

# Examining Readjustment Issues Facing OIF/OEF Veterans



## Family Programs Staff Meeting

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# Purpose

To examine the psychosocial stressors of the war in Iraq and the impact it has on service members, and to highlight recommendations in supporting soldiers' readjustment to civilian life.

## A Model of Stress Reactions – OEF/OIF

| Battle Intensity    | Typical Battles                              | Typical CSR                       |
|---------------------|--|-----------------------------------|
| Very intense, short | Yom Kippur, 1973<br>Normandy, 1944           | Dramatic<br>Psychiatric           |
| Moderate, long      | Italian front, 1943<br>Pacific front,<br>WW2 | Exhaustion &<br>Physical ailments |
| Sporadic            | Viet Nam, 1960                               | Conduct &<br>behavior             |

LTC Res Shabtal Noy, Ph.D. MED CORP, Israel Defense Forces

# The Changing Environment & Changing Threats



Energy Demands

## Environmental Stressors

Decompression  
Heat Immersion

## Metabolic Stressors

Dehydration  
Fatigue  
Oxygen Toxicity  
Hypoxia

External  
Stressors

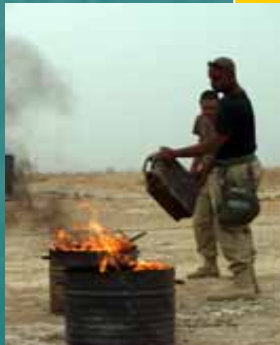
## Material Hazards

Toxic Chemicals  
Laser  
Blast  
Ejection  
Jolt/Impact  
Noise

## Neuropsychiatric Hazards

Circadian Effects  
Sleep Deprivation  
Spatial Disorientation  
Traumatic Effects  
Isolation  
New & Conflicting Roles  
Family Separation

Internal  
Stressors



# Conditions on the Battlefield

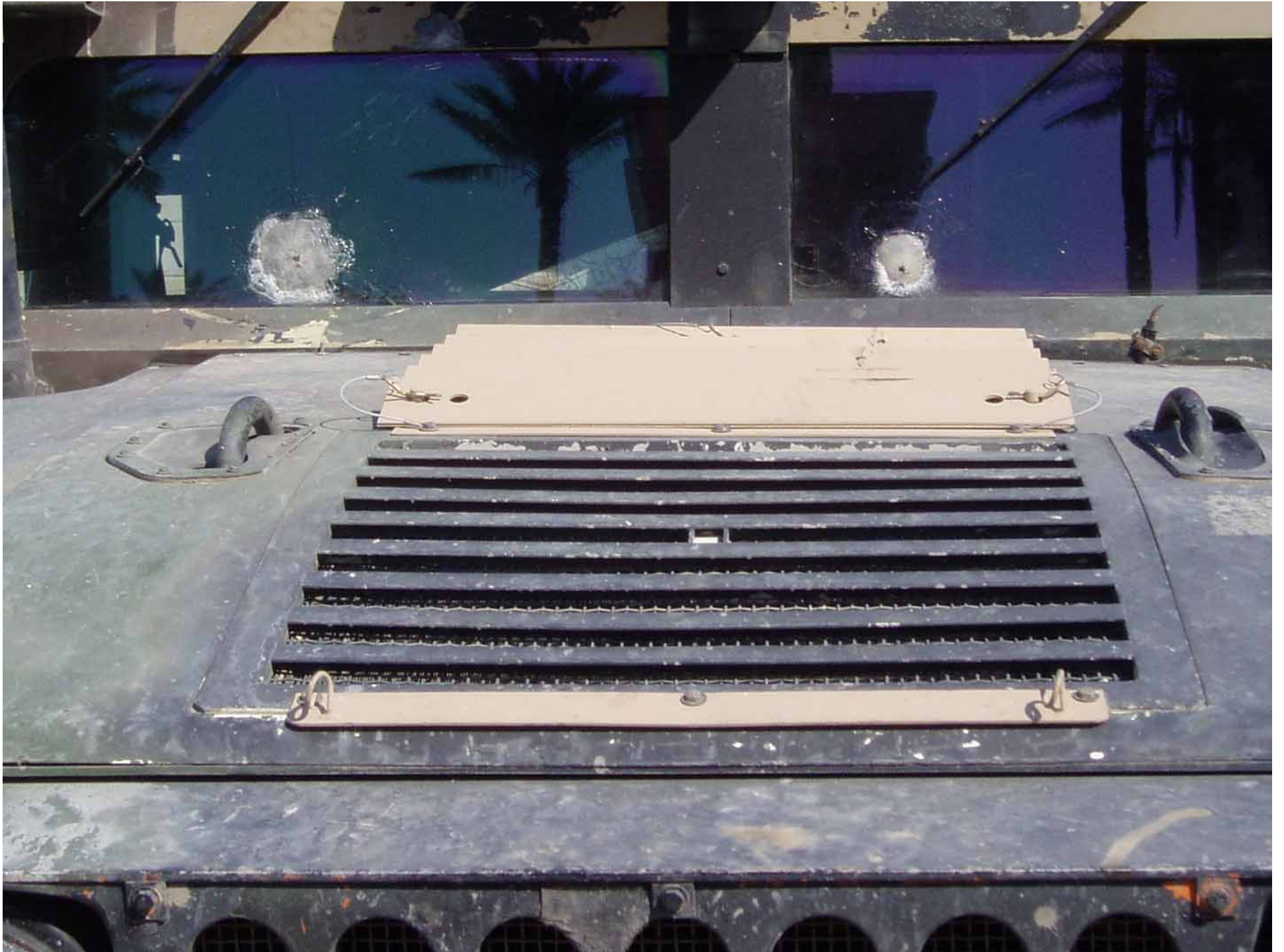
- Hostile
- Deadly
- Multiple threats
- Asymmetrical
- Guerilla war – friends/foe













