Assessing Couples with Combat Exposure Scale Scores

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Note: If the CES score is 9 or higher, give the combat veteran the brochure titled *Suicide Thoughts and Combat Stress* during the intake session. This brochure can be found in the Military Couple Resource Binders in the Hope office.

The Combat Exposure Scale (CES) was designed to measure the amount of stressors that a veteran experienced while in combat (Keane et al., 1989). Combat stressor include but are not limited to constant threat of death or injury, loss due to death or injury of coworkers, killing enemy combatants, and the handling of human remains (COSC Program, 2009). In addition, while in a combat zone, veterans must remain in a constant state of hyper-alertness in order to protect themselves and other military members. Typically upon returning home to a secure area, combat veterans have difficulty transitioning from the hyper-alert state to a lower level of watchfulness. With the stressors and the transition, most combat veterans experience combat stress reactions when they return home from combat (NCPTSD, 2010).

Combat Stress Reactions: Combat stress reactions are considered normal and do not necessarily indicate a more serious diagnosis. These reactions can include physical, emotional, and behavioral components (NCPTSD, 2010). Physically, the veteran may have sleep problems, headaches, upset stomach, rapid breathing, or rapid racing pulse. Emotional symptoms may include feeling numb or unable to feel happy, flashbacks, nightmares, being easily annoyed or angered, and feelings of depression, guilt, or hopelessness. Combat veterans also may have a sense of foreshortened future where they believe they will not live long enough to enjoy normal milestones of life such as having children or seeing those children complete high school. Common behavioral reactions are being jumpy, easily startled, always on guard, difficulty concentrating, and avoiding others. Other behavioral components include disregarding self care of diet, exercise, and sleep or the excessive use of alcohol, drug, or nicotine. Aggressive driving or even what civilians would describe as erratic driving is also common among combat veterans. In a combat zone, veterans are taught that in order to stay safe from roadside bombs or suicide bombers, they should drive in the center of the road, avoid being caught in traffic, and keep their distance from debris on the side of the road (D. Sierra, personal communication, March 2005). When returning home, veterans usually become nervous sitting in traffic fearing they are "sitting ducks" for suicide bombers or driving on trash collection days because they fear that bombs could be in waste receptacles.

Combat stress reactions usually last for a few weeks up to a couple of months (NCPTSD, 2010). If the reaction lasts longer than this time frame, or if the symptoms are severe enough to cause clinically significant impairment in social or occupational functioning, the veteran may have other psychological impairments and should be referred for individual treatment.

One reaction to combat stress that is not considered normal is suicidal ideation (Clark & Curry, 2007). Some common triggers for suicidal ideation include not being able to escape thoughts about the combat experience, losing friend/coworkers in combat, and feeling overwhelmed, guilty, or hopeless. Veterans experiencing suicidal ideations should seek help immediately.

Combat Exposure and Marriage: Because of combat stress reactions, after returning from combat many veterans and their wives report considerable increase in conflict with significant decreases in marital cohesion and satisfaction (Solomon et al., 1992). Research has shown that as the amount of combat exposure increases, marital adversity also increases (Gimbel & Booth, 1994). However, longitudinal research found that for combat veterans without other significant mental health diagnoses, their intimate relationships return to pre-war levels of cohesion and satisfaction by six years after the combat experience (Solomon et al., 1992). Thus, if couples are able to persevere, there is hope for the marriage.

Combat Exposure and Mental Health Problems: Nevertheless, some veterans are more negatively affected by combat than others and develop mental health problems. Research has found that the severity of combat is one reason for the increased vulnerability of certain veterans, with higher levels of combat exposure linked to more mental health problems (Renshaw, Rodrigues, & Jones, 2009). Specifically, combat exposure has been positively correlated with antisocial behavior, PTSD, depression, and substance abuse (Gimbel & Booth, 1994; Hoge et al., 2004). All of these mental health problems have been shown to decrease marital satisfaction (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Gimbel & Booth, 1994; Renshaw, Rodrigues, & Jones, 2009). The numbing symptoms of PTSD have been particularly damaging to intimate relationships as research shows that when the severity of PTSD symptoms was controlled for, the numbing symptoms continued to decrease levels of intimacy and constructive communication (Cook et al., 2004).

