

Guide for

POST TRAUMATIC STRESS

What is it?

Who gets it?

What help is available?



THE AMERICAN LEGION

Seventh Edition

*“...I’ve seen bodies
ripped to pieces by bullets, blown
into millions of scraps by bombs,
and pierced by booby traps. I’ve
smelled the stench
of bodies burned.
I’ve heard the air sound
like it was boiling from rounds fly-
ing back
and forth. I’ve lived
an insanity others
should never live...”*

– Dennis Tenety, “Fire in the Hole”

POST TRAUMATIC STRESS

What is it?

Stress is a natural reaction to experiencing a traumatic or life-threatening event, not everyone copes with stressful situations in the same way. Usually, the stress is temporary and subsides as the traumatic event is reduced or eliminated. However, there are instances when the traumatic event makes such a strong impression that those who experience it may have a more difficult time handling the stress and the memories of that event impact their ability to perform day to day functions, interact normally with family and friends, and maintain gainful employment. Post Traumatic Stress (PTS) can develop, if stress reactions persist or worsen. Without proper and timely treatment, PTS can become chronic and permanent.

PTS, long thought to be a mental disorder is now increasingly looked on as an injury to be treated. The American Legion feels that this change in focus will more effectively assist veterans and service members who are suffering from the effects of traumatic experiences. The American Legion has established a task force to study methods and treatments for PTS which do not treat the symptoms like traditional drug approaches but treat the injury.

Further, removing the stigma of a "disorder" and addressing PTS as an injury to be treated it is hoped will encourage those suffering to ask for assistance.

PTS has held many titles over the course of military and medical history: Da Costa Syndrome, Soldier's Heart, Shell Shock, Battle Fatigue, War Neurosis, and Vietnam Syndrome. It may occur after a person has been exposed to an event where the person has experienced or witnessed death, mass destruction, natural disasters, acts of terrorism, crime, rape and abuse. It sometimes occurs

in conjunction with other ailments like depression, substance abuse, memory and cognition problems, and other physical and mental health problems.

For veterans, in particular, stressful traumatic events may include working in combat zones where the service member needs to remain in a state of constant vigilance for extended periods of time, participating in peacekeeping missions, training accidents, military sexual assault, and medical emergencies. It should be remembered that PTS stressors can be Non Combat related for example Military Sexual Trauma (MST). These events may cause the survivor to react with intense fear, helplessness, hopelessness and horror.

Symptoms of PTS

Symptoms may include, but are not limited to:

- Recurrent, intrusive, and distressing thoughts about the event
- Recurrent dreams, nightmares (sometimes called “night-terrors”) about the event
- Flashbacks (a sense of reliving the event)
- Distress caused by reminders of the event (sights, sounds, smells)
- Alienation, isolation, and avoidance of people and places
- Emotional numbing
- No sense of future
- Survivor guilt (for having survived when others did not, or for behavior required for survival)
- Difficulty falling or staying asleep
- Anger and rage
- Difficulty concentrating or remembering
- Hyper-vigilant, or survivalist behavior
- Exaggerated startled response (usually to loud noises)

These symptoms may lead to substance abuse or other self-destructive addictive behavior.

Who gets it?

Anyone can experience PTS symptoms after being exposed to a traumatic event. It is a normal reaction to a horrific situation. A PTS diagnosis is NOT a sign of weakness or malin-gering. There is no way to predict who will and who will not develop PTS symptoms; it depends on how individuals perceive a situation and their other past experiences. Another important factor is whether or not treatment was received in a timely manner.

Current research shows that there may also be genetic or biological factors that influence how a person will react to extreme stress. It is not uncommon after a major loss or life-altering event to experience feelings of deep sadness, grief, and shock, or even some of

the symptoms of PTS, but these feeling go away after a few weeks. This emotional state is known as Acute Stress and may or may not become PTS.

"PTSD is real; it is an injury, It should be treated as an injury."

- Vice Chief of Staff of the Army Gen. Peter Chiarelli

Combat and other deployments

Service members who experience symptoms of stress may be reluctant to seek assistance for various reasons. Some have concerns that seeking care will negatively influence their military careers, that superiors will view it as cowardice or an excuse to terminate military obligation. Historically, the military had not been receptive to placing importance on the mental health of those who participate in combat. However, attitudes are changing both in the Department of Defense (DoD) and the Department of Veterans Affairs (VA). As evidence of the cultural change taking place, a comment from the Vice Chief of Staff of the Army Gen. Peter Chiarelli recently stated PTSD is real; it is an injury," "It should be treated as an injury." With the deployment of combat stress units to combat theaters of operation and the development of combat stress training, the services have made advances that would allow service members who require mental health assistance to receive care in a more timely manner. Although there are still great improvements to be made to ensure that service members can seek appropriate care without fear of retribution, it is important that the service member seek care when necessary as soon as symptoms manifest. Failure to do so may cause the service member to exhibit undesirable behavior that can have negative consequences or terminate military service, like aggression, anger, drug and alcohol abuse, insubordination, murder, or suicide.