# Rockets

- March 04
  - Rocket attack
  - Damage to client room, front door, and conference room



# Stressors

- Having to survive in an adverse and hostile environment
- Finding safe routes to travel “outside the wire”
- Coping with the uncertainty inherent in the “fog of war”
- Enduring lengthy deployments (12 months to 18 months)
- Managing peer/leaders relationship conflicts
- Experiencing family separation/home front worries
- Struggling to find time for self-care













# Definitions

## Psychological Trauma

“An emotional wound or shock that creates substantial changes in the psychological development of a person.”

## Traumatic Event

“An event, usually sudden, that causes great distress and disruption.”

# Psychological Reactions to Trauma

Safety, Trust

Esteem

Control

Power

Frame of reference - weltanschauung

Exposure to risk

Epiphany of mortality

Siege mentality

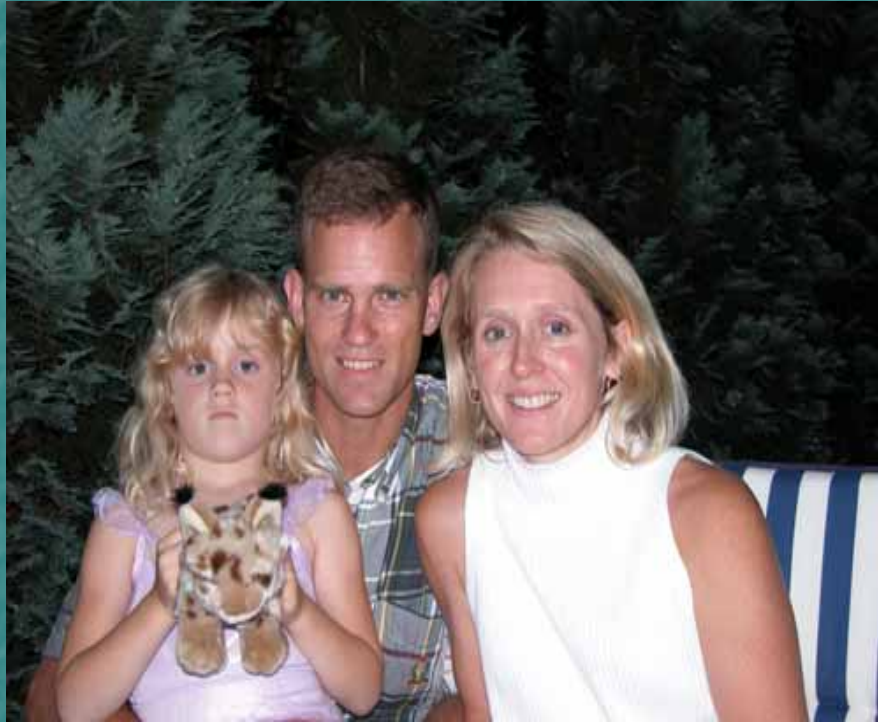
# Combat Stress Reaction

*Normal* reaction to abnormal, stressful situation that will usually diminish or resolve shortly after being removed from the situation.

PTSD is a **medical condition** that can occur in some people after they experience, see, or learn about a terrible event—an extreme traumatic event—that causes them to experience extreme feelings of intense fear, helplessness or horror.

The event involves actual or threatened death or serious injury, or threats of harm to oneself or others.





- Must last for more than one month
- Must cause severe personal problems or distress in personal life, work life, or other important areas of daily living

# Examples of Traumatic Events



- Seeing a horrible accident in which there are injuries
- Being told about the sudden and unexpected death of a loved one
- Being involved in a natural disaster
- Being raped or sexually abused
- Being physically attacked (being mugged or abused by a spouse)

# Emergency Responders



Emergency Responders may experience PTSD after witnessing the results of emergency situations. These people include: police, firefighters, ambulance crews, physicians & nurses, social service workers, paramedics, & disaster workers.



People suffering from PTSD may find that this medical condition affects their lives in many ways, causing problems like:

1. difficulties in relationships with self, friends, family, and/or coworkers

2. recurring nightmares about the event

3. problems concentrating



# How PTSD Occurs

The amygdala processes emotions like intense fear, helplessness or horror.



# Event



# Memory

The event causes the body to release an excessive amount of stress hormones in the brain, which makes memories of the event particularly intense



# Stressful Cycle

Recurring memories of the event cause stress, which intensifies the memories again, creating a cycle that can lead to PTSD



Memory

# Three Groups of PTSD symptoms

- Re-experiencing
- Avoidance/numbing
- Hyperarousal



# *Re-Experiencing Symptoms (one or more of the following)*

Frequent, sudden, and upsetting memories about the event, including certain images & thoughts about the event

Repeated distressing dreams about the event

Acting or feeling as if the traumatic event were happening again (reliving or flashbacks)

Strong mental and emotional pain when someone with PTSD sees people, places, or other things that remind her/him of the event

Physical reactions (shakiness, chills, heart beating fast, etc) when someone with PTSD sees people, places, or other things that remind him/her about the event

# *Avoidance and Numbing Symptoms*

## *(Three or more of the following)*

Making efforts to avoid thoughts, feelings, or conversations that remind the person of the event

Making efforts to avoid activities, places, or people that remind the person of the event

Not being able to remember important details about the event

No longer enjoying or taking part in activities once enjoyed

Feeling detached or removed from family & friends

Having feelings or emotional "numbness" that others may notice

Believing that certain important life goals (such as marriage, parenthood, or growing older") will not be fulfilled

# *Hyperarousal Symptoms (two or more of the following)*

- Problems falling asleep or staying asleep
- Angry outbursts or being irritable
- Problems concentrating
- Feeling "overly alert"
- Being "overly startled"



Symptoms of **PTSD** usually start to appear within several weeks of the traumatic event.

