



Center for the Study of Traumatic Stress  
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Bethesda, MD 20814  
[www.usuhs.mil/csts/](http://www.usuhs.mil/csts/)

## **PARENT GUIDANCE ASSESSMENT – COMBAT INJURY (PGA-CI)**

The PGA-CI is a semi-structured clinical interview for collecting preliminary family, child, and parent information from the spouse of recently hospitalized, severely injured service members to guide appropriate child and family interventions. The profound impact on combat injured families necessitates increased support and guidance to sustain parent and family function and child health.

The PGA-CI is a clinical interview to be administered *only* by experienced mental health professionals familiar with the unique issues and challenges of combat-injured soldiers and their families. The PGA-CI provides a selective but sufficiently broad summary portrait of injury-related issues from notification of injury through rehabilitation and recovery as it impacts the wounded service member, his/her children, spouse and other family members. The PGA-CI was developed to assist mental health professionals in the formulation of family assistance strategies and plans.

The PGA-CI is not a self-report questionnaire and therefore should not be used for self-completion by the spouse of combat-injured soldiers. In addition the PGA-CI does not provide prescriptive guidance concerning how the resulting information should be interpreted and utilized.

The PGA-CI is organized thematically and uses both open-ended and response-scale formats. The instrument is not intended to provide an interpretive score. The PGA-CI is not exhaustive in its coverage of these domains. Those who administer this instrument may need additional information to develop and provide appropriate interventions for parents, children and the family.

The PGA-CI is not intended for, but may have applicability, for other families with an injured parent such as might appear in a trauma center after a major motor vehicle accident.

### **The PGA-CI assesses:**

- a) Family demographics
- b) Family deployment experience
- c) Nature of service member's combat injury
- d) Injury communication: notification of injury and parent-child injury-related communication
- e) Event impact on parent: parent behavioral and emotional responses and concerns
- f) Event impact on child(ren): child behavioral and emotional responses and concerns
- g) Understanding and preparation for future family needs

## FAMILY DEMOGRAPHICS

**I would like to begin by asking some basic information about you and your family**

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Spouse Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Years married \_\_\_\_\_ Number of Children \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Military Branch

	Army	Marines	Navy	Air Force	Coast Guard
Active Duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Guard	<input type="checkbox"/>			<input type="checkbox"/>	

Where do you live? State: \_\_\_\_\_ City/Town: \_\_\_\_\_

Living situation/members – where? \_\_\_\_\_

Do you have access to the military community and services?  Yes  No

Do any members of your extended family live nearby?  Yes  No

Notes

## FAMILY DEPLOYMENT EXPERIENCE

**I am going to ask you some questions about your spouse's deployment**

Dates/scheduled length of deployment \_\_\_\_\_

How many times had your spouse been deployed to combat prior the current deployment ? \_\_\_\_\_

Current deployment: Location: \_\_\_\_\_ Date (mm/dd/yy) : // Duration: \_\_\_\_\_

Unit/MOS/Function \_\_\_\_\_

How would you characterize the family impact of your spouse's deployment prior to the injury?

	Minimal Strain		Moderate Strain		Significant Strain	
On Children	1	2	3	4	5	
On you personally	1	2	3	4	5	
On your spouse	1	2	3	4	5	

Can you give me some examples?

To what extent did you and your spouse discuss the possibility of combat injury prior to deployment?

No Discussion		Limited Discussion		Significant Discussion	
1	2	3	4	5	

To what extent did you or your spouse discuss the possibility of parental combat injury with your child prior to deployment?

	No Discussion		Limited Discussion		Significant Discussion	
Child Name: _____	1	2	3	4	5	
Child Name: _____	1	2	3	4	5	
Child Name: _____	1	2	3	4	5	
Child Name: _____	1	2	3	4	5	

How about any differences in the level of detail you provided different children?

### NATURE OF INJURY

**Now I am going to ask you some questions about your spouse's injury**

Date of injury (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nature of injury:  TBI  Amputation  Blindness  Multi-trauma  Burn  Other (Describe below)

Describe

How would you rate severity of your spouse's injury?

Minimal Long-Term Impairment		Moderate Long-Term Impairment		Severe Long-Term Impairment
1	2	3	4	5

How difficult has it been for your spouse to relate to you and your children about the injury?

