Military Mission & Deployment: Impact on Service Members

David M. Benedek, M.D.
COL, MC, USA
Professor/Deputy Chair
Associate Dir., CSTS
Dept. of Psychiatry
USU School of Medicine

Disclaimer

The ideas, attitudes, and opinions expressed herein are my own and do not necessarily reflect those of the US Army Medical Corps, the DoD, or other branches of the US government

Objectives

1. Describe the range of psychosocial issues related to deployment and their potential effects on service member and family well-being

2. Highlight findings of Mental Health Assessment Team Studies of deployed Service Members

3. Briefly describe intervention approaches
Deployment: A Definition

A military operation in which the service member is sent from a home station, usually as part of a military unit to a distant location to accomplish a mission (e.g. combat operations, peacekeeping, humanitarian assistance)

Families not permitted

Deployments affect military members, families, communities, and the nation…

Deploying Soldiers & Their Families

- Worried about combat and terrorism
- Besieged by the Media
- Include National Guard and Reserves
- Are often Young/ Part of young families

Deploying Soldiers & Their Families

- Single Parents
- Dual military families
- Women
- Children: Parental absence
- Face Recurring Deployments/separations
Operational Stress Factors

**Environmental Stressors:** Weather, food, physical threats and vulnerabilities, fear of toxins, noise, communications

**Psychological Stressors:** Reactions to individual and interpersonal events, separation from usual supports

**Moral Stressors:** Individual/unit sense of rightness or worthiness of the mission
Consequences of Deployment (+)
Newby et al., *Military Medicine*, 2006

- Made additional money
- Experienced self-improvement
- Improved marital relationship
- Helped others; experienced different culture
- Learned to appreciate USA

Consequences of Deployment (-)
Newby et al., *Military Medicine*, 2006

- Away from family missed events
- Deterioration of marital/Spouse relationship
- Personal change for the worse
- Leadership issues/Disappointment
- No reason for the mission
- Lost/wasted/mismanaged money
Compounding Factors

* Wounds and disabling injuries
* Uncertainty about recurring deployments/withdrawal
* Community attitudes/perceptions
* Changing political environment
* Career/Family issues
* Transitioning from the “cocoon” of support services

Deployment-Related Stress Injury Mechanisms

Intense or Prolonged Stress

- **TRAUMA**: An impact injury due to events provoking terror, horror, or helplessness
- **FATIGUE**: A wear-and-tear injury due to the accumulation of stress over time
- **GRIEF**: A loss injury due to the loss of people who are cared about
- **MORAL INJURY**: A loss injury due to a disruption in trust in moral values

Long-Term Impact of Traumatic Experiences

May Include:

- Disappointment/resentment
- Continued intrusive/arousal symptoms for some
- Persistent sadness/resentment
- Avoidance of triggers/reminders

For most: Characterized by a re-focus on life challenges & rebuilding of relationships
**Posttraumatic Stress Disorder**

A. Event –
   1. Actual or threatened death or serious injury, or a threat to the physical integrity of self or others
   2. Person responded with intense fear, helplessness or horror (disorganization or agitation in children)

B. Symptoms –
   1. At least 1 Reexperiencing symptom
   2. At least 3 Avoidance symptoms
   3. At least 2 Hyperarousal symptoms

C. Distress or impairment

D. Duration greater than 4 weeks (2 days-4 weeks = Acute Stress Disorder)

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**Deployment and Mental Illness**

- From WRAIR Land Combat Study and NEJM July 2004 Hoge, et.al.

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**Assessment Considerations**

Pre-deployment history is an important consideration for post-deployment adjustment and recovery

Previous History of coping style/techniques, supports are important in ruling in/out or predicting potential contributions of alcohol/drugs, interpersonal stressors to deployment-related symptoms (somatic, mood, or anxiety) of distress
Assessment Considerations

Deployment Experience and Exposures are also considerations

Not all deployments are the same

Total amounts of exposure to combat situations also appears to affect outcome for service members

% Screening Positive for PTSD by combat exposure

- From Hoge, et. al., NEJM July 2004

Managing the Impact of Deployment upon Redeployment

- "Non-Clinical" Approaches
  - Recovery Environment
  - Psychosocial Support
  - Psychological First Aid

- Treatment of Specific Disorders
  - Depression
  - PTSD
  - Substance Use/Abuse
Enhancing the Recovery Environment

Recovery is promoted by:
- Finding benefit
- Sense of relationship with the divine
- Trauma exposure-type treatment and other forms of treatment
- Social support
- Welcoming social milieu
- Seeing self as hero/survivor
- Positive emotions

Comprehensive Soldier Fitness

Army program to enhance soldier/family resilience to the impact of mission & deployment built around five domains:
- Emotional
- Social
- Family
- Spiritual
- Physical

Assessment, training & reassessment/sustainment modules (www.sft.mil)

Psychological First AID

- Safety
- Calming
- Connectedness
- Hope/Optimism
- Self Efficacy
- Who? peers, friends, loved ones, supervisors, leaders
Practice Guidelines for PTSD

“Practice Guidelines do not define the standard of care. However their synthesis of research and expert consensus augments clinical experience in treating patients, educating the public, guiding research, and establishing credibility for medical care delivery.”

www.usuhs.mil/CSTS/PTSDfactsheet/est.doc 2004

Treatment of Stress-related Illness

Psychotherapy
- CBT and Exposure-based therapies
- EMDR: effective—but why?

Pharmacotherapy
- SSRIs
- Other medications

Evidence Basis
Practice Guidelines (APA, VA/DoD)

2009 APA Guideline Watch: Pharmacological Treatment

SSRIs in Non-Combat Related PTSD
1 Meta Analysis

3 RCTs

Support efficacy of SSRIs

SSRIs in Combat-Related PTSD
4 RCTs

With negative results

1 RCT with positive result
Pharmacological Treatment: Antidepressants


- Other head to head comparisons and open labels fail to demonstrate superiority of one antidepressant over another

- No large RCTs of nefazodone, mirtazapine, buproprion

- No new RCTS on TCAs, MAOIs

Pharmacological Treatment: Other Medications


- Limited studies, mixed results with Anticonvulsants, B-blockers

Psychotherapeutic Treatments

- Exposure Based Psychotherapies:

Management of Commonly Associated Illnesses

Substance misuse may contribute to the severity of overall symptoms and course of stress-related symptoms and illnesses

Treatment of co-morbid disorders should be initiated in parallel with treatment of PTSD or depression

Effects of injuries, pain, and pain management may complicate recovery

Summary

Military Operations present opportunities and challenges for those who participate

There are certainly positive effects but negative effects may include distress symptoms or illnesses

Mitigating the negative consequences of deployment involves investment of military leadership, medical professionals, family, and community