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Mental Health and Resilience: Soldiers' Perceptions about
Psychotherapy, Medications, and Barriers to Care in the United
States Military

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14. ABSTRACT Research has reported perceived barriers to care in military populations, but there have not been any studies to date that demonstrate the degree to which subjective barriers translate into lack of utilization. Moreover, studies of mental health service utilization have not examined patient beliefs and perceptions, instead focusing on characteristics such as race, gender, and socio-demographic variables. To our knowledge there have not been any systematic investigations into what soldiers believe about mental health treatment. Results from this study will provide the mental health community with valuable information about 1) Barriers to receiving mental health care in symptomatic individuals; 2) The effects those barriers have on health care utilization; 3) Beliefs about mental health and treatment preferences that can inform education and treatment planning efforts; 4) Factors associated with psychological resilience and how those factors affect healthcare utilization. Current progress includes successful IRB approval and survey development and deployment. Data collection is anticipated to occur at Fort Drum in January 2011.					
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INTRODUCTION

A recent survey of three different groups of soldiers (N = 3,671) returning from Afghanistan and Iraq found that 11.2 -17.1% met screening criteria for a mental disorder. However, only 23-40% of those with a positive screen were interested in receiving mental health care. Research has reported perceived barriers to care in military populations, but there have not been any studies to date that demonstrate the degree to which subjective barriers translate into lack of utilization. Moreover, studies of mental health service utilization have not examined patient beliefs and perceptions, instead focusing on characteristics such as race, gender, and socio-demographic variables. To our knowledge there have not been any systematic investigations into what soldiers believe about mental health treatment. Moreover, there have been no studies examining how beliefs about treatment and etiology of psychological disorders relate to seeking professional help at a military mental health clinic and to general healthcare utilization. The intended scope of this award is to collect data from a sample (n= 3600) of Active Duty Service Members from the 10th Mountain Light Infantry Division, Fort Drum NY, who have recently returned from a deployment to Iraq or Afghanistan.

BODY

The work accomplished in the last 12 months of the award included the successful obtainment of IRB approval from The Yale School of Medicine, Walter Reed Army Medical Center Department of Clinical Investigations (WRAMC DCI) and HRPO. It was determined that the WRAMC DCI was the IRB of record for this protocol. During this time period, it also was determined that the VA Connecticut Healthcare System was not engaged in research in the execution of this project and that review of the protocol by the VA Human Subjects Subcommittee was not required. Significant delays in obtaining IRB approvals included a change in WRAMC DCI policy as to the requirements for CRADA documentation for collaborative extramural research and VA policy regarding consent forms, which required amending protocol documentation prior to final approval. As the original 24 month time period of this award ended just as the IRB approval documentation was obtained, a 1-year no-cost extension was requested and granted.

Further, the survey methodology was finalized. All measures were formatted for use in a optical scanning system so that respondent's data will be read by a computer system and an electronic database will be created.

Finally, Investigator Dr. Todd Benham approached Command of the 2nd Brigade Combat Team (BCT) 10th Mountain Light Infantry regarding recruitment. The Command has approved participation in this protocol and the Investigators will have an opportunity to recruit Service Members in January 2011. The Investigators also anticipate recruiting from the 1st BCT when they return in Spring, 2011.

Measures

The following measures will be administered in the survey:

Demographic data will be accessed from each participant's Post-Deployment Health Reassessment (PDHRA) form filled out immediately prior to participation in the survey. As race and ethnicity are not asked as part of the PDHRA, we will include an assessment item asking each participant to identify themselves as one or more of the following:

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

1. Hispanic or Latino
2. Not Hispanic or Latino

Barriers to Care Inventory: An 11-item self-report assessment of obstacles that prevent or dissuade individuals from seeking mental health treatment. This measure assesses pressures such as lack of trust, stigma, stereotypes, finances, time-off from work, and psychological insecurity. Comparison data available for $N = 6153$ combat veterans, including stratified samples of soldiers who met screening criteria for psychopathology ($n = 731$) and those who did not ($n = 5422$) following deployments to Iraq and Afghanistan (Hoge et al., 2004). Approximate time to complete: 3-5 min.

