

# Post-Combat Related Disorders: Soldier and Family Impact



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BATTLE MIND

# Overview

- Deployment Cycle Challenges
- Post-Combat Family Impact
- Post-Combat Soldier Impact
- The Signature Wounds: TBI and PTSD
- Mitigating Psychiatric Concerns

# Our Mission

- Caring for Soldiers, family members, and other beneficiaries assigned to the 10<sup>th</sup> Mountain Division (LI) and surrounding region.
- Optimizing Performance
- Maximizing Functioning
- Improving Soldiers' and Family Members' well-being



# Deployment Cycle Challenges

- GENERAL CONSIDERATIONS:
  - Multiple deployments with short dwell times
  - Forced single parenthood
  - Single parents with family care plans (i.e., children live with friend/other relative)
  - Social or family isolation
  - High risk occupations
  - Challenges for Reserve units (e.g., geographic separation, non-existent FRG, rapid unit disbursement, etc.)
- PREDEPLOYMENT:
  - Anticipation or denial of the next deployment
  - Loss or lack of work on emotional connection in preparation for separation
  - Increased training and field exercises
  - Increased bonding within unit and potential emotional separation from family
  - Getting done what needs to get done (house/car repairs, bills, mail, wills)

# Deployment Cycle Challenges

- **DEPLOYMENT:**
  - Generally an initial period of mixed emotions and feeling overwhelmed along with some typical mental health symptoms (sleep, sadness, irritability)
  - Pros/cons of improved communication downrange
  - Managing communication “blackouts” and casualty reports
  - Establishment of new routines and support systems (e.g., FRG) and a general sense of improved control for most
  - Improved sense of confidence and independence
  - What can go wrong, will go wrong
- **RE-DEPLOYMENT and POST-DEPLOYMENT:**
  - Sense of relief (sometimes mixed with guilt) for most
  - Reestablishing roles, activities, relationships, household tasks
  - Coping with transition away from intense support systems and tasks
  - Coping with post-combat related adjustment and potentially psychiatric concerns of Soldier or Family Member

Portions taken from Pincus S. et al., *The Emotional Cycle of Deployment: A Military Family Perspective*. [www.hooah4health.com](http://www.hooah4health.com)

# Family Impact: The Effects of Multiple Deployments on Army Adolescents

- Factors that best predict lower levels of stress in adolescents during a deployment:
  - high participation levels in activities—specifically sports
  - a strong family
  - the adolescents' belief that America supports the war
- Cumulative number of previous deployments is not significantly related with adolescent levels of deployment stress.

Wong, Leonard; Gerras, Stephen. The Strategic Studies Institute. U.S. Army War College. January 2010.

# Family Impact: The Effects of Multiple Deployments on Army Adolescents

- Best predictors of an adolescent's overall ability to cope with a life of deployments are:
  - a strong non-deployed parent
  - the child's belief that America supports the war
  - a strong family
  - and the adolescent's belief that the deployed Soldier is making a difference
- Of note, the strongest predictor of an adolescent's ability to cope with a life of deployments is the child's perception that their deployed parent is making a difference.

# Family Impact: Reintegration Challenges

## Normal Reactions for Children

- Reactions for children depend on the developmental stage that a child is in. Younger children will react differently than teenagers.
- Kids tend to show they are upset by being irritable and cranky rather than by being depressed.
- There may be emotional ups and downs following transitions.
- Kids may reject the parent who is/was absent and/or by being clingy or anxious.

# Family Impact: Reintegration Challenges

## Cues Children Might Need Help

- Look for CHANGES in how the child normally behaves and problems that don't go away for many weeks.
- Irritability and problems controlling his/her temper.
- Getting into fights, hitting, biting, and/or kicking.
- Having problems paying attention or sitting still.
- Withdrawing from friends and becoming a loner at school or home.
- Being unhappy, sad or depressed.
- Having academic problems that weren't there before.
- School recommends that your child sees a counselor.

