

How to Help Those Who Are Returning From War



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What do Warriors look like ?

- They are Caucasian, African-American, Latino, Asian, and Native-American

- Male and Female

- They are young; they are also in their 40's, 50's, and 60's

- Single, Married, and Divorced

- Parents and Grandparents



Where are Warriors seen for health?

- Department of Defense Medical Facilities, i.e. medical centers, clinics, outreach centers

- Department of Veterans Affairs, Medical Centers, VET Centers

- Local hospitals and clinics

- Warrior Transition Units (WTUs, CBWTUs)

- Churches, Synagogues, Mosques





What type of medical conditions do Warriors experience?

- Physical injuries sustained in combat, i.e. shoulder, ankle injuries, various wound injuries, shock, heat exhaustion
- And increasingly a lot of Mental Health Injuries including Depression and Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)





What is the prevalence of these disorders?

- Major Depression – Around 17% for military personnel returning from Iraq and Afghanistan

- Post-Traumatic Stress Disorder – Range from 17-23 %

- Data available from the VA National Center for PTSD
 - ✓ www.ncptsd.org



More Recent Data

- ❑ Recent Study done by the Department of Veterans Affairs Medical Center, San Francisco, Ca showed that returning Army Reservists over forty years of age more likely to develop Post-Traumatic Stress Disorder than those who were under the age of 25
-- (18 July 2009, The New York Times)



Assessment Of Depression

- What to look for:
 - ✓ Changes in sleeping patterns
 - ✓ Changes in eating patterns
 - ✓ Decreased energy
 - ✓ Preponderance of negative thinking
 - ✓ Changes in weight
 - ✓ Changes in interests, activities, people



Assessment of Depression (cont.)

- Episodes of crying, decompensation, feeling worthless, not feeling like they want to be alive
- Relinquishing possessions to others
- Prolonged depressed affect and rigid thinking
- Changes in sexual interest, risky behavior
- Suicidal ideation



- Intrusive thoughts
- Nightmares
- Startle response
- Psychic numbing
- Avoidance of stimuli or events that remind one of the trauma
- Re-experiencing the trauma
- Hyper-Vigilance

Assessment of PTSD (cont.)

- Restless sleep, tossing and turning in one's sleep

- Night sweats, waking up in a startled fashion, not being able to sleep, reliving the trauma in a flashback
 - ✓ This can be generated through a visual, auditory, or tactile cue



What helps with the treatment of PTSD?

- ❑ Psychological First Aid – encouraging survivors of trauma to get appropriate rest, nourishment, exercise, continue to monitor
 - ✓ If symptoms, especially sleep disturbance and mood disturbance continue, consider evaluation for medication management.
 - ✓ FDA approved front-line medications for PTSD: Sertraline (Zoloft), Paroxetine (Paxil)



What works regarding Psychotherapy (Talk Therapy)?

- Cognitive Behavioral Therapy (CBT)
- Cognitive Processing Therapy (CPT)
- Exposure Therapy
- Prolonged Exposure Therapy
- Eye Movement Desensitization Reprocessing (EMDR)
- Acceptance And Commitment Therapy

- Newer interventions include
 - ✓ Acupuncture
 - ✓ Tai Chi
 - ✓ Yoga
 - ✓ Participating in a project that helps others, i.e. Habitat For Humanity
- Bessel Van Der Kolk MD, 2006





Traumatic Brain Injury (TBI)

- Account for at least 4% of injuries sustained by Soldiers returning from Iraq and Afghanistan
- TBI may result from any blunt injury to the head by exterior force, i.e. a sports injury, heavy object striking the head, explosion, mortar attack, or Improvised Explosive Device (IED)



TBI Symptoms

- Feeling like your bell has been rung
- Nausea
- Feeling light headed
- Feeling wobbly standing
- Headaches
- Sensitivity to light and noise
- Increased irritability





TBI symptoms can overlap with PTSD

- Irritability
- Social Isolation
- Startle Response
- Psychic Numbing
- Headaches
- Hyper-Vigilance



