

Psychologist Craig Bryan: Treating Vets For PTSD



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Jae C. Horn/AP

Marines wait outside a building to take psychological tests in September 2009. The military assesses troops in search of clues that might help predict mental health issues.



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University of Texas Health Science Center at San Antonio

Dr. Craig Bryan is an Assistant Professor in the Department of Psychiatry at the University of Texas Health Science Center and the lead risk management advisor for the \$25M Department of Defense funded Strong Star Research Consortium, focused on PTSD prevention and treatment research.

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Dr. Bryan, who studies suicidal behaviors and prevention strategies, advises both the Air Force and the Department of Defense on PTSD prevention and treatment research. He joined Terry Gross for a discussion about combat stresses, the growing number of military suicides and his role as a psychologist who has treated both active-duty service members and returning veterans. From February to August of 2009, he directed the Brain Injury and Combat Stress Center in the primary Level III trauma hospital in Iraq, where he studied mental resiliency and combat stress.

More on Military Suicides



the impact of war

For Army, Preventing Soldier Suicides Starts On Day 1

November 8, 2010

text size **A A A**

The rate of U.S. Army suicides has doubled since 2004. In June, a study released by the Army indicated that nearly as many American troops at home and abroad committed suicide in the first six months of 2006 as the number who had been killed in combat in Afghanistan during the same time period.

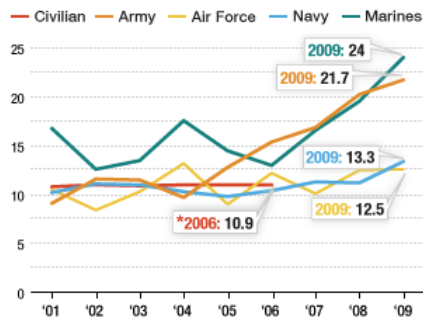
The Army has begun investigating its mental health programs. But one hurdle to improving services is that many soldiers fail to ask for help because of a culture that prides itself on mental toughness.

"Unfortunately, in the vast majority of cases, when a veteran comes forward for help, it's usually when they're in extremely bad shape," says psychologist [Dr. Craig Bryan](#). "The military culture is not quite

amenable in going and asking for help from others. ... Right now in the military, depending on the branch of service, about three-quarters of service members who kill themselves never come into a mental health provider [and] never reach out and ask for help. They're out there somewhere but most of us don't know where they're at."

"The most eye-opening experience I had when I was deployed was what service members were most concerned about — their most pressing needs on a day-to-day basis — actually wasn't the traumatic events," he says. "It wasn't the combat, seeing the dead bodies, shooting people, being shot, being injured. Yes, those were definitely important but what most service members talked about the most was the day-to-day benign stressors. It was the not being able to sleep in a comfortable bed, not having access to warm, cooked food, not being able to communicate with loved ones easily. Those day-to-day stressors slowly degrade their mental resources and their resiliency so that when big things happen — the explosions occur, when the gun battles happen — they don't have as much energy in their battery to

The rates per 100,000 people of suicide among active-duty personnel in the Army, Marines, Navy and Air Force. The statistics show an increase in suicide rates since 2001, compared with the relatively steady rate of suicide among the U.S. civilian population.



Source: U.S. military branches (2001-09) and Centers for Disease Control and Prevention (latest figures through 2006)
Credit: Adrienne Wollman

get through that and that's where we started to see more of the problems."

Bryan and his colleagues started working with combatants on dealing with their day-to-day stressors: how to make sure they were sleeping well and maintaining physical health in order to keep them mentally fit on the battlefield.

"Back here in the States, when you're working with a service member with PTSD or some other combat-related stressor or injury, it usually happened months or years in the past," he says. "Whereas, when I was in Iraq, the explosion happened yesterday, so I was seeing them in the hospital when they were getting the shrapnel removed from their bodies. We were doing [assessments] very quickly and providing interventions geared towards preventing long-term problems that we often talk about and see here in the United States."

For his contributions to primary care behavioral health and military suicide prevention, Dr. Bryan was recognized in 2009 by the American Psychological Association's Society for Military Psychology with the Arthur W. Melton Award for Early Career Achievement. He is an assistant professor in the department of psychiatry at the University of Texas Health Science Center and the lead risk management adviser for the \$25 million Department of Defense funded [Strong Star Consortium](#), focused on PTSD prevention and treatment research.