# Family Impact: Spouse Concerns

- He's different now
- He seems disconnected and unemotional
- He doesn't talk as much
- He works more now than before
- It was easier when he was deployed
- He gets irritated/angry at the simplest things
- Vicarious traumatization can occur in both children and spouses (walking on eggshells)

# Signature Wounds: mTBI

- Mild Traumatic Brain Injury (mTBI) is a head injury that disrupts brain function
  - aka concussion
  - Results from a “blow to the head”
  - Does NOT result in obvious physical injury
- Types of concussion
  - blast/explosions
  - motor vehicle crashes
  - falls or any direct blow to the head
  - can happen in combat, training, or even during everyday activities
- mTBI does not require loss of consciousness

# mTBI Defined

- Symptoms at the time of the event may include being dazed, confused, or feeling like you had your “bell rung”
- Most common symptoms after mTBI:
  - Headaches
  - Dizziness
  - Excessive Fatigue
  - Concentration Problems
  - Memory Problems
  - Irritability
  - Sleep Problems
  - Balance Problems
  - Ringing in the Ears
  - Vision Changes

# mTBI Recovery

- Recovery from mTBI is typically uncomplicated and complete, but some continue to experience cognitive or mood difficulties
- During the recovery period:
  - Get plenty of sleep and rest
  - Avoid contact activities until you are better
  - Alcohol may slow brain recovery and increase future risk
  - Write things down
  - Put important things in the same place all the time
  - Try doing only one thing at a time
  - Remove yourself from irritable situations and use relaxation
- Symptoms often resolve within hours to days and almost always within 1 – 3 months

[www.dvbic.org](http://www.dvbic.org)

# mTBI Screening

- If symptoms persist, Soldiers should seek additional evaluation
- If symptoms do not begin until a significant amount of time after the injury, there is likely another explanation
- Many symptoms of mTBI overlap with PTSD, depression, and/or anxiety
- Having a TBI may or may not be more socially acceptable than having a psychiatric issue

# PTSD Defined: Principles of Combat

- Principle 1: Given enough combat exposure over time, every Soldier will eventually break down and cease to function effectively.
- Principle 2: There are three points to intervene to reduce or resolve combat stress problems.
  - Pre-battle (these are easier and preferred)
  - During battle/operations
  - Post-battle
- Principle 3: War is Hell: To imagine that normal people can experience severe trauma and not be affected by it is ridiculous.

# PTSD Defined: From Stress to PTSD

- When stress is manageable, it is positive and leads to growth and enhanced competence
- When stress is uncontrollable and overwhelming, it can be destructive and cause:
  1. Burnout
  2. Post-Combat Stress
  3. Posttraumatic Stress Disorder
  4. Other psychiatric disorders (e.g., depression)
  5. Physical disorders (e.g., cardiac disorders)

# PTSD Defined

- When post-combat stress or post-traumatic signs persist or increase with a decrement in functioning, PTSD needs to be considered.
- Criterion A: Exposure to a traumatic event that involved:
  - Actual or threatened death or serious injury to self or others
  - Response was one of intense fear, helplessness, or horror

# PTSD Defined: Re-experiencing

- Recurrent and intrusive distressing memories
- Recurrent nightmares
- Flashbacks
- Intense psychological/physiological reactivity following reminders of the trauma

