

Assessing Secondary PTSD in Spouses of Veterans

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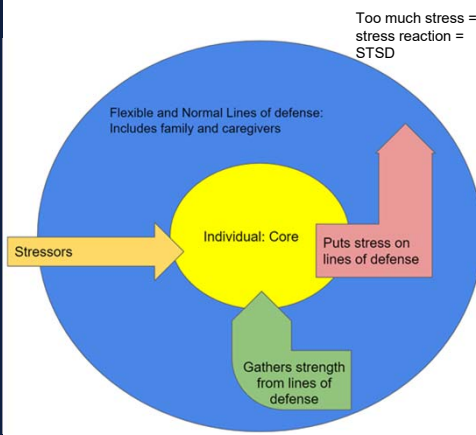
Background and Purpose

- Caregivers in contact with individuals with PTSD develop symptoms of PTSD without initial trauma, known as STSD (Secondary Posttraumatic Stress Disorder).
- Symptoms include: avoidance, intrusive thoughts, hypersensitivity to surroundings.
- 33% of ED nurses, first responders, war veteran wives show symptoms.
- No consistency in prior research, screening criteria. Assessment tools designed as self-reporting scale for professionals.
- Military spouses are at higher risk for symptoms with less support than professionals, and are an undetected and untreated population.

Purpose

To adapt existing STSD screening tools for use with spouses of veterans for use in outpatient and emergency settings.

Neuman System Theory



Tool Development

- 3 established tools were combined and reworded to address the target population
 - Professional Quality of Life Scale (ProQOL)
 - Specific Secondary Stress Scale (STSS)
 - Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)
- Life Events Questionnaire added as trauma history measure
- Tool utilizes Four factor structure
 - History of Trauma
 - Avoidance
 - Emotional numbing
 - Hyperarousal

Methods

- Focus Groups: 31 Subject Matter Experts (SME) including Psychiatrists, Clinical Psychologists, and Psychiatric Mental Health Nurse Practitioners (PMHNPs).
- One year experience in mental health field.
- Experience working with patients with PTSD and their spouses in either emergency clinical or outpatient clinical settings.
- Recruitment through word of mouth and snowball recruitment.
- SME attended 45-minute, semi-structured, group interview sessions.
- Recommendations incorporated in tool revision
- Revised tool shown to original SME for feedback

Results

Responses were grouped into content areas

- structure of the screening tool
- background
- administration of the screening tool
- symptoms of STSD
- use of assessment tools
- scoring
- recommended modifications of the tool

Specific recommendations included:

- A two-tier tool based on five mandatory questions, each triggering subsequent, conditional questions as necessary.
- Different recommendations for scoring including Likert-like scale or frequency count.
- No questions to be removed or added.
- Feedback regarding updated tool was mixed with equal portions preferring revision and original tool.

Discussion

- Assessment tools used inconsistently in outpatient practice.
- Lack of knowledge about STSD among SME due to inconsistencies in measurement, terminology, and screening tools in prior research.
- All SME had exposure to patients with targeted symptoms, inconsistency in prior diagnoses for patients.

Future State/Recommendations

- Phase Two will involve development of a research proposal to validate variations of the tools with targeted population of military spouses.
- Multiple versions of the tool will be tested, with variations in scoring and length, both original and revised versions.
- Further revisions to the tool will be made based on results of validation studies.

Conclusion

- STSD is underidentified and underdiagnosed condition.
- Tool represents a first step for further research into the diagnosis, eventually will lead to greater understanding of etiology, prognosis and treatment.
- Tool implementable and potentially useful in outpatient and clinical settings.

References upon request
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