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# **Assessment & Treatment of Combat PTSD**

**LCDR Erin Simmons, Ph.D.  
Naval Health Clinic  
Cherry Point, NC**

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# Objectives

1. Discuss the occurrence and appearance of combat stress injuries.
2. Describe the effects of combat trauma on families.
3. Describe screening measures used to aid practitioners in making appropriate referrals.
4. Review available treatments and clinical practice guidelines.



# Combat/Operational Stress

- Combat stress is expected when normal people go to combat.

## A Combat Stress Injury...

1. Happens to a person (not chosen)
2. Involves loss of normal integrity
3. Causes loss of function at least temporarily
4. Provokes predictable self-protective or healing symptoms
5. Cannot be undone (though it usually heals)

--CAPT(ret) Bill Nash in Combat Stress Injury

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# Posttraumatic Stress Disorder (PTSD)

- Exposure to 1 or more traumatic event(s): actual *or* threatened death or serious injury to self *or* others
  - Flight/Fight/Freeze
- Causes terror, helplessness *or* horror.
- Symptoms persist more than 1 month *after* trauma:
  - Re-experiencing the event through memories, dreams, or nightmares
  - Avoidance of-associated stimuli (people, situations, or noises)
  - Persistent hyperarousal (sleep problems, hypervigilance, irritability, exaggerated startle)
- Symptoms cause significant distress or impairment in personal, social, or occupational functioning

# Combat Stress Injury:

## Trauma



- Multi-casualty incidents (Suicide Bombers, VBIEDs)
  - Seeing the aftermath of battle
  - Handling human remains
  - Witnessing/committing atrocities
  - “Collateral damage”
  - Friendly fire
  - Killing
- 
- Feeling/being helpless to defend, protect, or counter-attack
  - Witnessing death/injury of close friend/leader or of women & children

# Combat Stress Injury: Discomfort/Fatigue



Accumulation of  
stress over time,  
environmental  
hardships

# Combat Stress Injury: Grief

Loss of people  
who are  
cared about,  
in theater or  
at home



# Combat Stress Injury: Moral Injury



Violation of what's  
right and  
“undoing of  
character”  
(Jonathan Shay)

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# Hidden Diagnosis

Effects of psychological trauma may *appear* as:

- Exacerbation of chronic physical ailments:
  - Shortness of breath in an asthmatic
  - Racing heart in a person with Congestive Failure
- New somatic symptoms:
  - Headaches, muscle pain, abdominal pain
- New/exacerbated substance abuse
- Vague complaints of poor energy, poor sleep or malaise
- “Functional” problems

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# Functional Problems

- Occupational Stress/Unemployment
- Educational/Training Needs
- Housing Needs
  - Homelessness or *functional homelessness*
- Financial and/or Legal Problems
  - Debt
  - Divorce/Custody problems
  - Behavioral problems
- Family Issues
  - Lack of Social Support
  - Estrangement
  - Family Breakup
  - Kids in trouble

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# Chief Complaints

## Presenting Problems

- Nightmares, sleeplessness
- Feeling irritable, anxious, “on edge”
- Feelings of isolation
- Loss of motivation
- Forgetfulness
- Anger, guilt, shame
- Paranoia
- Personality Change

## Associated Problems

- Marriage, relationship problems
- Medical issues
- Financial hardships
- Intolerance of questions from family and friends
- Lack of structure

A close-up, vertical view of the American flag, showing the blue field with white stars and the red and white stripes. The flag is positioned on the left side of the slide, partially overlapping the text area.

# Impact of Deployments and Combat Stress On the Family

## **The Good News:**

- Positive effects of deployments:
  - **Foster maturity**
  - **Encourage independence**
  - **Strengthen family bonds**

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# How does combat/operational stress affect family members?

## **The Bad News:**

Often the same way it affects service members:

- **Sympathy**
- **Depression**
- **Grief**
- **Fear & Worry**
- **Loss of Sleep**
- **Avoidance**
- **Guilt & Shame**
- **Anger**
- **Drug/Alcohol Abuse**
- **Health Problems**

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# Deployment Cycle Stressors

- Pre-deployment: Every day until you leave
  - Orders can change...repeatedly
  - Worry about safety of loved ones/themselves
  - “Activities of Daily Living” – finances, healthcare, child care, pets
  - Single Mothers
  - Family planning
  - Reservists - jobs, houses, family members
  - Preparing not to come home

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# Deployment Cycle Stressors

- Deployment—Sustainment—Re-Deployment
  - Stresses from “in theater” and home
  - E-mails/news coverage/internet
  - Changing plans and expectations
  - Drama
- Post-Deployment
  - Garrison life, family life
  - Adjustment to lack of control
  - Pressures and complications of daily living

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# How Children React

- **Infants**: May have **never met** their father or **do not remember** their mother
- **Preschoolers**: **Feel guilty for making parent go away**, need time to warm-up, intense anger, act out to get attention, demanding
- **School Age**: **Excitement, joy, talk constantly** to bring the returning parent up to date, boast about the returning parent, guilt about not doing enough or being good enough
- **Teenagers**: **Excitement, guilt** about not living up to standards, **concern** about rules and responsibilities, feel too old or unwilling to meet or spend extended time with the parent

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# Erin's Rules of Thumb for Successful Deployment Reunions

- **Rule #1: Beware the fairytale!**
  - Don't expect life to be perfect. Don't set yourself or your significant others up for disappointment.
- **Rule #2: Make realistic expectations and be patient.**
  - Instead of expecting the fairytale, *plan* for a good reunion, including things to say, do, and talk about.
  - Give yourselves *time* to adjust to being back together. Both parties have changed.
- **Rule #3: Avoid “pissing contests!”**
  - Both parties had it bad. No one wins when partners fight over who did more work and who suffered the most.
  - It only takes one person to stop this contest.