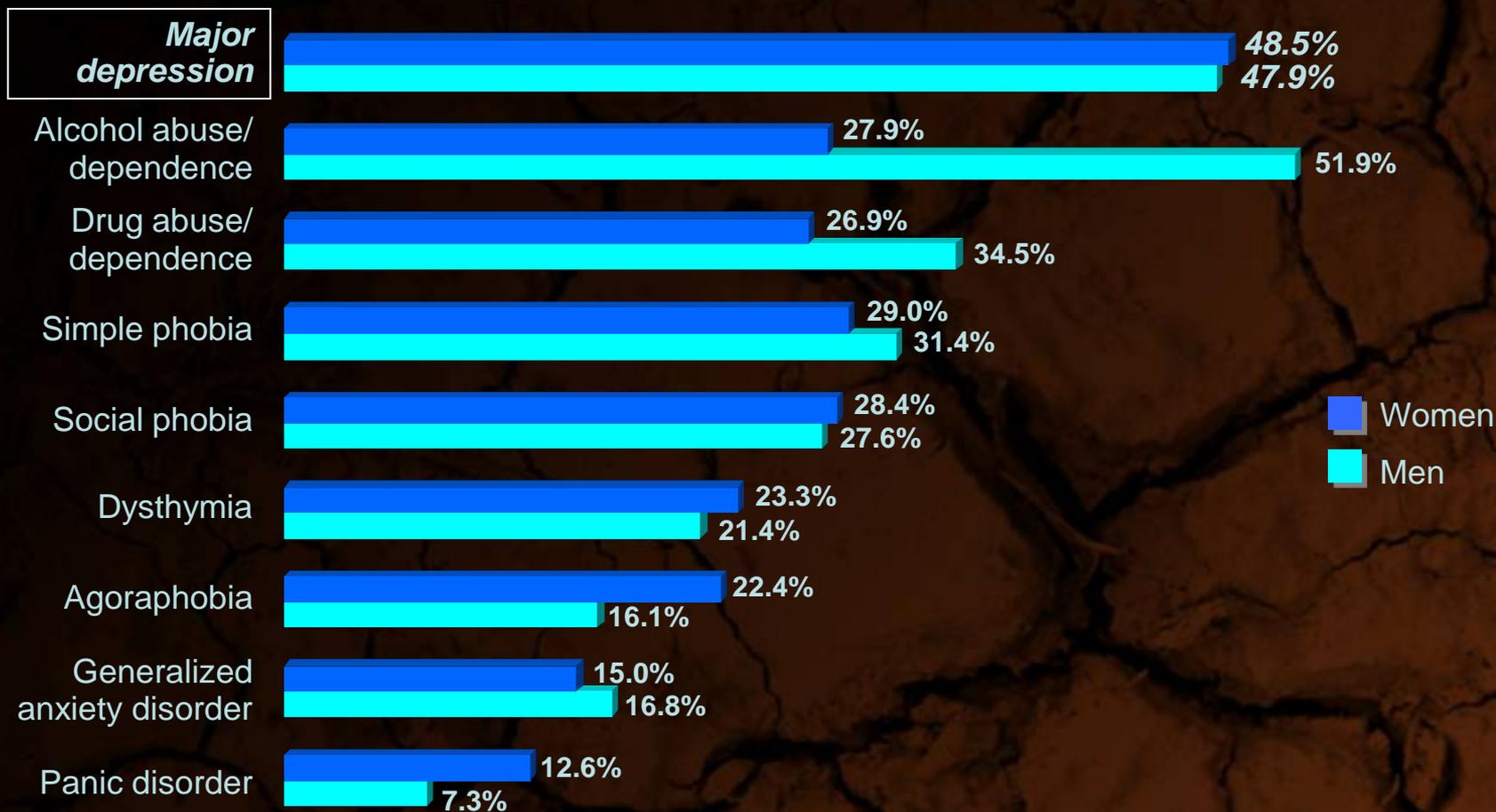
# PTSD Defined: Avoidance

- Avoid thoughts, feelings, conversations associated with the trauma
- Avoid activities, places or people that arouse recollections of the trauma
- Amnesia for important aspects of the trauma
- Decreased interest in everyday activities
- Feeling detached or estranged from others
- Restricted range of emotions
- Sense of foreshortened future