Very Easy		Somewhat Difficult		Very Difficult
1	2	3	4	5

**INJURY COMMUNICATION**

**Notification Process**

Next are some questions about how you were told about the injury

How long after the injury were you notified? \_\_\_\_Hours \_\_\_\_Days

Who notified you about the injury? \_\_\_\_\_

How were you notified injury?  Telephone  In-person  Other \_\_\_\_\_

Was information passed through informal channels prior to formal channels?  Yes  No

Was the formal notification information accurate?  Yes  No

These next questions concern children about the injury

What have you or anyone else told your child(ren) about the injury? (exact wording)

Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

Did you receive any guidance regarding how to share this news with your child(ren)?

No  Yes

From whom? \_\_\_\_\_

How helpful was this?

Not at All Helpful		Somewhat Helpful		Very Helpful
1	2	3	4	5

How comfortable were you speaking with your children about the injury?

	<b>Very Comfortable</b>	<b>2</b>	<b>Somewhat Uncomfortable</b>	<b>3</b>	<b>4</b>	<b>Very Uncomfortable</b>	<b>5</b>
Child Name: _____	1	2	3	4	5		
Child Name: _____	1	2	3	4	5		
Child Name: _____	1	2	3	4	5		
Child Name: _____	1	2	3	4	5		

How helpful would it have been to have resources or professionals available to help you speak with your child(ren)?

	<b>Not Helpful</b>	<b>2</b>	<b>Somewhat Helpful</b>	<b>3</b>	<b>4</b>	<b>Very Helpful</b>	<b>5</b>
	1	2	3	4	5		

Comments

**FAMILY AND CHILD DISTRESS**

**Typically after an injury a lot of things happen. May I ask you about that?** What things happened to your family immediately after notification?

Clinician please rate the level of organization with which the spouse describes the chain of events after Notification

<b>Very Organized</b>	<b>2</b>	<b>Variably Organized</b>	<b>3</b>	<b>4</b>	<b>Very Disorganized</b>	<b>5</b>
1	2	3	4	5		

What were the 3 most important decisions you had to make immediately after notification?

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

Did anyone come to be with you or support you and your family following the injury notification?

	<b>Little or No Support</b>	<b>Moderate Support</b>	<b>Significant Support</b>		
Family	1	2	3	4	5
Friends	1	2	3	4	5
Neighbors	1	2	3	4	5
Clergy	1	2	3	4	5
Military	1	2	3	4	5

What were the 3 greatest stresses or strains related to this early chain of events?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

What 3 three actions by others did you find most helpful to you and your family during this period?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

How often have you been separated from your child(ren) in connection with hospital visits related to this injury and for how much time for each period?

	<b>Days</b>	<b>Hours</b>		<b>Days</b>	<b>Hours</b>
Date / /	_____	_____	Date / /	_____	_____
Date / /	_____	_____	Date / /	_____	_____
Date / /	_____	_____	Date / /	_____	_____
Date / /	_____	_____	Date / /	_____	_____
Date / /	_____	_____	Date / /	_____	_____

To what degree has your spouse's injury disrupted your family/children's lives so far?

	<b>Minimal Disruption</b>	<b>Moderate Disruption</b>	<b>Significant Disruption</b>		
Family Routines	1	2	3	4	5
Children's Play Activities	1	2	3	4	5
After School Activities	1	2	3	4	5

Can you give me some examples?

## IMPACT ON PARENT

How has this injury impacted on the amount of time you spend with your child?

<b>Minimal Impact</b>		<b>Moderate Impact</b>		<b>Significant Impact</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Can you give me some examples?

To what degree has this injury impacted the way you typically discipline your children?

<b>Significantly More Lenient</b>		<b>About the Same</b>		<b>Significantly More Strict</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Can you give me some examples?

**I would be interested in knowing how this injury has impacted you personally**

What has been the most challenging part of this injury for you?

What changes have you had to make to your schedule/life (e.g. job, etc)

What has been most helpful to you in dealing with this injury?

Combat injury is a life-changing event that impacts the entire family; at times it may be helpful to talk with a care provider about how your family is coping with your spouse’s injury. Would this be helpful for you?

Yes  No

**IMPACT ON CHILD AND CHILDREN**

**Now I’d like to turn to what you think this experience has been like for your child(ren)**

Has your child developed any adjustment problems since being informed of your spouse’s injury?