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# Erin's Rules of Thumb for Successful Deployment Reunions

- **Rule #4: Use good timing!**
  - A basic rule of communication is: if you want someone to hear what you are saying, *say it when they are listening.*
- **Rule #5: Avoid the “stupid questions:”**
  - *Did you kill anyone?*
  - *How was it?*
  - *Are you glad to be home?*
  - Any variation of: *Was it hot?, Did you see any camels?, Did you talk to any Iraqis/ Afghanis?*
- **Rule #6: Thank each other!**
  - Don't forget who kept the house standing while the other was fighting for the freedom to have it.

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# Assessment Questions

1. Are/were you a service member?
2. Why did you join the Marine Corps, Army, Navy, etc.? What did you hope to accomplish?
3. How do family members feel about the military? About deployment(s)?
4. Deployment stage (family members)
5. Combat tours: How many? When? Where? MOS? Job in theater? Your unit or strangers? Intensity of combat action?
6. Satisfied with training and preparation?
7. Satisfied with leadership and equipment?

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# Assessment Measures

- Primary Care PTSD Screen (PC-PTSD)
- Combat Exposure Scale (CES)
- PTSD Checklist – Military/Civilian Version (PCL-M or C)
- Trauma Symptom Checklist - 40 (TSC-40)
- 3 Question DVBIC TBI Screening Tool
- Other measures as appropriate
- Resources
  - Defense Centers of Excellence:  
<http://dcoe.health.mil/>
  - National Center for PTSD: [www.ncptsd.gov](http://www.ncptsd.gov)



# Treatment of PTSD and Combat-Related Mental Health Problems

## **Now that You Found Them...**

- The key is to develop a supportive and *collaborative* therapeutic alliance with the patient *and* his/her significant others

# Clinical Practice Guidelines

- Assist clinicians in learning about available treatments, reviewing evidence base, making practical & patient-specific choices
- Clinical algorithms walk clinicians through screening, assessment, referral, treatment
- VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress, available at:
  - [www.oqp.med.va.gov/cpg/PTSD/PTSD\\_Base.htm](http://www.oqp.med.va.gov/cpg/PTSD/PTSD_Base.htm)
- American Psychiatric Association:
  - Practice Guideline for Patients with Acute Stress Disorder and Posttraumatic Stress Disorder
- International Society for Traumatic Stress Studies:
  - Effective Treatments for PTSD (Foa, Keene, Friedman, & Cohen)



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# Treatment Options: Cognitive Therapy

- Identify & clarify patterns of thinking
- Identify distressing trauma-related thoughts
- Convert distorted thought patterns into more accurate thoughts
- Address core beliefs about self, others, larger world
- Ex: Cognitive Processing Therapy (CPT)

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# Treatment Options: Exposure Therapy

- Reduce fear associated with traumatic experience through repetitive, therapist-guided confrontations of feared places, situations, memories, thoughts, and feelings
- Exposure can be “imaginal” or “in vivo”
- Reduced intensity of emotional and physiological response is achieved through habituation.
- Ex: Prolonged Exposure Therapy (PET)

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# Treatment Options:

## Eye Movement Desensitization and Reprocessing (EMDR)

- Accessing and processing traumatic memories to bring these to resolution.
- The client focuses on emotionally disturbing material while at the same time focusing on an external stimulus (usually therapist directed bilateral eye movements, hand tapping, sounds)



# Treatment Options:

## Stress Inoculation Training

- Set of skills for managing stress and anxiety:
  - Breathing control
  - Deep Muscle Relaxation
  - Assertiveness Training
  - Role Playing
  - Covert Modeling
  - Thought Stopping
  - Positive Thinking
  - Self Talk

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# Treatment Options: Pharmacotherapy

- Strongest evidence for SSRIs and Effexor
- Little evidence for other classes of drugs, except as adjunctive treatment
  - Antipsychotics often prescribed in military settings
- Research suggests Prazosin alleviates nightmares and may help manage other symptoms, but it cannot yet be used as stand-alone treatment
- Benzodiazepines are *not* effective as first-line agents for treating PTSD
  - Potential for dependence and abuse; use as single agents is strongly discouraged

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# Conclusion

- Combat/operational stress is a normal part of the deployment cycle.
- Combat stress injuries include PTSD, but may also/instead cause health problems, functional impairment, or other psychiatric disorders.
- Assessment and treatment should be informed, collaborative, and open-minded:
  - Avoidance and fear are natural.
  - *Trust, safety, and preparation are essential for effective recovery.*



**Questions?**

# Presenter Contact

**LCDR Erin Simmons**

**Mental Health Department**

**Naval Health Clinic Cherry Point**

**4389 Beaufort Rd.**

**Cherry Point, NC 28533**

**Ph: 252-466-0380**

**Fax: 252-466-0237**

**[Erin.Simmons@med.navy.mil](mailto:Erin.Simmons@med.navy.mil)**



HRSA Grantee Technical Assistance

**A-TrACC**



# HRSA Contact

**Kyle Peplinski, MA**

Public Health Analyst

U.S. Department of Health and Human Services

Health Resources and Services Administration

Bureau of Health Professions

5600 Fisher Lane, Rm. 9-36

Rockville, MD 20857

301-443-7758

[kpeplinski@hrsa.gov](mailto:kpeplinski@hrsa.gov)



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**A-TrACC**

