

Role and treatment of early maladaptive schemas in Vietnam veterans with PTSD.

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This thesis is presented for the degree of Doctor of Psychology (Clinical),  
Murdoch University, 2009

## **Declaration**

I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary educational institution.

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2009

*... let us strive to finish the work we are in, to bind up the nation's wounds, to care for him who shall have borne the battle and for his widow and his orphan ...*

*Abraham Lincoln, Second Inaugural Address, Saturday, 4 March, 1865*

## **Abstract**

The first study examined the role of perceived adverse parenting and early maladaptive schemas in the development of PTSD in Australian and New Zealand Vietnam war-veterans ( $N = 220$ ). Veterans diagnosed with PTSD scored higher on the Young Schema Questionnaire and had higher scores on the Measure of Parental Style (MOPS) than veterans not diagnosed with PTSD. Only three childhood negative events were associated with PTSD: witnessing domestic violence; mother unemployed; and living with a stepfather. These variables may relate to research on negative family environment being associated with PTSD, whereas schemas may relate to parenting. The finding of strong relationships between negative life events data and adverse parenting endorses the MOPS as a valid instrument.

Admission to hospital in Vietnam was the only war variable related to PTSD. Schemas mediated the negative parenting - PTSD link, and the Vietnam War experience - PTSD link. The results suggest that early maladaptive schemas have an important role in the development or maintenance of PTSD in Vietnam veterans.

The second study measured at baseline, termination and three months the early maladaptive schemas, PTSD, anxiety, depression, and relationships of war-veterans ( $n = 54$ ) participating in a PTSD group treatment program that included schema-focused therapy. Scores on the PTSD Check List, the Hospital Anxiety and Depression Scale, and 17 schemas decreased significantly after treatment. The Abbreviated Dyadic Adjustment Scale and the Assessment of Quality of Life scores indicated that the veterans' current relationships improved. Partners of veterans also experienced enhanced relationships. All gains were maintained at three-month follow-up. The five schema

domains were associated with an improvement in PTSD symptoms, with gains on the impaired autonomy domain being associated with 26.3% of the changes in PTSD.

Change scores for the schema treatment were compared to a similar earlier manualised CBT program. Pre-treatment measures were similar in both groups. Nevertheless, PTSD and anxiety improved significantly more for the schema-focused therapy group.

Although the second study was not a randomised control comparison, both studies support the feasibility of schema-focused therapy to assist veterans with PTSD.

## **Acknowledgments**

First, I wish to thank the Australian and New Zealand Vietnam-War veterans who so willingly gave of their time to participate in this research. I know that for many it was not an easy task, and the study questionnaires may have raised thoughts, feelings and images long buried or considered best forgotten. For those on a Department of Veterans' Affairs (DVA) Total and Permanently Incapacitated (TPI) pension due to PTSD and other war-related conditions, participation may have been even more challenging. The courage and persistence of every veteran is acknowledged with more gratitude than my words can convey. You took part in this study to help others, and in doing so have continued that proud tradition of service set by our ANZAC forebears.

I would like to thank the gracious generosity of my supervisors Dr Chris Lee and Professor Peter Drummond, School of Psychology, Murdoch University, who provided so much support and always gave clear and helpful guidance and advice.

To Doug Brewer psychologist and PTSD treatment group coordinator at The Hollywood Clinic, Hollywood Private Hospital, I thank you for the many times you went out of your way to ensure that I obtained relevant material and data.

I would also like to thank Professor Mark Creamer and staff at the Australian Centre for Posttraumatic Mental Health for their kindness in providing me with past PTSD treatment group data for comparison purposes.

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