Families and the return home.

During deployments, the service members' family have had to get along without them. When they come home and the joy of the reunion has settled, it is hard to realize that things will not be as they were before deployment so when they come home, they often feel out of place, and not needed. Military reunions are glamorized in the media, and, although joyous, they can be very stressful. PTSD can also affect families. The Stress of feeling helpless in consoling the PTSD-affected service member during difficult emotional times and the financial turmoil caused by loss of income can place an overwhelming strain on the

entire family. If PTSD symptoms have led to violence in the home, then another generation of PTSD sufferers has been created. Family counseling is always recommended when a person has been diagnosed with PTSD. While a service member is deployed, family members might develop acute stress. If the service member is harmed or killed, family members can develop PTSD and should seek counseling and peer support.

If you are still on active duty, and experiencing domestic violence or child abuse, you should contact the Family Assistance Program (FAP) for assistance or the Mental Health Clinic. You may also need to notify the local authorities.

Supporting a claim

If you are the victim of an assault, rape, domestic violence, mugging, stalking, terrorist attack or hate crime, and never reported the crime, the following is alternative evidence you can use to support your claim:

- Private civilian records
- Treatment records for a physical injury for the assault, but not reported as such
- Civilian police reports
- Reports from Crisis Centers
- Testimonial statements from friends (civilian and military), family, co-workers, clergy
- Personal diary or journal
- Request for changes in military assignment
- Increase in sick call or leave slips
- Change in military performance evaluations
- Increased use of prescription and over-the-counter medications
- Substance abuse and/or other compulsive behavior
- Request for HIV test or counseling for sexually transmitted diseases
- Counseling statements in personnel file
- Breakup of marriage or relationship
- Reports to Child Protective Services (in cases of domestic violence)
- Request for a pregnancy test

Military sexual trauma

Sexual assault includes rape, or any inappropriate non-consensual sexual contact or attempts to commit inappropriate sexual contact. Both men and women have experienced sexual assault while serving in the military. However, these incidents often go unreported because the victim fears being shunned, or punished—especially if the assailant is in the chain of command. There are many other complicating factors that affect service members who are victims of sexual assault, which are different from the civilian community. Service members are faced with issues of betrayal, role identification (Soldier/Victim) and loyalty to their service after being assaulted. This can be even more difficult if the rape occurred in a combat zone and the assailant is anonymous. Sexual assault is a crime and needs to be reported. To submit a report, contact the Sexual Assault Response Coordinator or Victim Advocate; or at your unit; or contact "Military One Source" at call 800-342-9647.

What can be done?

In the military, there are many dangers that service members are trained to deal with, and usually they are able to function during a traumatic time. However, when the war is over or the crisis is resolved, and troops or first responders have deployed home, then psychiatric problems can begin to appear. It is not unusual for problems to appear months or years after the initial trauma. Sometimes, experiencing another stressful situation--like employment or marital problems are compounded with recollections from mental images from combat theaters, or even military retirement and can trigger symptoms.

There is help available. Whether you were in the military many years ago, or if you are still in uniform, there are trained professionals who understand military trauma and PTS treatment. VA has established more than 206 Vet Centers and Sexual Assault Treatment Programs nationwide. The Vet Centers, initially created for Vietnam veterans, now offer services to veterans from WWII, Korea, Panama, Lebanon, Grenada, Persian Gulf, Haiti, Somalia, Bosnia, Operation Iraqi Freedom and Operation Enduring Freedom. The Vet Centers offer group therapy, bereavement counseling, MST counseling, individual counseling, and marriage and family counseling. Many of the counselors have experienced combat themselves and have a personal understanding of the issues faced by combat veterans.

VA also has inpatient PTS programs, residential treatment, and day hospital programs. In addition, VA has special programs for substance abuse, homeless veterans, and women's coordinators for female veterans. There are also many private clinicians or not-for-profit agencies that offer specialized treatment for PTS similar to care provided by VA.

There are clinicians, psychiatrists, psychologists, and social workers that are Certified Trauma Specialists (CTS) who are very qualified to treat PTS. Interview potential therapists to be sure you feel they can help you. Get recommendations from other people, and do not be afraid to "shop around."

If symptoms are particularly severe and persistent, medication might be necessary. A psychiatrist should be consulted. You should have a complete physical exam to be sure there are no other conditions that are contributing to the problem.

