

My Personal Information

James Nelson L.C.S.W.

MSW from IUPUI

Captain in United States Army Reserve

Tour of Iraq in 2009

Readjustment and Recovery Therapist at
Roudebush VA Medical Center



Importance Of Military Knowledge

- Veterans/Military Personnel often feel civilians understand little of their experiences.
- If Veterans feel they have to constantly explain sessions can end before they begin.
- If therapist shows some knowledge, it can produce a nice starting point.

Branches/Rank Structure/Acronyms

- 5 branches: Army, Navy, Air Force, Marines, Coast Guard
- Enlisted/Officers:
E-5 and up are NCO or Noncommissioned officer
O-2 and up are Officers
- Officers produce plan, NCO's job to execute .
- Acronyms:
CHU=Contained Housing Unit
FOB=Forward Operating Base
MRE=Meals Ready to Eat
CONUS=Continental United States
OCONUS=Outside Continental United States
- www.militaryacronyms.net

First Step-Building Trust

The most important feature of treatment

- Barriers:

1. Only 1% have served: veterans often feel that the other 99% will never understand them.
2. Brotherhood vs. individualized society.
3. Detachment from society.
4. If they have a MH issue, they feel broke.
5. Mental health and military consequence.

Combat Operational Stress Reaction (COSR)- In Theater

- ◉ Described as what happens when a person experiences a “normal” reaction to what would be considered an “abnormal” experience.
- ◉ Traumatic Stress = Combat & Terror of war
- ◉ Operational Stress = wear and tear of grind of deployment.

COSR- Nothing New

- ◉ Civil War- Irritable heart or soldiers heart
- ◉ WWI- Shell shock
- ◉ WWII- War neurosis and battle fatigue by the end of the war.
- ◉ Post-Vietnam- Explosion in research in war-related stress and disorders.
- ◉ 1980- PTSD

Symptoms of COSR

- Persistent Restlessness
- Irritability & Anger
- Difficulty Falling Asleep
- Decreased Appetite
- Easily Fatigued & Low Energy Levels
- Decreased Ability to Concentrate
- Depressed Mood
- What does this look like?

Combat Stress Control in Theater

- Comprised of social workers, psychologists, psychiatrists, OT's, and mental health therapists.
- Often embedded with units
- Ability to provide brief counseling, education classes, and meds
- Some people you see may have had treatment in theater

Changes Family & Friends Notice- (Coming Home)

- ◉ Often Irritability
- ◉ Decreased Social Interactions
- ◉ Restricted Affect
- ◉ Detached
- ◉ “The person who came back is not the person I married.”
- ◉ Importance of educating family- of course they are different.

Adjustment Disorder

- Most military personnel, even after going through extreme stress and trauma do not develop PTSD, but have some issues functioning.
- A person has little opportunity to experience the intense emotions during war, and do little cognitive work necessary to make sense of it.
- Core beliefs can be damaged. The ability to interpret life events can be hindered due to how they now view the world.
- Good first general diagnosis.
- Not a red flag to military.

Adjustment Disorder Examples

- ◉ <http://www.youtube.com/watch?v=3PgbNOU3cYo>

- ◉ **Combat Medic**

- Important, entrusted, critical decisions being made.
- Back to civilian world they are anonymous, monotonous.

- ◉ **Coming back from deployment is like returning to a three-dimensional world after experiencing a fourth dimension.**

- ◉ **“Although I have faced hell during war, I’d still rather be fighting, then wake up to the everyday bull shit I call my job and life.”**

Treatment for Adjustment Disorder

- Again, first develop that trust- make sure this is established.
- CBT, family therapy, psycho-educational, group therapy. Meds usually not needed unless another clinical diagnosis is determined.
- Can be used as a broad diagnosis while determining what is going on.

Combat PTSD

- ◉ <http://www.youtube.com/watch?v=WsyVRpW4xNk>
- ◉ Almost every reaction that mental health label a “symptom” and which indeed can cause havoc in life after returning home, is an essential survival skill in war zone.
- ◉ Multiple traumas experienced during a deployment.
- ◉ Military personnel often view their PTSD “symptoms” as possibly needed again.
- ◉ Deployment to a war zone can be prolonged and severe stress, which changes the way in which the body adjusts to or responds to normal, everyday levels of stress.

Criterion A

- Criterion A defines a trauma exposure as witnessing or experiencing an event involving serious injury or death.
- Small arms, fire, IED's, mortars, rockets, VBID's, suicide bombers, witnessing fellow warriors injured or killed, civilians wounded or killed.
- Toxic Leadership can exacerbate issues.
- Survivor Guilt:
 - It is about one another
 - why not me?
- Randomness of war

Criterion B

5 Symptoms to Re-experiencing Traumatic Event

- Unique situations and stimulus can set off recurrent thoughts, sometimes these are not consciously recognized by veteran.
- Nightmare Themes of helplessness and hopelessness, not only about combat.
- Flashbacks: education often needed within this area for veteran.
- Reactivity to cues
 - crowds
 - trash on roads
 - empty streets

Criterion C

7 Symptoms Related to Avoidance

- One of easiest ways to avoid is to self-medicate.
- One can even choose to avoid family members.
- Avoidance can be as specific as “smell of fields” or “going under bridges” to as general as “something doesn’t feel right”.
- What happens if you don’t avoid perceived danger in a war zone?

Criterion D

5 Symptoms of Hyper arousal

- Sleep a huge issue- up to 90% have problems in this area
- Constant feelings of hypervigilance: muscles tightening
 - adds to issues of chronic pain
 - adds to irritability
- Veterans can feel embarrassed of their responses
 - warriors have responses
- Veterans seeking adrenalin rush from combat

Criterion E

Complexities of more than one month
criteria

- Multiple deployments
- Discharged from active duty

Criterion F

Distress is usually across the board

- Social- Some only feel comfortable with other vets
- Occupational
- Family
 - "Broke, failing family"
 - Detached, cannot relate

Treatments for PTSD

- Best approach is usually dual modality meds and therapy
- Can be resistance to the idea of medication
- Prolonged Exposure Therapy
- Cognitive Processing Therapy
- CBT
- Be cognizant of the negative feeling a veteran can have of being “broke”

Questions

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