

2008 Linda E. Saltzman Symposium Summary

The Health and Social Consequences of War on Soldiers, Returning Veterans, and their Families

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Overview of the Military

Mel Tapper, PhD, LICSW, OIF-OEF Boston Healthcare Program Manager, Department of Veterans Affairs

In order for healthcare providers to best serve veterans and service men and women, it is important to understand the current military structure. Armed forces involved in the current Middle East combat differ significantly from the past. While the majority are male (89%), the number of women service members is increasing. A significant number of service members are over the age of thirty (42%), and often have spouses and children, which differs significantly from previous conflicts (e.g., Vietnam War). In addition, many are reservists who are not full-time soldiers – instead, they are leaving full-time jobs and families to fulfill their service responsibilities. The continuum of care in combat is determined not only by healthcare professionals, but also by military command. The majority of soldiers returning from combat do not receive service through the Veterans Affairs – instead, they are often seen by community physicians.

The Psychological Effects of Combat on Service Members

Daniel Potenza, MD, Psychiatrist, Department of Veterans Affairs

Combat can be significantly traumatic for service members, and posttraumatic stress disorder (PTSD) is not uncommon in this population. PTSD can be described as “a failure to recover from a traumatic event.” The research has revealed that trauma can lead to changes in gene expression. PTSD is a social, physiological, and psychological injury that may or may not be permanent. The changes in brain functioning – specifically cognitive and emotional reasoning – is impacted by PTSD which results in difficulty in regulating emotions. There are promising therapies for PTSD, which include both pharmacological and psychological treatments. In addition, there are strategies for the community physician to utilize when working with service members, including: reflective summary statements, provocative questioning, perspective alignment, openness, honesty, and gentle command statements (Tell me about...). Overall, the practitioner needs a firm framework when interviewing and providing physical exams to build a greater alliance with the patients and avoid triggers into self-protection by describing the physical while performing to avoid startle response.

Sexual Trauma in the Military

Amy Street, PhD, Amy Street, PhD, Director for Education & Training, Military Sexual Trauma Support Team, Department of Veterans Affairs National Center for Posttraumatic Stress Disorder

The awareness of sexual trauma and harassment in the military is growing. Studies suggest that both men and women experience sexual trauma (1%, 3% respectfully) and sexual harassment (23%, 54% respectfully). The Department of Defense and Department of Veterans Affairs is acting to address this significant problem. All veterans returning from combat are screened for sexual trauma. Those with a reported history of military sexual trauma (MST) experience greater adjustment and mental health difficulties upon returning from combat. In addition, experiencing MST increases the likelihood of developing PTSD. The dynamics of MST differ from sexual assault because of the culture of military as a cohesive “unit” environment. In addition, the survivor often knows the perpetrator and has a significant risk

of ongoing trauma. Established in 2006, the military sexual trauma team monitors the screening and treatment of sexual trauma, promotes education and training, promotes best practices, and makes policy recommendations. The two goals of the military sexual trauma team is (1) early identification of those who experienced sexual trauma and (2) a system of care that facilitate access to treatment for MST patients.

Coming Home: Impact of Military Service on the Family

Candice Monson, PhD, Deputy Director, Women's Health Sciences Division, Department of Veterans Affairs National Center for Post Traumatic Stress Disorder

PTSD has a significant effect not only on the patient, but also the patient's family. For example, service members afflicted with PTSD are equally likely to be married that those without PTSD, but are 1.6 times more likely to be divorced than those without mental disorders. Marital dissatisfaction, particularly for spouses, is high, and there are often more areas of relationship conflicts, less cohesion, less emotional expressiveness and engagements, and more fear of intimacy. PTSD is likely a risk factor that can be intervened upon to reduce aggression in relationships. There has been intergenerational transmission of trauma found in children of Vietnam Veterans. Some specific problems of OEF/OIF veterans and their families include sleep disturbances, dissociation, and sexual problems. There is a four-fold increase in interpersonal problems for these families. In addition, spouses' perceptions of veterans' combat exposure is important in PTSD satisfaction association.

Implications of Combat Recovery

Terence Keane, PhD, Associate Chief of Staff for Research & Development, Department of Veterans Affairs National Center for Post Traumatic Stress Disorder

Resiliency is key in trauma recovery. Much research is ongoing about resiliency, and researchers are beginning to understand the various factors important in why some people have serious, adverse health effects from traumatic experiences, and others seem to "grow" or benefit from such. Some critical factors include: the degree of perceived social support (i.e. to what degree does the victim have positive social supports surrounding him/her after the trauma or another way of putting it is that significant others are important to recovery), prior victimization experiences, genetic makeup, whether or not sexual assault occurred (substance abuse is particularly toxic factor in the development and maintenance of PTSD). It's also important to adopt a Watchful Waiting approach. Often, a person will recover from a traumatic experience with only minor help in the first few months after the trauma. However, if a traumatized person appears to have many, serious, obviously intrusive symptoms during the first few weeks/months after a trauma, realize that that person is at higher risk of developing chronic, complex PTSD and earlier intervention techniques might be prudent to implement.

Caring for the Care Provider

Luis Sanchez, MD, Director, Physician Health Services, Inc.

Little is known about the vicarious and secondary traumatization of health care providers in providing care to service members and other afflicted by trauma. Physicians and other health care providers involved in combat treatment can likely be afflicted with some of the same issues stemming from trauma as service members. Physicians can be profoundly impacted by their patients, and it is essential for physicians to engage in appropriate self-care. Means in which to do so include self care, family activities, spiritual life, hobbies, appropriate time off, ongoing learning, and mentoring.