Beliefs about Psychotropic Medications & Psychotherapy: A 14-item Likert scale assessment of personal beliefs about psychotropic medication and psychotherapy. Scale items were derived via confirmatory factor analysis of ($n = 232$) participants enrolled in the Collaborative Care for Anxiety and Panic (CCAP) study comprising community care clinics in Seattle, San Diego, and Los Angeles. Six scale items assess beliefs about medications, with the remaining eight items assessing patient beliefs about psychotherapy. Cronbach's alpha's for the medication and psychotherapy sub-scales were .71 and .82 respectively, indicating acceptable to good internal consistency (Bystritsky et al., 2005). Approximate time to complete: 3-5 min.

Connor-Davidson Resilience Scale (CD-RISC): The CD-RISC was developed as a self-report assessment of psychological resilience. The scale comprises 25 Likert scale items that assess five orthogonal resilience factors, with five items per factor (Factor 1 = personal competence; Factor 2 = trust and tolerance of negative affect; Factor 3 = acceptance of change; Factor 4 = control; Factor 5 = spiritual influences). Psychometric data was obtained from multiple samples including non-help seeking ($n = 577$), psychiatric outpatients ($n = 43$), primary care patients ($n = 139$), and subjects enrolled in a PTSD treatment study ($n = 44$). The CD-RISC was shown to have high test-retest reliability ($r = .87$) and good internal consistency (Cronbach's alpha = .89). Results also revealed the CD-RISC to be sensitive to the effects of treatment, with greater therapeutic improvement marked by proportionate increases in resilience (Connor & Davidson, 2003). Approximate time to complete: 3-5 min.

Fear of Loss of Vigilance Questionnaire: The FLOV-Q was developed to evaluate the hypothesis that predisposition to PTSD is characterized more by symptoms of Nocturnal Panic (NP) compared to day-time Panic Disorder (PD). Items for this scale were derived from patient reports during administration of the Anxiety Disorders Interview Scale (ADIS-IV; Brown et al., 1994). Items with factor loadings $> .30$ were retained, resulting in a 14-item scale assessing the degree of anxiety or distress an individual experiences about a variety of physiological sensations associated with a loss of vigilance (e.g. drowsiness, daydreaming, fatigue, being in a daze or zoning out). The measure correlated well ($r = .40$) with the Posttraumatic Stress Disorder Scale (PDS; Foa, 1995) severity score index. The measure also showed good test-retest reliability ($r = .77$), and high internal consistency (Cronbach's $\alpha = .92 - .94$; Tsao & Craske, 2003). Approximate time to complete: 3-5 min.

Posttraumatic Stress Checklist-Military (PCL-M): The PCL-M is a 17 item self-report assessment of PTSD symptom severity developed by the National Center for PTSD. The military version of the PCL is keyed to stressful military experiences, and corresponds to 17 items directly adapted from the DSM-IV PTSD criteria. Psychometric data was obtained from veterans of the Vietnam War as well as the Persian Gulf War. The PCL-M demonstrated good internal consistency (Cronbach's $\alpha = .96$ and $.97$ respectively). Test-retest reliability over a 2-3 day period was $r = .96$ (Weathers & Ford, 1996). Approximate time to complete: 5-7 min.

Psychiatric Disability Attribution Questionnaire (PDAQ): The PDAQ is a 36 item Likert scale assessment of stigma and discriminatory beliefs about six different disorders or diseases (Cocaine Addiction, Mental Retardation, AIDS, Psychosis, Depression, and Cancer). The PDAQ has three empirically derived scales (Factor 1 = stability; Factor 2 = controllability; Factor 3 = pity) applicable to each of the six pathologies. The stability factor assesses the degree to which the respondent believes counseling and medication will be helpful. The controllability factor measures how much the respondent avoids individuals afflicted with each of the six pathologies, as well as how much personal blame is attributed to a given disease or disorder. Test-retest reliability for the PDAQ ranges from fair to good ($r = .57 - .83$; Corrigan, River, Lundin et al., 2000). For the purposes of this study, only two of the six disorders (Depression and Psychosis) were chosen for inclusion in the assessment. Additional modifications were made to the measure by replacing the word 'Cancer' with 'PTSD' to create a third scale assessing attributions about PTSD. These modifications result in an 18 item scale, with each of the three disorders comprising six questions. Approximate time to complete: 3-5 min.

