



Center for the Study of Traumatic Stress

Understanding the Effects of Trauma and Traumatic Events to Help Prevent, Mitigate and Foster Recovery for Individuals, Organizations and Communities
A Program of Uniformed Services University, Our Nation's Federal Medical School, Bethesda, Maryland • www.usuhs.mil/csts/

POST DEPLOYMENT HEALTH AND DISTRESS RESPONSES *Overview for Practitioners*

As the Global War on Terror continues, more service members will be exposed or re-exposed to combat experiences. This exposure will affect them as well as countless military spouses, children, parents, siblings, and friends of the deployed.

Studies of service members returning from Iraq and Afghanistan show that the vast majority will ease back into their day-to-day lives after a period of transition and reintegration. But, some portion (up to 20% of returning service members) is likely to continue to endorse symptoms that are consistent with emotional problems such as post traumatic stress disorder (PTSD) or depression. Clinical conditions like these generally benefit from treatment. Other returning service members may fall somewhere between these two groups or may demonstrate changed behaviors that are worrisome to family members or friends, such as increased alcohol consumption, aggression or reckless driving.

In addition to the serious conditions of PTSD or depression, there are a range of distress responses that are often forgotten or overlooked, but can compromise the health of the service member and his/her family. Knowing when a veteran is simply readjusting to life back home or when he or she may require clinical intervention to ease that transition is confusing for families and medical practitioners. This fact sheet recognizes the important role of medical providers in addressing these issues.

Distress Responses

The majority of returning service members is likely to exhibit some distress responses after serving in a combat environment. These symptoms are typically mild to moderate in severity and usually remit over a period of several weeks. When these problems last longer than one

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to two months after returning home, medical attention is important.

- **Insomnia** — Difficulty in falling asleep, sustaining sleep, or awakening early from sleep.
- **Motor restlessness** — Jitteriness, fidgety movement, or an abundance of nervous energy.

- **Hypervigilance** — Reduced sense of safety and a need to scan the environment for potential sources of danger.
- **Social Withdrawal** — Avoidance of others and a temporary need to spend time alone.

Health Risk Behaviors

Combat deployment can sometimes lead to initiation or increase in the frequency of certain behaviors that can result in short or long term health impairing effects.

- **Cigarette Smoking** — Starting or increasing in the combat zone. These behaviors may not remit upon return home.
- **Alcohol Use** — While prohibited in theatre, some service members may use alcohol while deployed. The use of alcohol may also be initiated or increase upon return from deployment as a misguided effort to address distress responses.
- **Reckless Driving** — Returning veterans experience a transition from the intensity of driving in a war zone to routine driving in a civilian setting. Stress and alcohol are other factors that contribute to risky driving.

More Serious Issues and Conditions

- **Violence** — When irritability or anger escalates into violence there is risk both for the service member

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WARNING SIGNS

Medical providers should be alert to and alert family members to the following symptoms that require attention:

- Pronounced desire to avoid other people that continues for weeks or months after return
- Increased jitteriness or jumpiness that does not go away after the initial transition home
- Unsettling memories or flashbacks to uncomfortable wartime events that do not resolve after transition home
- Chronic headaches, unexplained personality or cognitive changes that could indicate TBI
- A pervasive sense of sadness, guilt or failure that does not improve
- Angry outbursts, irritability, escalating family arguments or physical fighting that is uncharacteristic or prolonged
- Changes in alcohol use — increased frequency, increased amounts, guilt about use, inability to decrease or stop use, or family member concerns about use
- Risk-taking behaviors — such as driving reckless driving or other activities that could be health threatening
- Thoughts of death or a wish to no longer be living (tell patients to seek medical attention immediately or call 911)

and the family. Mixing anger with alcohol can be particularly troublesome since the individual loses the ability to decide how to behave. Conflict that includes violence needs to be addressed quickly and nearly always with outside help. The causes of violent behavior can be many, and require assessment in order to help.

- **Post traumatic stress disorder (PTSD)** is a condition that results when traumatic experiences (to include combat) lead to longer standing symptoms that include nightmares, flashbacks or unsettling memories of the trauma; excitability, nervousness or overanxious watchfulness; and a tendency to withdraw or avoid situations or people that remind the individual of the trauma experience. Symptoms of PTSD are usually more serious in their intensity and lead to problems in day-to-day living.
- **Traumatic Brain Injury (TBI)** is a condition that results when service members are exposed to explosive events in the combat theatre. While many combat veterans are aware that they have suffered from head trauma, some who sustained mild injury may not be aware. Symptoms of mild TBI can include headaches, impulsivity, anger outbursts, and changes in personality or slowed thinking. These clinical complaints can sometimes be difficult to distinguish from other emotional conditions. As TBI symptoms can cause problems in the lives of combat veterans and their families, it is important to thoroughly evaluate them when present.

Depression presents as an unchanging, prolonged and painful lowering of mood that doesn't respond to usual attempts to help a person "cheer up." Depression typically leads to changes in an individual's ability to function effectively or a loss of his/her sense of wellness.

Overcoming Stigma to Promote Help-seeking

Stigmatization can result in individuals not receiving the care that they need and an unnecessary prolonged course-of-illness. The age of this population is an important factor in acknowledging a mental health problem and willingness to accept treatment. Young adults, regardless of being in the military or civilian population, often feel more invincible and feel they can 'tough it out.' Healthcare providers can reinforce that emotional conditions are just like other medical conditions (i.e. strept throat or a torn ligament) and respond to treatment. Left untreated, symptoms can worsen and affect their health and that of their families.

Resources for Patients

Many resources are available to veterans through the DoD, Veterans Affairs and community agencies.

For additional information see Internet websites:

<http://www.militaryonesource.com/skins/MOS/home.aspx>
<http://www.battlemind.org/>
<http://www.ncptsd.va.gov/ncmain/index.jsp>
<http://www.centerforthestudyoftraumaticstress.org>



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