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Recent First



Irene Cardenas (irenesee) wrote:

Sports teams don't focus mostly on "defeat" before games, not because they can't take it, but because it's not the optimal psychological strategy. If people's minds are resilient enough to face defeat, they can apprehend the psychological effect that focusing on it has. If they aren't resilient enough, how can they even face it enough to realize its effect? Just as teams focus on "winning" (not "defeat avoidance"), the military should focus on "team protection" (not "suicide prevention"). Research on trauma shows people can face horror when they have enough love and mental coherence to counterbalance the trauma. So, it makes sense that those who can experience trauma already have more underlying resilience than those who can't. Claiming such loving, resilient people are problems, rather than crediting them for their goodness and strength, leads to an almost irreversible traumatic situation; they get cast out of the group's appreciation for their real resilience. If patients, therapists and people who allege others are mental cases all get their brains' coherence measured early on, it'd show who was less coherent. Measurements could also show which soldiers fight out of sadism instead of a coherent love of protecting teammates.

Saturday, November 13, 2010 5:05:06 PM

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Irene Cardenas (irenesee) wrote:

Research shows people who focus on success attain it more often. If they focus on making free throws or overcoming cancer, they do better. People aren't likely to make free throws by focusing on missing them. So, focusing on "suicide" as a program name that pervades military culture is not a successful strategy. Whether treatments increase coherent brain activity can be measured with EEGs. A print-out of the coherent function of a related organ, the heart, is shown in Figure 1.* Military teams with truly supportive members should show the best (or most improved) measures of coherent brain activity. They could be rewarded. That's a life protection and mental resilience strategy for military success. Even candidates for civilian leadership positions could have their brains' coherence measured to inform the voting public. Some doctors fall for it when patients lie and say they loved treatment, to get doctors off their backs. One patient who did that said she was tired of being their lab rat. The idea that all psychologists' influence has been needed and helpful has often been an injustice to those they've treated. I'd like the truth to be proven.

* www.heartmath.org/research/research-publications/electricity-of-touch-page-2.html

Friday, November 12, 2010 6:52:42 PM

[Recommend \(1\)](#) ↑[Report abuse](#)**Irene Cardenas (irenesee)** wrote:

Dr. Bryan said health workers messed up trauma recovery by interfering with the natural healing process. Have they debriefed their own feelings on the horrific damage they did? If so, would they still interfere without first publicly proving their methods help? Research shows if an animal is welcomed back into the group after trauma, it heals immediately. If that pattern holds, casting anyone out of the combat group who has trouble sleeping harms him greatly. There's concern about teammates being harmed due to delayed reaction times, but treating tired soldiers in ways that harm them for life is harming teammates. People sleep when they can relax, feeling safe and protected. If psychologists can harm their lives, that's not relaxing. Health workers can do damage by checking, as cancer caused by radiation from mammograms shows. If the nation is a vineyard and health workers husband it, that's like sickening vines before cutting them off. If one's soul longs for the health of the whole, one's will finds a way to grow stronger national protection. Are the Chinese wiser in seeing how they affect each other psychologically? Research shows they're better at taking each others' perspectives and at seeing the big, long-term picture.

Thursday, November 11, 2010 7:58:48 PM

[Recommend \(1\)](#) ↑[Report abuse](#)**Brim Stone (brimstone)** wrote:

Lemme save \$25M

They're killing themselves because they have arrived at the inescapable fact that their lives are crap. Some of that crap comes from the circumstances of deployment and war. But most of it is handed out in heaping platters and force fed to them by the psychopaths above them that control every facet of their lives under the guise of "leadership". Sadism is a valued and promotable quality in the military.

And guess what happens to those who don't kill themselves and don't get out? That's right. They learn the lesson and start spoonin' out the crap to their new charges. 'Cause the golden rule of crap is: The more you make somebody else eat the less you have to swallow yourself.

Guess what else? Because the military has self-selected anti-social personality disorder as a "warfighter skill", we have a military that is completely unsuited for civil-military operations and has gotten its' butt kicked by a couple of third world countries.

Want to stop suicides? Learn how to lead. Demote rather than promote those whose #1 priority is themselves. Of course you would have to tear down and rebuild the whole ugly thing, huh?

Know what I'd like to see? I'd like to see everybody in uniform tested for steroids one day.