(check all that apply)

	School Problems	Social Problems	Behavior Problems	Sleeping Problems	Eating Problems
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Child Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How difficult has this experience been for your child from an emotional perspective?

	Not at all Difficult	Moderately Difficult	Extremely Difficult
Child Name: _____	1	2	3
Child Name: _____	1	2	3
Child Name: _____	1	2	3
Child Name: _____	1	2	3

Has your child witnessed any family conflict related to your spouse’s injury?

No  Yes

If so, between whom \_\_\_\_\_

How would you rate the level of conflict?

Little or No Conflict	Moderate Conflict	Significant Conflict
1	2	3
4	5	



Communication support is very important throughout the injured parent’s treatment and recovery. Would it be helpful for a care provider to offer guidance on how to communicate with your child(ren) and/or for your child to talk directly with a care provider ?

**IMPACT OF HOSPITAL EXPERIENCE ON CHILD/REN**

**I would like to ask about what it has been like for your child/ren to visit the hospital.**

How much preparation did your child receive for his/her first hospital visit?

	<b>Did Not Visit</b>	<b>Minimal Preparation</b>	<b>Moderate Preparation</b>	<b>Significant Preparation</b>
Child Name: _____	NA	1	2	3
Child Name: _____	NA	1	2	3
Child Name: _____	NA	1	2	3
Child Name: _____	NA	1	2	3

How distressful was it for your child to visit your spouse in the hospital?

	<b>Did Not Visit</b>	<b>Minimal Distress</b>	<b>Moderate Distress</b>	<b>Significant Distress</b>
Child Name: _____	NA	1	2	3
Child Name: _____	NA	1	2	3
Child Name: _____	NA	1	2	3
Child Name: _____	NA	1	2	3

What comments/questions did he/she have about the injury?

Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

How about your child’s exposure to other combat injured soldiers?

	<b>No Other Exposure</b>	<b>Minimal Distress</b>	<b>Moderate Distress</b>	<b>Significant Distress</b>
Child Name _____	NA	1	2	3
Child Name: _____	NA	1	2	3
Child Name: _____	NA	1	2	3
Child Name: _____	NA	1	2	3

Has your child participated in his/her injured parent's treatment?

Child Name: \_\_\_\_\_  Yes  No

Child Name: \_\_\_\_\_  Yes  No

Child Name: \_\_\_\_\_  Yes  No

Child Name: \_\_\_\_\_  Yes  No

**FUTURE PLANS AND ISSUES**

**Now I'd like to turn to some questions about how you see the future**

Have you and your spouse considered long term plans after recovery?  No  Yes

Will he/she be leaving the military?  No  Yes  Unknown

Will you be moving from your current home?

No  Yes  Unknown

If so, where to: \_\_\_\_\_

Do you anticipate any changes in your spouse's role as a parent or partner?

No  Yes  Unknown

If so, what kinds of changes do you anticipate?

How significant do you think these changes will be?

<b>Minimal</b>	<b>Moderate</b>	<b>Profound</b>
1	2	3
4	5	

Comments

What impact do you see this injury having over the long-term?:

	Minimal Impact	Moderate Impact	Profound Impact
On you personally	1	2	3
On your spouse	1	2	3
On your children	1	2	3
On your family life	1	2	3

**FAMILY CHALLENGES AND STRENGTHS**

**As we close I want to ask if there is any other information you would like to share about this experience**

What has been the most difficult part of this experience?

What has been the most helpful part of the experience?

What do you wish you had more assistance with?

Of all the choices you have been faced with around this event, what has been the best choice you have made?

Have you developed any new methods of coping based upon this experience (e.g. in what ways have you grown)?

How would you rate your family's need for the following forms of guidance and assistance?

	<b>Little or No Need</b>		<b>Moderate Need</b>		<b>Significant Need</b>
Parenting guidance	1	2	3	4	5
Stress and coping	1	2	3	4	5
Transition planning	1	2	3	4	5
Family communication	1	2	3	4	5
Child counseling	1	2	3	4	5

**CLINICAL FORMULATION AND CONCLUSIONS**

Clinician: List any identified problems, areas of strength/weakness or need for potential referrals.

[Empty box for clinical formulation and conclusions]