Unit Support Scale: A 12 item Likert scale assessment of nature of professional relationships and cohesion between the soldier and his/her unit. Questions on this measure include "my unit was like a family to me," "I could go to most people in my unit for help when I had a personal problem," and "my superiors made a real attempt to treat me as a person." This measure is also part of the DRRI and demonstrated good internal consistency (Cronbach's $\alpha = .94$; King, King, & Vogt, 2003). Approximate time to complete: 1-2 min.

Approximate time to complete entire battery: 30 min.

KEY RESEARCH ACCOMPLISHMENTS

- All IRB Exemptions obtained.
- Digital scanning programming of survey completed.
- Recruitment initiated with local Command.
- A one-year no-cost extension of this award was approved.

REPORTABLE OUTCOMES

We are now ready to execute the protocol. We anticipate successful survey data collection and data pre-processing. This award should be accomplishable in a 24 month time period.

CONCLUSION

This research addresses important issues regarding Service Members' perceptions of barriers to care, resilience, and health care utilization. However, the ability to engage civilian academic, active duty, and Veterans Administration IRB bureaucracy for a timely and successful response proved to be much more difficult than originally anticipated. Indeed, there exist no mechanisms that would allow for such collaborations, as in many places this protocol encountered significant redundancies of reviews. Now that these reviews have concluded, we anticipate no further delays.

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FORT DRUM RESILIENCE PROJECT

1. Today's Date / /
mm dd yyyy

2. Last Name

3. First Name I.

4. Date of Birth / /
mm dd yyyy

5. Last 4 Social Security Number

6. Ethnicity: Hispanic or Latino ☐ Yes ☐ No

7. Race: (check one or more) ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

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FORT DRUM RESILIENCE PROJECT

Section A: Perceived Barriers to Care Assessment

Rate how each of the possible concerns might affect your decision to receive mental health counseling or services if you ever had a problem.

	Strongly DISAGREE	DISAGREE	UNSURE NEITHER AGREE NOR DISAGREE	AGREE	Strongly AGREE
1. I don't trust mental health professionals.	☐	☐	☐	☐	☐
2. I don't know where to get help.	☐	☐	☐	☐	☐
3. I don't have adequate transportation.	☐	☐	☐	☐	☐
4. It is difficult to schedule an appointment.	☐	☐	☐	☐	☐
5. There would be difficulty getting time off work for treatment.	☐	☐	☐	☐	☐
6. Mental health care costs too much money.	☐	☐	☐	☐	☐
7. It would be too embarrassing.	☐	☐	☐	☐	☐
8. It would harm my career.	☐	☐	☐	☐	☐
9. Members of my unit might have less confidence in me.	☐	☐	☐	☐	☐
10. My unit leadership might treat me differently.	☐	☐	☐	☐	☐
11. My leaders would blame me for the problem.	☐	☐	☐	☐	☐
12. I would be seen as weak.	☐	☐	☐	☐	☐
13. Mental health care doesn't work.	☐	☐	☐	☐	☐
14. Psychotherapy is not effective for most people.	☐	☐	☐	☐	☐
15. Being in therapy is a sign of weakness.	☐	☐	☐	☐	☐
16. Therapy can help individuals overcome stressful life events.	☐	☐	☐	☐	☐
17. Anxiety and depression symptoms can usually be improved with medication.	☐	☐	☐	☐	☐
18. Medications for anxiety and depression do not help a person cope better.	☐	☐	☐	☐	☐
19. Most medications for anxiety and depression are highly addictive.	☐	☐	☐	☐	☐

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Section B: Beliefs About Psychotherapy

Please indicate the degree to which you personally AGREE or DISAGREE with each statement.

	Strongly DISAGREE	DISAGREE	Neutral	AGREE	Strongly AGREE
1. Therapy is ineffective for most people.	☐	☐	☐	☐	☐
2. Therapy patients are wasting money.	☐	☐	☐	☐	☐
3. Therapy often harms the patient's relationships with other people.	☐	☐	☐	☐	☐
4. Being in therapy is a sign of weakness.	☐	☐	☐	☐	☐
5. Therapy offers patients new and beneficial perspectives.	☐	☐	☐	☐	☐
6. Therapy is unhealthy because patients usually become dependent on their relationships with the therapist.	☐	☐	☐	☐	☐
7. Therapy can help individuals overcome stressful life events.	☐	☐	☐	☐	☐
8. Therapy can be a healthy experience for anyone.	☐	☐	☐	☐	☐

Section C: Beliefs About Medications

Please indicate the degree to which you personally AGREE or DISAGREE with each statement.

