III.

Robert L. Spitzer, M.D.
Chairperson, Task Force on
Nomenclature and Statistics

308.30 Post-traumatic Stress Disorder, Acute**309.81 Post-traumatic Stress Disorder, Chronic or Delayed**

The essential feature is the development of characteristic symptoms following a psychologically traumatic event that is generally outside the range of usual human experience.

The characteristic symptoms involve reexperiencing the traumatic event; numbing of responsiveness to, or reduced involvement with, the external world; and a variety of autonomic, dysphoric, or cognitive symptoms.

The stressor producing this syndrome would evoke significant symptoms of distress in most people, and is generally outside the range of such common experiences as simple bereavement, chronic illness, business losses, or marital conflict. The trauma may be experienced alone (rape or assault) or in the company of groups of people (military combat). Stressors producing this disorder include natural disasters (floods, earthquakes), accidental man-made disasters (car accidents with serious physical injury, airplane crashes, large fires), or deliberate man-made disasters (bombing, torture, death camps). Some stressors frequently produce the disorder (e.g., torture) and others produce it only occasionally (e.g., car accidents). Frequently there is a concomitant physical component to the trauma which may even involve direct damage to the central nervous system (e.g., malnutrition, head trauma). The disorder is apparently more severe and longer lasting when the stressor is of human design. The severity of the stressor should be recorded and the specific stressor may be noted on Axis IV (p. 26).

The traumatic event can be reexperienced in a variety of ways. Commonly the individual has recurrent painful, intrusive recollections of the event or recurrent dreams or nightmares during which the event is reexperienced. In rare instances there are dissociativelike states, lasting from a few minutes to several hours or even days, during which components of the event are relived and the individual behaves as though experiencing the event at that moment. Such states have been reported in combat veterans. Diminished responsiveness to the external world, referred to as "psychic numbing" or "emotional anesthesia," usually begins soon after the traumatic event. A person may complain of feeling detached or estranged from other people, that he or she has lost the ability to become interested in previously enjoyed significant activities, or that the ability to feel emotions of any type, especially those associated with intimacy, tenderness, and sexuality, is markedly decreased.

After experiencing the stressor, many develop symptoms of excessive autonomic arousal, such as hyperalertness, exaggerated startle response, and difficulty falling asleep. Recurrent nightmares during which the traumatic event is relived and which are sometimes accompanied by middle or terminal sleep disturbance may be present. Some complain of impaired memory or difficulty in concentrating or completing tasks. In the case of a life-threatening trauma shared with others, survivors often describe painful guilt feelings about surviving when many did not, or about the things they had to do in order to survive. Activities or situations that may arouse recollections of the traumatic event are

often avoided. Symptoms characteristic of Post-traumatic Stress Disorder are often intensified when the individual is exposed to situations or activities that resemble or symbolize the original trauma (e.g., cold snowy weather or uniformed guards for death-camp survivors, hot, humid weather for veterans of the South Pacific).

Associated features. Symptoms of depression and anxiety are common, and in some instances may be sufficiently severe to be diagnosed as an Anxiety or Depressive Disorder. Increased irritability may be associated with sporadic and unpredictable explosions of aggressive behavior, upon even minimal or no provocation. The latter symptom has been reported to be particularly characteristic of war veterans with this disorder. Impulsive behavior can occur, such as sudden trips, unexplained absences, or changes in life-style or residence. Survivors of death camps sometimes have symptoms of an Organic Mental Disorder, such as failing memory, difficulty in concentrating, emotional lability, autonomic lability, headache, and vertigo.

Age at onset. The disorder can occur at any age, including during childhood.

Course and subtypes. Symptoms may begin immediately or soon after the trauma. It is not unusual, however, for the symptoms to emerge after a latency period of months or years following the trauma.

When the symptoms begin within six months of the trauma and have not lasted more than six months, the acute subtype is diagnosed, and the prognosis for remission is good. If the symptoms either develop more than six months after the trauma or last six months or more, the chronic or delayed subtype is diagnosed.

Impairment and complications. Impairment may either be mild or affect nearly every aspect of life. Phobic avoidance of situations or activities resembling or symbolizing the original trauma may result in occupational or recreational impairment. "Psychic numbing" may interfere with interpersonal relationships, such as marriage or family life. Emotional lability, depression, and guilt may result in self-defeating behavior or suicidal actions. Substance Use Disorders may develop.

Predisposing factors. Preexisting psychopathology apparently predisposes to the development of the disorder.

Prevalence. No information.

Sex ratio and familial pattern. No information.

Differential diagnosis. If an Anxiety, Depressive, or Organic Mental Disorder develops following the trauma, these diagnoses should also be made.

In Adjustment Disorder, the stressor is usually less severe and within the range of common experience; and the characteristic symptoms of Post-traumatic Stress Disorder, such as reexperiencing the trauma, are absent.

Diagnostic criteria for Post-traumatic Stress Disorder

A. Existence of a recognizable stressor that would evoke significant symptoms of distress in almost everyone.

B. Reexperiencing of the trauma as evidenced by at least one of the following:

- (1) recurrent and intrusive recollections of the event
- (2) recurrent dreams of the event
- (3) sudden acting or feeling as if the traumatic event were reoccurring, because of an association with an environmental or ideational stimulus

C. Numbing of responsiveness to or reduced involvement with the external world, beginning some time after the trauma, as shown by at least one of the following:

- (1) markedly diminished interest in one or more significant activities
- (2) feeling of detachment or estrangement from others
- (3) constricted affect

D. At least two of the following symptoms that were not present before the trauma:

- (1) hyperalertness or exaggerated startle response
- (2) sleep disturbance
- (3) guilt about surviving when others have not, or about behavior required for survival
- (4) memory impairment or trouble concentrating
- (5) avoidance of activities that arouse recollection of the traumatic event
- (6) Intensification of symptoms by exposure to events that symbolize or resemble the traumatic event

SUBTYPES

Post-traumatic Stress Disorder, Acute

A. Onset of symptoms within six months of the trauma.

B. Duration of symptoms less than six months.

Post-traumatic Stress Disorder, Chronic or Delayed

Either of the following, or both:

- (1) duration of symptoms six months or more (chronic)
- (2) onset of symptoms at least six months after the trauma (delayed)