

# Putting Research to Work for Military Families



**Focus:**  
Multiple  
Branches

## Risk Factors for Course of Posttraumatic Stress Disorder Among Vietnam Veterans: A 14-Year Follow-up of American Legionnaires

Koenen, K. C., Stellman, J. M., Stellman, D., & Sommer, J. F. (2003). Risk factors for course of posttraumatic stress disorder among Vietnam veterans: A 14-year follow-up of American Legionnaires. *Journal of Consulting and Clinical Psychology*, 71(6), 980-986. doi:10.1037/0022-006X.71.6.980

**SUMMARY:** A random sample of male Vietnam War Veterans who were members of the American Legion completed surveys in 1984 and 1998 to investigate risk factors of posttraumatic stress disorder (PTSD) in this cohort. High combat exposure, perceived negative community attitudes at homecoming, minority race, depression, and anger in 1984 predicted a more chronic course of PTSD.

### KEY FINDINGS:

- Twelve percent of Vietnam Veterans met PTSD criteria in 1984, and 10% did in 1998; only 5% of the Veterans met PTSD criteria at both time points.
- The strongest predictor for PTSD in 1998 was PTSD at the first assessment. Adjusting for other risk factors, Veterans with PTSD at the first assessment were almost four times more likely to meet criteria 1998 than those who did not meet criteria fourteen years prior.
- High combat exposure (strongest predictor), perceived negative community attitudes at homecoming, and greater depression and anger in 1984 all predicted having PTSD at both 1984 and 1998, as well as continuing to have PTSD in 1998.
- Veterans more involved in the community in 1984 were more likely to show remission in PTSD than those with less community involvement.

### IMPLICATIONS FOR PROGRAMS:

Programs could:

- Offer classes that encourage Service members and their families to access social and community support systems
- Collaborate with community organizations to coordinate community-wide efforts to express appreciation to Service members and their families after deployment
- Enhance education, activities, and curriculum related to coping behaviors and dealing with PTSD symptoms

### IMPLICATIONS FOR POLICIES:

Policies could:

- Support the development and evaluation of a range of services for Service members with PTSD that could be made available upon return from combat deployment
- Encourage programs that provide ongoing support to family members whose Service member has PTSD, particularly offering programs for families whose loved one has high combat exposure and issues with depression and anger
- Continue to provide support for programs that work to increase family readiness

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## METHODS

- A random sample of male members of American Legions in Colorado, Indiana, Maryland, Minnesota, Ohio, and Pennsylvania who had served in U.S Armed Forces during the official Vietnam War period were surveyed via mailed questionnaire in 1984 (Time 1) and again in 1998 (Time 2).
- Participants answered questions about demographics, combat exposure, perceived social support, perceived negative community attitudes, discomfort disclosing Vietnam experiences, community involvement, and alcohol use. They also completed measures of depression and anger and PTSD at both times periods.
- PTSD groups (PTSD at both times, PTSD at Time 1 only, PTSD at Time 2 only, and no PTSD) were compared on risk factors, and statistical analyses predicted PTSD at Time 2 using risk factors accounting for PTSD at Time 1.

## PARTICIPANTS

- One thousand three hundred seventy-seven Vietnam Veterans (100% male) participated in the study.
- Ninety-nine percent of the sample was White, average age at first assessment was 39 years, most participants (86%) were married, and 95% had a high school education or more.
- One hundred percent served between 1961 and 1975 in the Republic of Vietnam and/or its surrounding waters or airspace.

## LIMITATIONS

- Veterans suffering from PTSD may be less likely to belong to the American Legion and less likely to respond to two questionnaires; therefore, these results may not be representative.
- Veterans with more PTSD symptoms in 1984 were less likely to participate in 1998, reducing generalizability.
- The first survey took place at least 13 years after return from Vietnam and immediate mental health symptoms and/or consequences were not assessed.
- All measures were self-reported and several unvalidated, one-item assessments of variables (perceived social support, perceived negative community attitudes, discomfort disclosing Vietnam experiences, community involvement) were used which threatens validity.

## AVENUES FOR FUTURE RESEARCH

Future research could:

- Explore the role of social support in the onset and course of PTSD
- Include pre-deployment assessments of well-understood PTSD risk factors such as family and trauma history
- Gather data on the impact of culture on the self-report and expression of PTSD and other anxiety conditions among Service members

## ASSESSING RESEARCH THAT WORKS



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