	Strongly DISAGREE	DISAGREE	Neutral	AGREE	Strongly AGREE
1. Anxiety and Depression symptoms can usually be improved with medication.	☐	☐	☐	☐	☐
2. Medications are an important part of the treatment of anxiety and depression.	☐	☐	☐	☐	☐
3. Medications for anxiety and depression can help a person feel better physically.	☐	☐	☐	☐	☐
4. People with anxiety should avoid taking medications to help their anxious problems.	☐	☐	☐	☐	☐
5. Medications for anxiety and depression do not help a person cope better.	☐	☐	☐	☐	☐
6. Most medications for anxiety and depression are highly addictive.	☐	☐	☐	☐	☐

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Section D: Connor- Davidson Resilience Scale (CD-RISC)

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not At All True	Rarely True	Sometimes True	Often True	True Nearly All the Time
1. I am able to adapt when changes occur.	☐	☐	☐	☐	☐
2. I have at least one close and secure relationship which helps me when I am stressed.	☐	☐	☐	☐	☐
3. When there are no clear solutions to my problems, sometimes fate or God can help.	☐	☐	☐	☐	☐
4. I can deal with whatever comes my way.	☐	☐	☐	☐	☐
5. Past successes give me confidence in dealing with new challenges and difficulties.	☐	☐	☐	☐	☐
6. I try to see the humorous side of things when I am faced with problems.	☐	☐	☐	☐	☐
7. Having to cope with stress can make me stronger.	☐	☐	☐	☐	☐
8. I tend to bounce back after illness, injury, or other hardships.	☐	☐	☐	☐	☐
9. Good or bad, I believe that most things happen for a reason.	☐	☐	☐	☐	☐
10. I give my best effort, no matter what the outcome may be.	☐	☐	☐	☐	☐
11. I believe I can achieve my goals, even if there are obstacles.	☐	☐	☐	☐	☐
12. Even when things look hopeless, I don't give up	☐	☐	☐	☐	☐
13. During times of stress/crisis, I know where to turn for help.	☐	☐	☐	☐	☐
14. Under pressure, I stay focused and think clearly.	☐	☐	☐	☐	☐
15. I prefer to take the lead in solving problems, rather than letting others make all the decisions	☐	☐	☐	☐	☐
16. I am not easily discouraged by failure.	☐	☐	☐	☐	☐
17. I think of myself as a strong person when dealing with life's challenges and difficulties.	☐	☐	☐	☐	☐
18. I can make unpopular or difficult decisions that affect other people, if it is necessary.	☐	☐	☐	☐	☐
19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger	☐	☐	☐	☐	☐
20. In dealing with life's problems, sometimes you have to act on a hunch, without knowing why.	☐	☐	☐	☐	☐
21. I have a strong sense of purpose in life.	☐	☐	☐	☐	☐
22. I feel in control of my life.	☐	☐	☐	☐	☐
23. I like challenges.	☐	☐	☐	☐	☐
24. I work to attain my goals, no matter what roadblocks I encounter along the way.	☐	☐	☐	☐	☐
25. I take pride in my achievements.	☐	☐	☐	☐	☐

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Section E: FLOVQ

Please indicate how much **distress, anxiety, or fear** you would feel with each of the following experiences using the 0-8 scale below,
0 = no distress, anxiety, or fear [-----] 8 = extreme distress, anxiety, or fear.

Please rate each item even if you would not actually allow yourself to have that experience.