Twelve step programs, like Alcoholics Anonymous, can be helpful. These self-help groups offer emotional support. There are meetings held all over, and at various times of day. Many groups are specifically designated for active duty service members and veterans. These groups are confidential. Check your local phone book for chapters near you.

There are a variety of military and veteran groups and chat rooms on the Internet. You can access the VA <http://www.va.gov> for medical and benefits information. The American Legion can also be contacted on line at <http://www.legion.org>. The American Legion has a homepage that provides information about Legion activities, and can answer questions about other veteran issues.

How to file a claim

If your PTS is related to your time in the service, then you might be eligible for service-connected disability compensation from VA. You should contact the local American Legion Post or at The American Legion at **www.legion.org** to find out more about your benefits, even if you got out of the service years ago or are currently in the process of transitioning. You will need your DD214, military records, personnel (201) file, and any proof of combat awards or other reports that document your trauma (reports of a plane crash, ship sinking, explosion, rape or assault, duty on a burn ward or in graves registration, or POW status). If available, your own diary or a witness statement from a friend, roommate or the clergy can be very effective as evidence. You may need to have a VA exam if you have not seen a doctor. This exam is free.

Stressful event evidence

If you are a combat veteran, and received any of the following individual decorations you can submit them as evidence of a stressful event:

- Air Force Cross
- Air Medal with "V" Device
- Army Commendation Medal with "V" Device
- Bronze Star with "V" Device
- Combat Action Ribbon (CAR)
- Combat Infantryman Badge (CIB)
- Combat Medical Badge
- Distinguished Flying Cross
- Distinguished Service Cross
- Joint Service Commendation Medal with "V" Device
- Medal of Honor
- Navy Commendation Medal with "V" Device
- Navy Cross
- Parachutist Badge with Bronze Service Star
- Prisoner of War Medal
- Purple Heart
- Silver Star

The American Legion had professionally trained Department Service Officers (DSO) in every state. To locate the one closest to you, please contact The American Legion by calling toll free 1-800-433-3318.

VA changed regulations regarding stressor confirmation for PTS in the Summer of 2010. If a veteran has a diagnosis of PTS from a VA psychiatrist or doctor, and the veteran's claimed stressor is related to hostile enemy or terrorist action, or fear of such action, then VA will concede the occurrence of the stressor and the veteran no longer needs documentation to prove this event. This changes the previous policy where a veteran would have to prove the occurrence of the stressor through documented evidence.

*If you have any concerns or issues contact
The American Legion at **www.legion.org***

Notes

Resources

Department of Veterans Affairs (VA)

Benefits.....	1-800-827-1000
Center for Women Veterans	202-273-6193
Compensated Work Therapy	1-800-355-8262
Persian Gulf Help Line.....	1-800-PGW-VETS
National Center for PTSD.....	802-296-6300

Department of Defense (DoD)

TRICARE

North Region	1-877-874-2273
South Region	1-800-444-5445
Western Region	1-888-874-9378
Military One Source	1-800-342-9647
Family Advocacy Program.....	202-433-5032

Social Security.....1-800-772-1213

Substance Abuse

A.A.....	212-870-3400
Al-Anon.....	1-800-356-9996
National Drug Abuse Hotline.....	1-800-662-HELP

Child Abuse/Domestic Violence

Child Abuse Hotline.....	1-800-422-4453
Domestic Violence Hotline	1-800-799-7233

Professional Referrals

Association of Traumatic Stress Specialists (ATSS)	973-559-9200
International Society for Traumatic Stress Studies (ISTSS)	847-480-9028
National Organization for Victims Assistance (NOVA).....	1-800-879-6682
National Veterans Foundation.....	1-888-777-4443

Mental Health America1-800-969-6642

Survivor Assistance

Tragedy Assistance Program For Survivors (TAPS).....	1-800-959-TAPS
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The American Legion

National Headquarters.....	317-630-1200
Washington DC Office	202-861-2700
Or call toll free	1-800-433-3318

*"...The voice I learned to hear in the
(Vet) Center whispers.*

It tells me that I am wrong.

*It tells me that the cruel
equations of weight and
temperature and humidity
were more powerful than
a 19 year old's image
of self and Corps.*

*It tells me with logic cool and clear that
the memory that will never go away is
undeserved punishment, and that in
that hour of that day I did the best a
man could do and
should be proud."*

– Ron Zaczek, "Farewell Darkness"

Write to:



*The American Legion
National Veterans Affairs
& Rehabilitation Division
1608 K St., NW
Washington, DC 20006*

For other local listings see your telephone directory. For other VA, Vet Center, or military information see the "Blue Pages" under Federal Government.

THE AMERICAN LEGION

 www.legion.org

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