*However, some people may not have any symptoms for months or years after the traumatic event*



# Top Three Presenting Concerns



- Exposure to Combat
- Home-front Concerns
- Relationship to Peers and Leaders

# Presenting Mental Health Issues

- Adjustment Disorder
- Mood (depression, anxiety, irritability, anger)
- Sleep Deprivation
- Alcohol/Substance Abuse
- Suicidal/Homicidal
- Survivors' Guilt
- Personality Disorders
- Operational Stress
- Combat Stress
- Acute Stress
- PTSD

## *Behavioral Attrition*

*40% of all attrition  
(0-6 months)*

*80% of all attrition  
(7-36 months)*



Higher incidence generally not correlated with

--racial/ethnic status (except for Native Americans)

Higher incidence correlates with

--younger age, lower rank, lower educational status, shorter duration of service, being female, and being single

Data from WRAIR – Hoge, et. al AmJ Psychiatry, 2002; 159:1-8

# PIES Model

Philosophy for treatment

P – proximity

I – immediacy

E – expectancy for recovery

S – simplicity

Therapy by walking around!

# Treatment for PTSD



Cognitive-Behavioral Therapy (CBT)

Zoloft, Prozac (SSRIs) – serotonin deficiency

# Reasons Soldiers Don't Seek Help

- I would be seen as weak 65%
- Unit leaders would treat me differently 63%
- Other unit members would have less confidence in me 59%
- Leaders would blame me for the problems 51%
- Would harm my career 50%
- Too embarrassing 41%
- Don't trust mental health professionals 38%
- Mental health care doesn't work 25%
- Didn't know where to get help 22%
- Don't have adequate transportation 18%

# Readjustment Challenges

Family, Workplace, Community, Society

and feeling:

Disjointed

Disconnected

“Dead on the inside”

# CHANGE Model by Violet Arnold

Conflict

Hurt

Anger

Network

Growth

Expectations





# ACT Strategies for Readjustment

Accept the situation



Create a plan

Take action

# When To Seek Help

- Excessive alcohol/drug use
- Excessive arguing
- Arguments that become abusive
- Signs of depression
- Signs of “reliving” stressful events
- Excessive talking about the “war” or “avoiding” talking about the experience

## When To Seek Help, continued

- Problems at work
- Problems re-establishing emotional or sexual intimacy
- Withdrawal or avoidance
- Avoidance of making changes/taking risks
- Jealousy that gets to be "too much"
- Trouble finding new roles that "feel right"

# Education/Public Health Approach

- Other Veterans
- Families
- Employers/Employees
- Mental Health Counselors
- Clergy
- Veteran Service Organizations
- Public at Large

# Resources

- Vet Centers
- Health Care Providers/Personal Physician
- Human Resource Programs
- Red Cross
- Service Organizations (VFW/American Legion, Order of the Purple Heart)
- School counselors
- Churches/Pastors

# WEB Resources

Veterans Administration <http://www.va.gov>

American Psychological Association  
<http://www.apa.org>

National Mental Health Association  
<http://www.nmha.org>

National Center for Post Traumatic Stress  
<http://ncptsd.org>

528<sup>th</sup> Combat Stress Control Website

<http://www.bragg.army.mil/528CSC>

Navy Systematic Stress Management Program

<http://www-nehc.med.navy.mil/hp/stress/index.htm>

International Society for Traumatic Stress Studies  
(ISTSS)

[www.istss.org](http://www.istss.org)

Sidran Foundation for Traumatic Stress

[www.sidran.org](http://www.sidran.org)

# Summary

Service members returning home will need to make the necessary adjustments to get on with their lives. Many of those adjustments are normal processes of reintegrating into civilian life. They will also need our understanding and support as they find their way. Showing respect by not placing labels or “scripting” their responses to their war-time experience is vitally important in their search for meaning, identity, and growth.