1. How much distress/anxiety/fear do you experience when you experience **drowsiness**?

☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

2. How much distress/anxiety/fear do you experience when **zoning or spacing out**?

☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

3. How much distress/anxiety/fear do you experience **not being wide awake**?

☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

4. How much distress/anxiety/fear do you experience **feeling disconnected from yourself**?

☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

5. How much distress/anxiety/fear do you experience **"missing" things in conversations**?

☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

6. How much distress/anxiety/fear do you experience **being in a daze**?

☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

7. How much distress/anxiety/fear do you experience **becoming drowsy after taking an antihistamine or related drugs**?

☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

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Section E: FLOVQ continued

8. How much distress/anxiety/fear do you experience **not being fully alert?**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

9. How much distress/anxiety/fear do you experience when **daydreaming?**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

10. How much distress/anxiety/fear do you experience **nodding off during the day?**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

11. How much distress/anxiety/fear do you experience when **experiencing wooziness?**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

12. How much distress/anxiety/fear do you experience **not being fully aware of your surroundings?**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

13. How much distress/anxiety/fear do you experience when experiencing **mental exhaustion?**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

14. How much distress/anxiety/fear do you experience when experiencing **fatigue from lack of sleep?**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
No		Mild		Moderate		Severe		Extreme
distress/ fear/ anxiety		distress/ fear/ anxiety		distress/ fear/anxiety		distress/ fear/anxiety		distress/ fear/anxiety

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Section F: PCL-M

Below is a list of problems and complaints that people sometimes have in response to stressful military experiences. Please read each one carefully, then fill in the circle that indicates how much you have been bothered by that problem in the PAST MONTH.

In the PAST MONTH, have you been bothered by...	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience from the past?	☐	☐	☐	☐	☐
2. Repeated, disturbing <i>dreams</i> of a stressful military experience from the past?	☐	☐	☐	☐	☐
3. Suddenly <i>acting or feeling</i> as if a stressful military experience <i>were happening again</i> (as if you were reliving it)?	☐	☐	☐	☐	☐
4. Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful military experience from the past?	☐	☐	☐	☐	☐
5. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded</i> you of a stressful military experience from the past?	☐	☐	☐	☐	☐
6. Avoiding <i>thinking about or talking about</i> your stressful military experience or avoiding <i>having feelings</i> related to it?	☐	☐	☐	☐	☐
7. Avoiding <i>activities or situations</i> because they reminded you of your stressful military experience?	☐	☐	☐	☐	☐
8. Trouble <i>remembering important parts</i> of a stressful military experience?	☐	☐	☐	☐	☐
9. <i>Loss of interest</i> in activities that you used to enjoy?	☐	☐	☐	☐	☐
10. Feeling <i>distant</i> or cut off from other people?	☐	☐	☐	☐	☐
11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	☐	☐	☐	☐	☐
12. Feeling as if your <i>future</i> somehow will be cut short?	☐	☐	☐	☐	☐
13. Trouble <i>falling or staying</i> asleep?	☐	☐	☐	☐	☐
14. Feeling <i>irritable</i> or having angry <i>outbursts</i> ?	☐	☐	☐	☐	☐
15. Having <i>difficulty</i> concentrating?	☐	☐	☐	☐	☐
16. Being " <i>super alert</i> " or watchful or on guard?	☐	☐	☐	☐	☐
17. Feeling <i>jumpy</i> or <i>easily</i> startled?	☐	☐	☐	☐	☐

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Section G: PDAQ

Please indicate your level of agreement/disagreement with each of the following sentences.

1. I believe that persons with Posttraumatic Stress Disorder (PTSD) are to blame for their problems.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree					Disagree	

2. I think that persons with psychosis are likely to benefit from counseling.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree					Disagree	

3. I believe that persons with depression are to blame for their problems.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree					Disagree	

4. I feel sorry for persons with depression.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree					Disagree	

5. I think that persons with depression will recover.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree					Disagree	

6. I feel sorry for persons with PTSD.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree					Disagree	

7. I think that persons with PTSD will recover.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree					Disagree	

8. I avoid persons with psychosis.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree					Disagree	

9. I think that persons with PTSD are likely to benefit from counseling.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree					Disagree	

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Section G: PDAQ continued

10. I believe that persons with psychosis are likely to benefit from medicine.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree			Disagree			

11. I think that persons with psychosis will recover.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree			Disagree			

12. I avoid persons with depression.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree			Disagree			

13. I believe that persons with depression are likely to benefit from medicine.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree			Disagree			

14. I think that persons with depression are likely to benefit from counseling.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree			Disagree			

15. I believe that persons with PTSD are likely to benefit from medicine.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree			Disagree			

16. I avoid persons with PTSD.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree			Disagree			

17. I believe that persons with psychosis are to blame for their problems.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree			Disagree			

18. I feel sorry for persons with psychosis.

☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7
Agree			Disagree			

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SECTION H: UNIT SUPPORT

The statements below are about your relationships with other military personnel while you were deployed. Please read each statement and describe how much you agree or disagree by filling in the circle that best fits your answer.