# PTSD Defined: Arousal

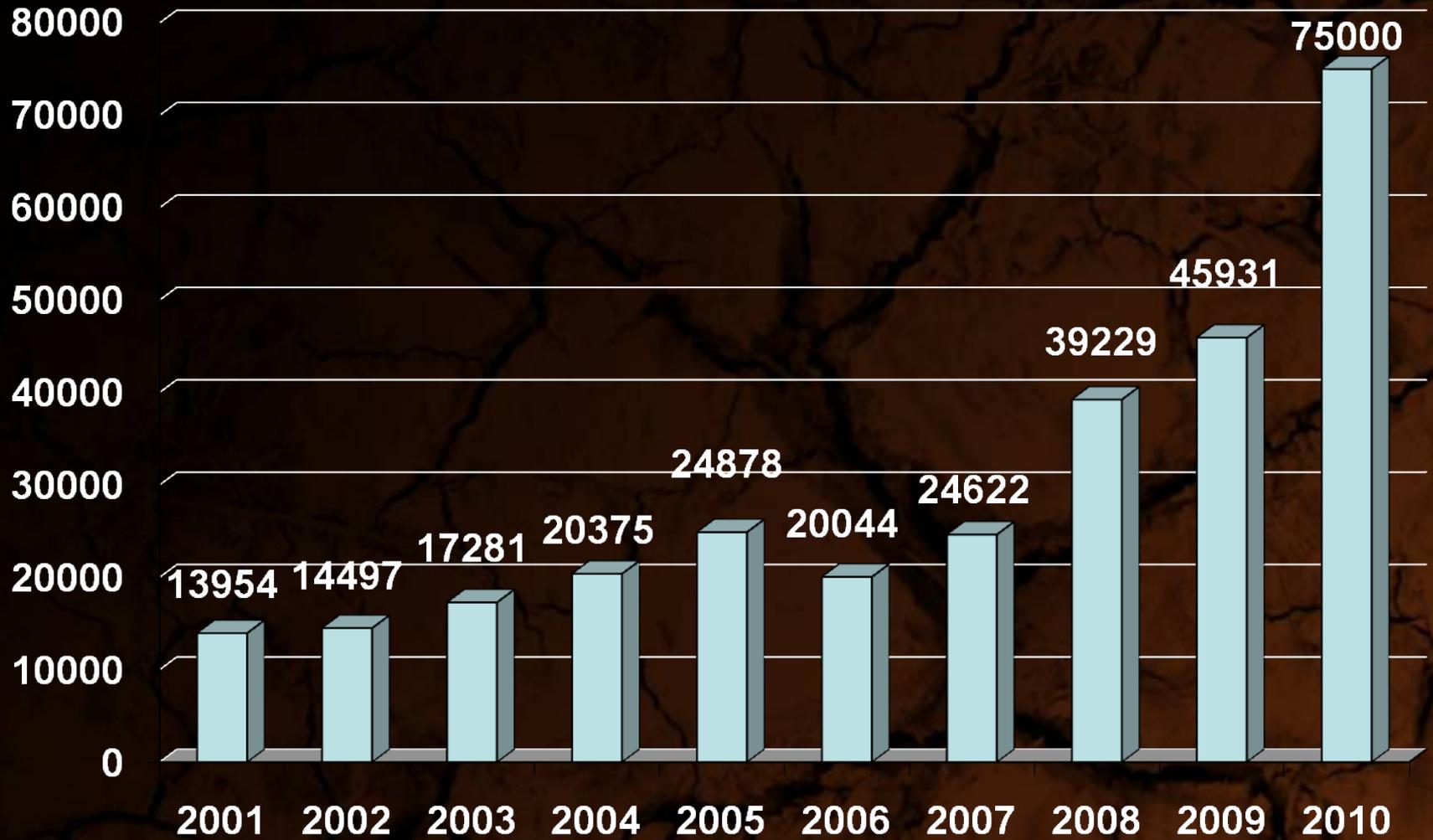
- Difficulty sleeping
- Irritability and angry outbursts
- Difficulty concentrating
- Hypervigilance and feeling on edge
- Exaggerated startle response