PTSD and depression appear to be the more insidious of the mental health problems developed from combat exposure and have been linked to domestic violence (Babcock, Roseman, Green, & Ross, 2008; Sherman, Sautter, Jackson, Lyons, & Han, 2006). Although the risk for violent acts is higher with veterans who have PTSD or depression (6 times the rate of general population), research indicates that they have and even higher risk of committing severe violent acts with a rate 14 times higher than the general population (Sherman et al., 2006).

Guideline for Individual Intakes

In order to see the military member's responses on the intake paperwork, the therapist should complete the individual intake with the non-military spouse first while the military member completes the intake paperwork. This will allow the CAS the time to score the assessments before the military member has the individual intake session. With couples who have scores of 9 or above on the CES, it is important to screen for suicide, PTSD, depression, domestic violence, and substance abuse.

- **Suicidal Ideation:** Therapists should assess with standard questions asking if client has thoughts of harming him/herself. Then assess for plan and the means to carry it out. Follow clinic procedure with military members who have suicidal ideation, a plan, or are at risk for suicide. Dr. Ripley should also be contacted as soon as possible.
- **PTSD:** The intake paperwork assesses for PTSD. If the assessment indicates that the client may be experiencing PTSD symptoms, the therapist should follow up with specific questions designed elicit more information about numbing symptoms as feeling numb is the symptom of PTSD that negatively affects the marital relationship the most (Cook et al., 2004). Questions to ask include (Zimmerman, 1994, p.52):
    - Do you frequently feel like you don't fit in with [your partner]? That is, you're with [him/her] physically, but you feel distant and cut off from [him/her].
    - Does it seem like you've lost the ability to feel certain emotions? **If Yes:** Like what?
    - Do you feel emotionally numb?
    - Has it seemed like you no longer experience strong feelings about anything, or that you can't feel love anymore?
- **Depression:** Depression is also assessed in the intake paperwork. Therapist may want to further asses for depression with the standard questions about appetite, sleeping, and daily activities. Asking the spouse about the military member's behavior may also help with diagnosis.
- **Domestic Violence:** With these couples, domestic violence should always be addressed in individual intakes even if the couple denied violence on the screening questions. See the strategy paper *Assessing Domestic Violence* on the MMATE Center website for specifics on this assessment procedure.
- **Substance Abuse:** With combat stress reactions or PTSD, substance abuse increases the risk of suicide (Clark & Curry, 2007). In addition, military members using substances to cope with combat stress are likely to deny the extent of their use. Therefore, therapists may want to ask the spouse during individual intake about the military member's substance use. Therapist may also need to consult the strategy paper *Substance Abuse* on the MMATE Center website.

➢ **Referral:** Military members who have PTSD, depression, serious domestic violence problems, or substance abuse problems should be referred to the PSC, their command chaplain, or other mental health professional for individual treatment.

Psychoeducation

Psychoeducation is important for the couple because it is unlikely that either understand combat stress or its complications. The following points should be addressed:

- **Normalization:** Most military members who served in war zones have combat stress reactions after returning home (NCPTSD, 2010). It is important for the therapist to normalize the combat stress reaction because the couple is likely to believe they are the only ones who are having these problems. The military member may fear that he or she is going crazy. Also the fear of the reaction may be hampering their relationship.
- **Symptoms:** Outlining the general symptoms of combat stress can help normalize the experience for veterans and their spouses. Combat stress reactions include the following symptoms (NCPTSD, 2010):
    - **Physical Reactions:**
        - Sleep problems
        - Headaches
        - Upset stomach
        - Rapid breathing or racing pulse
    - **Emotional Reactions:**
        - Feeling numb or unable to feel happy
        - Flashbacks or nightmares
        - Easily annoyed or angered
        - Feeling sad, helpless, guilty, hopeless, or nervous
        - Feeling a sense of foreshortened future
    - **Behavioral Reactions:**
        - Jumpy, easily startled, always on guard
        - Excessive alcohol, drug, or nicotine use
        - Failing to take proper care of self with diet, exercise and sleep
        - Driving aggressively
        - Difficulty concentrating
        - Avoiding others
- **Self-Help:** There are a number of things the military member can do to help ease the combat stress reaction. These include (COSC Program, 2009):
    - Utilizing relaxation techniques
    - Finding healthy ways to express anger
    - Taking time out in order to keep from being over-stressed
    - Not isolating oneself
    - Finding peace in spirituality
    - Self-care of eating right, exercise, and getting enough sleep
- **Duration:** The therapist should explain that stress reactions last for a few months, but if the reactions persist after that time or become worse, the military member should seek professional help. Ignoring the symptoms will not make them go away, and they could become worse (COSC Program, 2009).
- **Complications:** As described above, complications from combat stress can include suicidal ideation, PTSD, depression, domestic violence, and substance abuse. Therefore,

if the symptoms do become worse, it is important to seek help instead of ignoring them so that problems are not magnified.

- **Danger signs:** Suicidal thoughts are one of the major signs of danger (Clark & curry, 2007). Do not ignore them—seek help immediately. Seeking help is not a sign of weakness. "It takes the courage and strength of a warrior to ask for help" (USDVA, 2010). **Note:** If the CES score is 9 or higher, give the combat veteran the brochure titled *Suicide Thoughts and Combat Stress* during the intake session. This brochure can be found in the Military Couple Resource Binders in the Hope office.

Is this Couple Suitable for Hope Focused Couples Therapy?

Couples with serious domestic violence, substance abuse problems, severe PTSD, and/or severe depression/suicidal ideation need more help than the Hope Couples Therapy can offer. Thus these couples should be referred. Therapists should consult with their supervisors if they believe the couple meets any of these rule out criteria.

Additional Resources

For Therapists—Strategy Papers on the MMATE Center Website:

- Working with Military Couples
- Assessment of Domestic Violence
- Time Out Interventions for Couples
- High Conflict Couples
- Substance Abuse

For the Couple—Military Couple Resource Binder in Hope Office:

- Returning from the War Zone: A Guide for Families of Military Members
- Returning from the War Zone: A Guide for Military Personnel
- Coming Home: What to Expect, How to Deal When You Return From Combat
- Combat Stress Resources for Military Families
- Adjusting to Civilian Life After Combat Duty with the Guard or Reserves
- Becoming a Couple Again: How to Create a Shared Sense Purpose After Deployment
- Chill Drills brochure--explains how the military member can obtain a free copy of the pre-loaded MP3 player that guides them through relaxation techniques.

➢ Additional resources are also available for children whose parent just returned from deployment or combat

Annotated Bibliography

For the Therapist

Cook, J. M., Riggs, D. S., Thompson, R., Coyne, J. C., & Sheikh, J.. I. (2004). Posttraumatic

stress disorder and current relationship functioning among World War II ex-prisoners of war. *Journal of Family Psychology, 18*(1), 36-45.

This article assessed the PTSD symptoms and marital satisfaction of former prisoners of war (POW) from WWII. The research shows that even combat experienced more than 50 years previously affects the marital relationship. It also indicates that PTSD negatively affects marital satisfaction with the numbing symptoms of PTSD being the most harmful to the marriage.

Gimbel, C., & Booth, A. (1994). Why does military combat experience adversely affect marital relations? *Journal of Marriage and the Family, 56,* 691-703.

This article researches the link between combat experience and marital satisfaction. The study's findings indicate that combat increase marital adversity. The research also found that combat experience increases antisocial behavior in combat veterans, in turn, the antisocial behavior of one partner decrease martial satisfaction.

National Center for PTSD (NCPTSD). (2010). Retrieved from http://www.ptsd.va.gov/index.asp

This site has a number of resources for the therapist explaining assessment and treatment of PTSD. One resource link that may be particularly helpful to therapist new to military couples is the resources titled *Understanding Military Culture*. In addition, the site contains fact sheets, videos, and articles about trauma and PTSD that can be given to the military member.