	Strongly DISAGREE	Somewhat DISAGREE	NEITHER AGREE NOR DISAGREE	Somewhat AGREE	Strongly AGREE
1. My unit was like family to me.	☐	☐	☐	☐	☐
2. I felt a sense of camaraderie between myself and other soldiers in my unit.	☐	☐	☐	☐	☐
3. Members of my unit understood me.	☐	☐	☐	☐	☐
4. Most people in my unit were trustworthy.	☐	☐	☐	☐	☐
5. I could go to most people in my unit for help when I had a personal problem.	☐	☐	☐	☐	☐
6. My commanding officer(s) were interested in what I thought and how I felt about things.	☐	☐	☐	☐	☐
7. I was impressed by the quality of leadership in my unit.	☐	☐	☐	☐	☐
8. My superiors made a real attempt to treat me as a person.	☐	☐	☐	☐	☐
9. The commanding officer(s) in my unit were supportive of my efforts.	☐	☐	☐	☐	☐
10. I felt like my efforts really counted to the military.	☐	☐	☐	☐	☐
11. The military appreciated my service.	☐	☐	☐	☐	☐
12. I was supported by the military.	☐	☐	☐	☐	☐

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SECTION I: RELATIONSHIPS WITHIN UNIT

The next set of questions is also about your relationships with other military personnel while deployed. Please describe how often you experienced each circumstance by filing in the circle that best fits your answer.

While I was deployed, unit leaders or other unit members:	Never	Once or Twice	Sometimes	Many Times
1. ...treated me in an overly critical way.	☐	☐	☐	☐
2. ...behaved in a way that was uncooperative when working with me.	☐	☐	☐	☐
3. ... treated me as if I had to work harder than others to prove myself.	☐	☐	☐	☐
4. ... questioned my abilities or commitment to perform my job effectively.	☐	☐	☐	☐
5. ... acted as though my mistakes were worse than others.	☐	☐	☐	☐
6. ...tried to make my job more difficult to do.	☐	☐	☐	☐
7. ... "put me down" or treated me in a condescending way.	☐	☐	☐	☐
8. ... gossiped about my sex life or spread rumors about my sexual activities.	☐	☐	☐	☐
9. ...made crude and offensive sexual remarks directed at me, either publicly or privately.	☐	☐	☐	☐
10. ...offered me some sort of reward or special treatment to take part in sexual behavior.	☐	☐	☐	☐
11. ...threatened me with some sort of retaliation for not being sexually cooperative (for example, the threat of a negative review, physical violence, or to ruin my reputation).	☐	☐	☐	☐
12. ...made unwanted attempts to stroke or fondle me (for example, stroking my leg or neck).	☐	☐	☐	☐
13. ...made unwanted attempts to have sex with me.	☐	☐	☐	☐
14. ...forced me to have sex.	☐	☐	☐	☐

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Section J: DEPLOYMENT CONCERNS

The statements below are about the amount of danger you felt you were exposed to while you were deployed. Please read each statement and describe how much you agree or disagree with each statement by filling the circle in the column that best fits your answer.

During my deployment ...	Strongly DISAGREE	Somewhat DISAGREE	NEITHER AGREE NOR DISAGREE	Somewhat AGREE	Strongly AGREE
1. I thought I would never survive.	☐	☐	☐	☐	☐
2. I felt safe.	☐	☐	☐	☐	☐
3. I was extremely concerned that the enemy would use nuclear, biological, chemical agents (NBCs) against me.	☐	☐	☐	☐	☐
4. I felt that I was in great danger of being killed or wounded.	☐	☐	☐	☐	☐
5. I was concerned that my unit would be attacked by the enemy.	☐	☐	☐	☐	☐
6. I worried about the possibility of accidents (for example, friendly fire or training injuries in my unit).	☐	☐	☐	☐	☐
7. I was afraid I would encounter a mine or booby trap.	☐	☐	☐	☐	☐

Thank you for completing this survey.