



Center for the Study of Traumatic Stress

Understanding the Effects of Trauma and Traumatic Events to Help Prevent, Mitigate and Foster Recovery for Individuals, Organizations and Communities
A Program of Uniformed Services University, Our Nation's Federal Medical School, Bethesda, Maryland • www.usuhs.mil/csts/

UNDERSTANDING POST DEPLOYMENT STRESS SYMPTOMS

Helping Your Loved Ones

Families and friends of returning service members often wonder what to expect after their loved one comes home from a combat zone. They may ask what is “typical” and when should they become concerned. The question is often “at what point should I be worried about my husband or my son?” or “how can I encourage my wife or my daughter to get the help I think she needs since she returned from deployment?” Service members who have a difficult time after their combat experience often reveal their troubles to those they most trust— their family or close friends. This can be communicated by what they say or what they do. Increased drinking, anger, irritability, or reckless driving for example can be especially frightening for combat veteran families, and confuse or trouble their children.

What are the warning signs that may signal problems? If there is a problem, how can we bring it up? How can we encourage them to get help? This fact sheet recognizes your important role in helping your loved one when he or she comes home.

Distress Responses

It is not uncommon for people who have been involved in high stress situations to have what are called distress responses. Distress responses may be physical or emotional in nature. Symptoms of distress are usually mild, and go away after several weeks. *If these problems (described below) last longer than a month or two months after returning home, a medical professional should be consulted.* There are effective treatments today that are readily available from primary care physicians or mental health providers.

- **Sleep Problems** — difficulty falling asleep; staying asleep or waking early and not being able to get back to sleep.
- **Restlessness** — being jittery, fidgety or showing a high degree of nervous energy.
- **Overly Watchful or Hypervigilant** — oversensitivity or anticipation about things in the environment (e.g., noise, physical objects) that are viewed as a threat to personal safety.

- **Social Withdrawal** — avoiding family or friends, always wanting to be alone, avoiding social activities that he/she use to enjoy.

The majority of returning service members is likely to have some of the distress responses described above.

Risk Behaviors

People returning from combat deployment can sometimes start or increase the frequency of behaviors that compromise their health and the health and safety of those around them. Examples include:

- **Cigarette Smoking** — often starts or increases in the combat zone, and continues or increases upon return home.
- **Alcohol Use** — although alcohol use is not allowed during deployment, it is available and may be used by some service members. Upon return, alcohol use may start or continue as a misguided means of reducing stress.
- **Reckless Driving** — Returning veterans experience a transition from the intensity of driving in a war zone to routine driving in a civilian setting. Stress and alcohol are other factors that contribute to risky driving.

More Serious Problems

There are conditions that cause more serious problems for returning service members, their families and friends. Some of these conditions are:

- **Violence** — When irritability or anger turns into violence there is risk both for the service member and the family. Mixing anger with alcohol can be particularly troublesome since the individual loses the ability to understand his/her behavior or its consequences. Conflicts that become violent need to be recognized by family who should seek outside help. Violent behavior can be caused by physical and emotional problems for which there are treatments and require medical assessment. *When violence occurs in families, children are particularly at-risk and need to be protected. Families are urged to get help quickly.*

WARNING SIGNS

Symptoms that require medical attention include:

- Strong desire to avoid other people that continues for weeks or months after return
- Increased jitteriness or jumpiness that does not go away after return home
- Headaches or unexplained changes in personality or thinking
- Unsettling memories or flashbacks to uncomfortable wartime events that continue after coming home
- Sense of sadness, guilt or failure that does not improve
- Angry outbursts, irritability, family arguments or physical fighting that is out of character and continues
- Changes in alcohol use — drinking more and more often; guilt about use, inability to decrease or stop use, or family member concerns about use.
- Risk-taking behaviors — reckless driving or other risky activities that have health consequences
- Thoughts of death or a wish to no longer be living (this is serious. Family and friends should call a doctor or 911 immediately).

■ **Post traumatic stress disorder (PTSD)** is a condition that results when traumatic experiences (such as combat) lead to lasting symptoms: nightmares, flashbacks, and unsettling memories of the trauma. Other symptoms that are experienced and can be noticed by others include excitability, nervousness, over anxiousness, hypervigilance, and avoidance of people or social situations that can remind a person of the trauma experience. *Symptoms of PTSD are serious and require medical attention, but there is good news. PTSD is a treatable problem and combat veterans can recover. But, left untreated PTSD can lead to problems in day-to-day living, both for veterans and their families.*

■ **Depression** is different from normal human unhappiness. Depression is a deep, unchanging, prolonged and painful sadness that does not respond to attempts to help a person “cheer up.” It includes a loss of interest in things one was previously interested in, including family, hobbies, friends and work. Depression typically leads to changes in individual functioning (difficulties with appetite, sleep, concentration and enjoyment of activities once a source of pleasure), as well as a loss of a sense of wellness and self-esteem. *There are excellent treatments available for depression.*

■ **Traumatic Brain Injury (TBI)** is a condition that results when service members are exposed to explosive events in the combat theatre. While many combat veterans may be aware that they have suffered from a head injury, some who sustained mild injury may not. Symptoms of mild TBI can include headaches, impulsive behavior, anger outbursts, changes in personality or slowed thinking. These symptoms can sometimes be difficult to distinguish from other emotional conditions. *As TBI symptoms can cause problems in the lives of combat veterans or their families, it is important to bring any concerns to the attention of a health care provider.*

Seeking Help

It is often difficult for veterans with combat related emotional or behavioral problems to seek the help they need and deserve. People often feel ashamed and view their suffering as a sign of personal weakness — something they can ‘snap out of’ or ‘tough it out’. Family and friends can help by pointing out that emotional problems are no different from medical problems, and must be diagnosed and treated like any medical condition (i.e. a cough, sore throat or sprained or broken ankle.) It is also important to let the person know that their health affects the health and well being of the entire family and should not be neglected. The **good news** is that medical treatments today are very effective for helping with these problems. Our military supports help-seeking, especially early on before problems worsen and interfere with quality of life.

Resources

Many resources are available to veterans through the DoD, Veterans Affairs (VA) and community agencies. When appropriate, service members and their families should seek out help from health care professionals who have experience in the treatment of combat stress related problems. Sometimes a chaplain, a good friend or a trusted member of your unit can make it easier to arrange for the right kind of help. Service members living in more remote locations (such as National Guardsmen, reservists or those who have left active duty status) should reach out to VA or local (TRICARE) healthcare providers in the civilian community where they live.

For additional information see Internet websites:

<http://www.militaryonesource.com/skins/MOS/home.aspx>
<http://www.battlemind.org/>
<http://www.ncptsd.va.gov/ncmain/index.jsp>
<http://www.centerforthestudyoftraumaticstress.org>