Renshaw, K. D., Rodrigues, C. S., & Jones, D. H. (2009). Combat exposure, psychological symptoms, and marital satisfaction in National Guard soldiers who served in Operation Iraqi Freedom from 2005-2006. *Anxiety, Stress, & Coping, 22*(1)*,* 101-115.

This research study examined the effects of combat exposure on the marriages of National Guard soldiers. The findings indicate that the severity of PTSD and depression in combat veterans is positively associated with the amount of combat exposure. In addition, the research found that the severity of PTSD and depression were negatively correlated with marital satisfaction.

Sherman, M. D., Sautter, F., Jackson, M. H., Lyons, J. A., & Han, X. (2006). Domestic violence in veterans with posttraumatic stress disorder who seek couples therapy. *Journal of Marital and Family Therapy, 32,* 479-490.

The research study examined the link between combat experience and domestic violence. It was found that combat veterans with depression or PTSD were more likely to physically abuse their spouses. There were other factors that also increased the likelihood of combat veterans committing domestic violence such as younger age and in poor physical health. In addition, it was found that combat veterans with PTSD desired less intimacy with their spouses than combat veterans without PTSD.

Solomon, Z., Waysman, M., Belkin, R., Levy, G., Mikulincer, M., & Enoch, D. (1992). Marital relations and combat stress reaction: The wives' perspective. *Journal of Marriage and the Family, 54,* 316-326.

The research showed that military personnel who experience combat stress reactions during combat bring that stress back into the marriage relationship after the deployment creating disruption. Combat stress reactions cause a significant reduction in marital cohesion and satisfaction and increases in conflict during the immediate post-deployment period. However, most couples returned to their pre-deployment levels of satisfaction within a few years. The couples that tended to hold more negative ideation about their marriages and not return to pre-war satisfaction levels were the couples where the military member had a serious stress reaction during combat and had to be removed from theater.

For the Couple

Military One Source. (2010). Retrieved from www.militaryonesource.com

This is the official website for military members and their families. The site offers a 24-hour hot line for those with suicidal ideations. In addition, it provides contact information for local base resources for the couple and also information on subjects such as preparing for deployments.

National Center for PTSD. (2010). Retrieved from http://www.ptsd.va.gov/index.asp

This site has fact sheets, videos, and articles about trauma and PTSD. In addition, it has resources listed to help military members find treatment programs. Those interested can sign up to receive the Center's monthly newsletter.

United States Department of Veterans Affairs (USDVA). (2010). Retrieved from http://www.va.gov/

The VA website has a link for the on-line registration application. Veterans who desire to use VA services, including the VA hospital or treatment facility, must be registered. The site also displays links for other programs that the VA offers.

References

Babcock, J. C., Roseman, A., Green, C. E., & Ross, J. M. (2008). Intimate partner abuse and PTSD symptomatology: Examining mediators and moderators of the abuse-trauma link. *Journal of Family Psychology, 22,* 809-818.

Clark, K., & Curry, J. (2007). *Suicide thoughts and combat stress.* Scotts Valley, CA: ETR Associates.

Combat Operational Stress Control (COSC) Program. (2009). *Managing PTSD and other combat-related stress reactions.* South Deerfield, MA: Channing Bete Company.

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine, 351,* 13-22.

Keane, T. M., Fairbank, J. A., Caddell, J. M., Zimering, R. T., Taylor, K. L., & Mora, C. A. (1989). Clinical evaluation of a measure to assess combat exposure. *Psychological Assessments: A Journal of Consulting & Clinical Psychology, 1,* 53-55.

National Center for PTSD (NCPTSD). (2010). *Returning from the war zone.* Retrieved from http://www.ptsd.va.gov/index.asp

United States Department of Veterans Affairs (USDVA). (2010). Retrieved from http://www.va.gov/

Zimmerman, M. (1994). *Interview guide for evaluating DSM-IV psychiatric disorders and the mental status examination.* East Greenwich, RI: Psych Products Press.