Thursday, November 11, 2010 1:07:38 PM

[Recommend \(2\)](#) ↑[Report abuse](#)**David Bland (Theosophical)** wrote:

I commend you for you recent clip on PTSD, but I implore you to revisit the matter as your program barely touched the scope and true wounding that PTSD is. The book by Dr. Ed Tick, "War and the Soul" addresses PTSD as a psycho-spiritual wound whose healing comes when the vet is able to reclaim his very soul. The extreme violence of war tears apart the very fabric of meaning for these people. And when they return, we have no cultural rituals to honor them and help them reenter civilian life. Veterans typically feel estranged, not only from those they know personally but from society as a whole. You may recall that many soldiers returning from Vietnam were literally spat upon by civilian protesters. Even now, our culture's usual response is to give the returning soldier some pills, a parade and a turkey dinner and then expect him to go back to the mall to shop shop shop. We don't have reliable statistics for the number of Vietnam vets who have suffered from PTSD. When they came home, they didn't seek treatment; they just went into hiding. But we do have statistics for the current wars. A Stanford University study found that rates of PTSD among the military deployed in Iraq and Afghanistan may be as high as 35%. I am available to discuss

Wednesday, November 10, 2010 12:44:47 PM

[Recommend \(3\)](#) ↑[Report abuse](#)**Gary Laugel (Ishmael)** wrote:

Great question, wonderful question, Terry, about choices to be made by someone who is in treatment for PTSD and making decisions about the future. About the inputs provided by someone trained as a clinical psychologist in that situation.

The answer you received was most enlightening, about the choices available to the sufferer of PTSD.

Wednesday, November 10, 2010 6:07:59 AM

[Recommend \(0\)](#) ↑[Report abuse](#)**Dan H (Vet1)** wrote:

K C (OEF_OIF_Vet) - A response to your less thoughtful responses.

"It is unfortunate that some commanders pressure their troops to deny any mental health or other health problems." You act like this is not a widespread problem. I have never been in a unit where this was not the mode of operation. The word "unfortunate" in your statement is misleading and asserts isolation of these particular cases. Maybe you should come down to the line, act like a private, or a Sergeant, and witness the flack many soldiers get for reporting or acting on illnesses they suffer from. Many soldiers refuse to seek help for problems associated with combat because situational reports are augmented, security statements are signed, and service members are convinced not to talk (to protect careers). My wife, who incidentally received a Bronze Star for her service leading troops in combat, came home on mid-tour leave, got an ear infection and was nearly court-martialed upon returning because she didn't come back to the combat zone when she was scheduled to (they wanted to make an example out of her). She had documents proving they knew about the situation, and were the only things that saved her from a court-martial. She still got a letter of reprimand.

Wednesday, November 10, 2010 2:50:42 AM

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K C (OEF_OIF_Vet) wrote:

For any veterans, active duty, or family members who want mental health services but are not interested/satisfied with the care that the military provides, check out this website. It is an organization made up of civilians who provide FREE mental health treatments to military and military families: www.giveanhour.org Mr. Richard Janney, providers like you can also sign up to provide these services pro bono.

Tuesday, November 09, 2010 8:42:21 PM

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K C (OEF_OIF_Vet) wrote:

Oh, I almost forgot... for those who are unaware, Dr. Bryan VOLUNTEERED to deploy to a warzone within his last few months on active duty. He could have simply completed his commitment and left the service. But he didn't. And if anyone knows his military career, though he was successful, he did not go without reprimand from superior officers on more than one occasion for his tendency to speak up when he thought "the system" was doing something he thought was unjust for the service members.

Tuesday, November 09, 2010 8:24:21 PM

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K C (OEF_OIF_Vet) wrote:

For those who question Dr. Bryan's ethics, you are mistaken. Directive and manualized treatments – which Dr. Bryan uses, are supported by the American Psychological Association, as being highly ethical and effective. You've misunderstood, I hope not because of presuppositions and value judgments about someone you do not know. I know Dr. Bryan personally and professionally. He is one of the most ethical, caring, hard-working, and dedicated providers I know. If 10% of the MH providers in America worked 75% as hard as Dr. Bryan, the field would be far ahead of where it is today. I don't mean that others in the field are lazy. I am emphasizing how much he contributes to the service members. He is an admirable clinical psychologist and veteran. To try to discredit him is not only despicable, but absurd. Instead of tearing someone else down to make an impact, it'd be more helpful if critics of Dr. Bryan work to either change the things they complain about, or go get their doctorate, serve 4 years in the military, and then conduct their own research and therapy. Until then, the self-righteous ignorance with which some of the postings have been written, only discredits the authors of those postings, not Dr. Bryan.

Tuesday, November 09, 2010 8:21:10 PM

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