# PTSD Is Highly Comorbid With Other Psychiatric Disorders

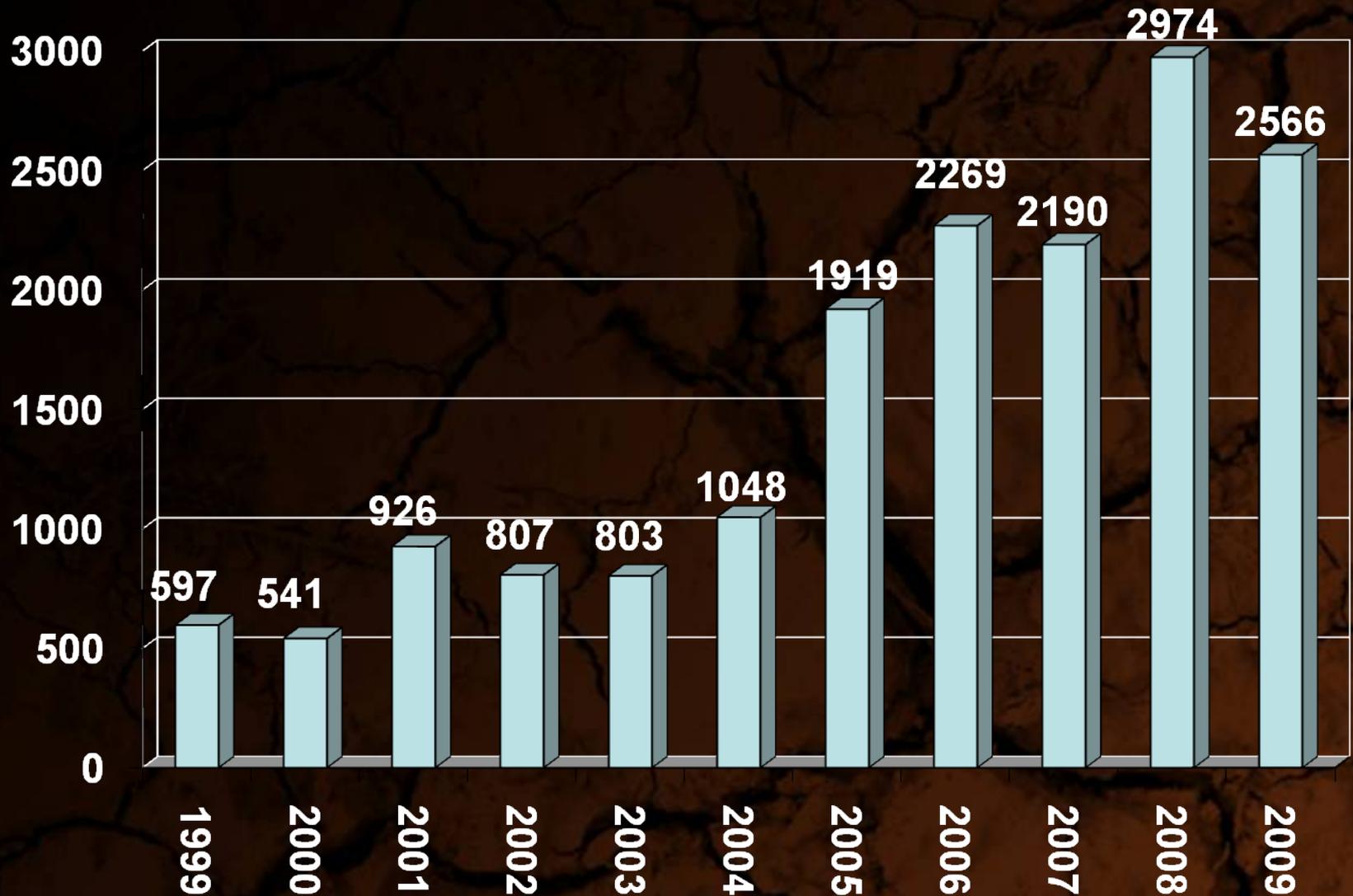


Source: Kessler et al. (1995)

# Total BHD Visits 2001 – 31 DEC 09



# PTSD Visits 1999 31 – DEC 09



# Understanding Soldier Patients

- Triggers for PTSD
- Five major problem areas (stuck points)
  - Safety
  - Trust
  - Power/Control
  - Esteem
  - Intimacy



# Mitigating Psychiatric Symptoms During Treatment

- Communication
- Express gratitude for their service
- May require extra time explaining what the patient is going to experience both physically and emotionally (particularly pre- and post-op)
- Give them a chance to ask questions
- Be aware of how your interactions might collide with their stuck points

# Mitigating Psychiatric Symptoms During Treatment

- Remember that physical and/or emotional reactions are probably related to safety/survival responses
- Always approach from the front
- Avoid political discussions, “civilian” questions, “I know what you are going through” comments
- No standing benzos please!!!

# Our Collective Mission

- Get educated about PTSD and mTBI
- Destigmatize mental health issues and normalize reactions for both spouses and Soldiers
- Make sure Soldiers and family members don't fall through the cracks once they have been seen!
- Build up support systems for Soldiers and family members.
- Seek appropriate guidance. There should always be an answer to every problem.
- Keep communication lines open. Call if you have questions about Behavioral Health services on post.
- Encourage each other to know that treatment can help save a career, a marriage/family, and even a life.

# Assistance for Soldiers and Families

- The Army has established numerous ways for Soldiers and Families to get help for mental health issues:
  - Unit - Chaplain / Leadership / TMCs
  - Behavioral Health Department
    - 772-2778 (Option 3)
  - Off-post Mental Health professionals
  - Fort Drum/Samaritan BH Clinic 315-782-2061



# Assistance for Soldiers and Families

- Mountain Community BH Clinic 773-9640
- Tricare for Mental Health 877-747-9579
- Military One Source:
  - 1-800-342-9647
  - [www.militaryonesource.com](http://www.militaryonesource.com)
- Veteran's Affairs (VA)
  - Health Care: 1-877-222-8387
  - PTSD Information Line (802) 296-6300
- Vet Centers



# QUESTIONS?



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