

MILITARY ONE SOURCE AFFILIATE UPDATE



Keeping up with concerns of service members and their families

Issues in the Assessment of Post-Deployment Stress

By Janet M. Kamer, Ph.D.

Mental health practitioners serving combat veterans are sometimes uncertain about differentiating *combat and operational stress reaction*, *acute stress disorder*, and *post-traumatic stress disorder*.

Combat and Operational Stress Reactions, often referred to as COSR, are short in duration, occur during the time of combat and shortly thereafter, and can range from exhaustion to hallucinations. COSRs are normal responses to the cumulative exposure to multiple stressors during ongoing military operations and are not medical problems. Interventions made in the theatre of combat operations include sleep, rest, food, and water, and an opportunity to process with other military members with the goal of returning the service member to duty as soon as possible.

Acute Stress Disorders (ASD) are more severe reactions that last between two days and a maximum of four weeks after a traumatic experience. Your clients with ASD may have many of the same symptoms as individuals with post-traumatic stress disorder, but with shorter duration. Symptoms can include persistently reliving the traumatic event, avoiding situations that arouse recollections of the trauma, and extreme anxiety or increased arousal. ASD can cause significant distress and impairment at home, on-the-job, or other important areas of functioning.

Post-Traumatic Stress Disorder (PTSD), by definition, lasts more than one month and can occur following exposure to a traumatic event in which the person experienced, witnessed, or was confronted with death or serious injury (actual or threatened). The traumatic event is persistently re-experienced in one or more of the following ways: recurrent, intrusive, and distressing recollections or dreams of the event; acting or feeling as if the traumatic event is recurring; intense psychological distress at exposure to internal or external cues that symbolize an aspect of the traumatic event; and physiological reactivity on exposure to these cues.

PTSD is also marked by persistent avoidance of thoughts, feelings, and activities associated with the trauma and numbing of general responsiveness. Clients with PTSD may be unable to have loving feelings, feel detached or estranged from others, and lack interest in activities they formerly enjoyed. They may also have difficulty falling or staying asleep, irritability or outbursts of anger, difficulty

concentrating, hyper-vigilance, or an exaggerated startle response.

Experiencing combat stress or a combat stress reaction does not necessarily result in an acute stress disorder or post-traumatic stress disorder. Only a small portion of those who experience distress in combat will eventually have PTSD. Importantly, combat stress reactions, acute stress reactions and PTSD can be identified and treated early, minimizing long-term consequences. Early identification and appropriate intervention significantly improves mental health outcomes.

Post-deployment stress assessments

Assessments should include evaluation for reintegration issues, including problems with spouses, children, extended family and friends; physical health; finances; job readjustment; and return to school. These are some of the most common issues that our returning service members face.

Keep in mind that returning military members may have mental health conditions outside of ASD and PTSD that need to be addressed in assessments. They include depression, generalized anxiety disorder, substance abuse disorders, and adjustment disorders. With or without a diagnosis of ASD or PTSD, suicidal or homicidal ideation/intent/plan, major depression, acute anxiety, substance abuse, and psychosis require immediate referral for more intensive treatment. Your Military OneSource consultant will follow up and facilitate getting the client into treatment, if necessary.

Interventions for ASD and PTSD

Affiliate providers may provide EAP services to clients who have had COSR, as well as clients with current ASD and PTSD. Four basic principles drive assistance provided for ASD and PTSD:

- Promptly resuming normal and adaptive functioning, even if symptoms and disturbances are still present
- Relying on natural social support (family, friends, unit, coworkers), including creating other social support systems, as needed
- Helping clients regain their self-perception as healthy and coping while rejecting the illness label

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Post-Deployment Information Resources

Affiliate providers are important sources of information for service members returning from deployment and their families. Getting good information improves follow through with referrals when further treatment is needed. Here are some resources you can use to help educate your clients.

Afterdeployment (www.afterdeployment.org): is a new multi-media Web site to help service members and their families explore behavioral health information in privacy. Interactive tools include quizzes, activity vignettes, testimonials and workshops on common post-deployment problems. It is a self-help alternative for those unwilling or unable to access mental health services. Users can register anonymously.

Mental Health Self-Assessment Program (www.militarymentalhealth.org): Voluntary and anonymous on-line screening program offers self-assessments of common mental health issues. Your clients can find out if their symptoms suggest further evaluation or treatment and where to seek assistance. Telephone assessment and referral is also available at 1-877-877-3647.

Department of Veterans Affairs (www.va.gov): Deactivated Guard and Reserve members and separated veterans should be encouraged to register with the VA immediately regardless of their health status. Medical and mental health care is authorized for veterans who served in a combat zone for up to five years. After five years, benefits will still be available, but service members may have co-pays and a deductible unless treatment is for a service-connected condition. The VA's 24-hour Suicide Prevention Hotline is 1-800-273-TALK.

Vet Centers (www.vagov/rcs): Vet Centers provide readjustment counseling and outreach services to all veterans who served in any combat zone. Services are also available for their families for military-related issues.

TRICARE Providers (www.tricare.osd.mil/tricare-service-centers): Military family members and reservists or veterans who are covered by TRICARE can now go directly to a health provider in the TRICARE network without a referral or prior authorization for the first eight sessions.

State Departments of Veterans Affairs and Veterans Assistance Commissions: Your state Department of Veterans Affairs and your county Veterans Assistance Commission are sources of referrals for health care, financial assistance, employment, shelter and rental assistance, scholarships, and state veterans' benefits. Find your state's office by going to www.va.gov/statedva. Find your county's Veterans Assistance Commission by contacting the county board.

Additional online resources for deployment health, readjustment, and family support information include **Military OneSource**, www.MilitaryOneSource.com; the **Deployment Health & Family Readiness Library (DH&FR)**, <http://deploymenthealthlibrary.fhp.osd.mil>; the **DoD Deployment Health Clinical Center (DHCC)**, www.pdhealth.mil, and the **National Military Family Association (NMFA)**, www.nmfa.org.

- Normalizing reactions (“You are having the normal reaction of a normal person to a highly abnormal situation”)

Interventions for ASD and PTSD within EAP guidelines include symptom management, education and normalization, and social/spiritual support. Significant symptoms at the end of the six authorized sessions indicate the need for a referral for on-going evidence-based psychotherapy and/or medication.

Evidence-based treatments for ASD and PTSD are cognitive-behavioral therapies—specifically prolonged exposure therapy and cognitive processing therapy—and medication management. Eye-movement desensitization and reprocessing (EMDR) is also evidence-based. Military treatment facilities, the VA, Vet Centers, and many private mental health providers are aggressively training in these therapies and working to increase access to appropriate treatment for PTSD.

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Provider Tips

Details and online registration for the deployment mental health symposium *Serving Those Who Have Served* is available from the University of North Florida Continuing Education Web site, www.ce.unf.edu (click on “Conferences” then “View upcoming events”). The symposium is for experienced providers of mental health services to military members who have returned from deployment. It will be held March 30-31 in Jacksonville, Florida.

Keep in mind that Military OneSource case/authorization numbers generated after December 8, 2008 have a new format. New numbers should be used on all invoices and forms. For information call Beverly Townes at 800-367-3920 (ext. 6295).

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