- ANAM4 – computer based instrument, twenty minute program Soldiers complete
- At mobilization station to determine possible baseline for TBI (i.e. Camp Shelby, MS) testing on-going since 2008
- Immediate medical intervention for someone with a concussion (i.e. Post Concussive Syndrome) 85% will resolve



TBI Assessment and Resources

- 15% if not treated immediately will go on to develop Traumatic Brain Injury

- Key is early intervention

- Other appropriate protocol interventions would include Neuropsychological Assessment and review of data by a Neurologist





- ❑ The Department Of Defense, Department Of Veterans Affairs Brain Injury Consortium (DVBIC)
 - ✓ DVBIC hosts a annual training conference every year open to DOD/DVA providers.
 - ✓ www.dvbic.org



- ❑ The Department Of Defense Center For Psychological Health www.dcoe.org
 - ✓ The DCoE Outreach Center
 - ✓ Call Toll Free at 866-966-1020
 - ✓ E-Mail resources@dcoeoutreach.org
 - ✓ Access online chat at www.realwarriors.net



- ❑ Sesame Workshop in collaboration with DCoE has created resources to help families cope with the difficult transitions that are so often a part of military life
 - ✓ www.sesamestreetfamilyconnections.org



- ❑ Afterdeployment.org is an online mental wellness and behavioral health Web site addressing post-deployment issues for all service members, veterans and military families
 - ✓ [www. afterdeployment.org](http://www.afterdeployment.org)



- ❑ PDhealth.mil: The website of the Deployment Health Clinical Center (DHCC)
 - ✓ For service members and their families
 - ✓ (DHCC) provides online resources related to post deployment health concerns for service members, veterans, family members and clinicians
 - ✓ www.pdhealth.mil

- ❑ Military OneSource, available by phone or online, is provided by DoD for active duty, Guard and Reserve service members and their families and helps with just about any need, such as education, relocation, parenting and stress
 - ✓ www.militaryonesource.com



- The National Center for Post-Traumatic Stress Disorder
WWW.NCPTSD.PRG
- The Department of Veterans Affairs WWW.VA.GOV
- VET Centers www.vetcenter.va.gov
- VA Suicide Hotline 1-800-273-8255



- ❑ The Army Battlemind Program is designed for warriors, leaders, spouses, families and behavioral health providers. Training and information is targeted to all phases of the warrior deployment cycle, warrior life cycle and warrior support system
 - ✓ www.battlemind.army.mil



- ❑ The Respect-Mil program is designed to integrate psychological health and physical health care to better screen, assess and treat active duty soldiers with depression and/or post-traumatic stress disorder
 - ✓ www.pdhealth.mil/respect-mil/index.asp.



- ❑ The Focus Project is a resiliency-building program designed for military families and children facing the multiple challenges of combat operational stress during wartime
 - ✓ www.focusproject.org



- ❑ Air Force Landing Gear standardizes the delivery of pre-exposure preparation training for deploying Airmen and mental health component of reintegration education for returning Airmen
 - ✓ www.airforcemedicine.afms.mil/landinggear



- ❑ Marine Corps Combat Operational Stress Control provides strategies that leaders use to strengthen, mitigate, identify, treat, and reintegrate Marines back into their units
 - ✓ Strengthening occurs prior to deployment
 - ✓ Mitigation occurs during deployment
 - ✓ Identification occurs throughout the deployment cycle
 - ✓ www.usmc-mccs.org/cosc

Service Programs

- ❑ Safe Harbor is the Navy's lead organization for coordinating the non-medical care of wounded, ill, and injured Sailors, Coast Guardsmen, and their families
 - ✓ www.npc.navy.mil/CommandSupport/SafeHarbor/



- ❑ The Army Reserve Warrior And Family Assistance Center (AR-WFAC), Family Programs, US Army Reserve
 - ✓ Provides assistance to all Army Reserve Soldiers, Families, and Retirees regarding needs ranging from promotion to financial and job assistance to procuring medical and behavioral health care
 - ✓ www.arfp.org/wfac
 - ✓ 1-866-436-6290

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Questions



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