Multidimensional Assessment of Combat-related PTSD: Phenomenological, Psychometric, and Psychophysiological Considerations

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The literature on assessment of PTSD in combat veterans is discussed as it relates to several major diagnostic issues. Studies bearing on the validity of the PTSD diagnosis are presented. Additionally, a multidimensional assessment of PTSD is described in detail. The major assessment instruments currently used are discussed and the research supporting the selection of each of the assessment tools is presented.

KEY WORDS: post-traumatic stress; combat trauma; assessment of PTSD.

INTRODUCTION

Throughout history, it has been recognized that combat trauma can lead to severe psychological distress. Various labels and theories have been used to explain this phenomenon (soldier's heart, combat fatigue, shell shock, combat neurosis, etc.). Yet it was not until the publication of DSM-III (American Psychiatric Association, 1980) that post-traumatic stress disorder (PTSD) became an officially recognized psychiatric diagnosis. As currently defined in DSM-III-R (American Psychiatric Association, 1987), PTSD is characterized by (1) history of an identifiable traumatic event, (2) reexperiencing

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of the trauma, (3) avoidance of cues associated with the trauma or emotional numbing, and (4) symptoms of increased arousal.

Some cases of PTSD may be acute and abate relatively quickly. In many cases, however, very debilitating symptoms are evident decades after the trauma and severely impair individual, family, social, and occupational functioning (Archibald et al., 1962; Egendorf et al., 1981; Sutker et al., 1986). Due to the very broad impact PTSD has on an individual's overall adjustment and the fact that the diagnostic category is quite new, the development of reliable and valid assessment instruments is only in its early stages. Existing assessment tools are continually being refined. New interview protocols, psychophysiological assessment procedures, and self-report measures are being developed, and the pace of new knowledge regarding the assessment of PTSD is quite rapid.

The development of reliable assessment procedures, which have high specificity (i.e., a low rate of false positives) and high sensitivity (i.e., a low rate of false negatives), is critical in improving our diagnostic expertise, enabling researchers to collect meaningful epidemiological information, improving our understanding of the disorder and its parameters, and making it possible for professionals to communicate effectively about the disorder (Keane et al., 1987). Additionally, the accurate assessment of PTSD is critical for individuals involved in forensic and compensation adjudications (Atkinson et al., 1982; Sparr and Atkinson, 1986). Thus, there are numerous clinical, theoretical, financial, and legal demands for the accurate diagnosis of PTSD.

In the present paper, the literature on assessment of PTSD in combat veterans will be discussed as it relates to several major diagnostic issues. Studies bearing on the validity of the PTSD diagnosis will be presented. Additionally, a multidimensional assessment of PTSD will be described in detail. The major assessment instruments currently used will be discussed and the research supporting the selection of each of the assessment tools will be presented.

**VALIDITY OF THE PTSD DIAGNOSIS**

The PTSD diagnostic category has been subjected to considerable skepticism. Some have actively challenged the validity of the diagnosis (Goodwin and Guze, 1984). This has resulted in a healthy reaction from PTSD researchers who have responded with a number of well-designed studies to demonstrate the clinical utility and validity of PTSD.

The validity of diagnostic criteria is supported if individuals with a given disorder differ significantly on those criteria from well-adjusted individuals and from individuals with other psychiatric diagnoses. Zimering et al. (1984)