



COMBAT STRESS CONTROL

MEDICAL FIELD TRAINING

OBJECTIVE

- Given situations and examples of combat stress, identify the contributing factors and treatments of stress casualties.



MAIN POINTS

- ➔ (1) Definition of Combat Stress
- ➔ (2) Historical Significance of Combat Stress
- ➔ (3) Contributing Factors
- ➔ (4) Diagnosis of Combat Stress
- ➔ (5) Treatment
- ➔ (6) Prevention



DEFINITION

- Emotional conflict - Caused by the desire to perform duty while gripped by overwhelming fear of death or mutilation
- Combat fatigue - Psychological reaction manifested by a variety of physical symptoms during or immediately after combat



HISTORICAL SIGNIFICANCE

☞ Ancient Wars

- Cowardice
- Possession

☞ Civil War

- Nostalgia

☞ World War I

- Gas Hysteria
- Shell Shock



Historical Significance (cont.)

- ☞ Treatment of combat stress in WW I
 - British treated it as war neurosis and **evacuated** to England which discouraged real recovery
 - French treated soldiers **close to the front** and were expected to return to duty



Historical Significance (cont.)

- ☞ Treatment of combat stress in WW I
 - Americans treated similarly to French with a **70% rate of rtd**



Historical Significance (cont.)

☞ World War II

- Lessons Forgotten

- North Africa

 - ◆ High Intensity Conflict

 - ◆ Casualties Evacuated from Area

 - ◆ Combat Stress



Historical Significance (cont.)

☞ World War II

- ◆ Only a 10% RTD Rate
- ◆ Losses exceeded replacements
- ◆ Lessons of WW I relearned
- ◆ 30-40% of all casualties were combat stress



Historical Significance (cont.)

☞ Korean War

- Sound principles were used from the beginning
- Rotational policy helped
- 80-90% rtd rate



Historical Significance (cont.)

☞ Viet Nam Conflict

- Poor care In-Theater, high incidence of combat stress
- PTSD (Post Traumatic Stress Syndrome)
Many veterans relived experiences
- Rotational policy disrupted morale - New troops were untrained for type of warfare



Historical Significance (cont.)

☞ Desert Storm

- Few Casualties
- Primarily an Air War
- Short Duration
- Support at Home



Historical Significance (cont.)

☞ Future Conflicts

- Terrorism of limited intensity
- War in any number of locales
 - ◆ Intense unrelenting combat with armor, artillery, tactical air and assaults



Historical Significance (cont.)

- ◆ Chemical and biological weapons
- ◆ Airfield primary targets
- ◆ AF would support casualties from all branches of military



CONTRIBUTING FACTORS

☞ Combat Factors

- Length and intensity of conflict
- Offensive/Defensive
 - ◆ Being on offensive has positive effect
- Unit morale - Winning/Losing
 - ◆ Winning is better



CONTRIBUTING FACTORS

(cont.)

- ☞ Factors that contribute to intensity of stress
 - Sleep Deprivation
 - Dehydration and Hunger
 - Being Hot, Cold or Wet
 - Loss of Buddies
 - Loss of Confidence
 - Fatigue



CONTRIBUTING FACTORS

(cont.)

- ☞ AFRC and ANG causes of stress
 - Stress of Deployment
 - Fear of Separation from Family
 - Fear of Loss of Employment/Income
 - Family Problems



DIAGNOSIS

☞ Psychological Reactions

- Fear
- Hyper Alertness
- Poor Concentration



DIAGNOSIS

☞ Psychological Reactions Cont.

- Acute Anxiety
- Nightmares - Insomnia
- Emotional Withdrawl
- Depression



DIAGNOSIS (cont.)

☞ Physical Signs and Symptoms

- Exhaustion
- Hyperventilation
- Increased Heart Rate/BP
- Anorexia, Nausea, Diarrhea
- Incontinence
- Tremors



DIAGNOSIS (cont.)

☞ Importance of diagnosing

- Individuals become ineffective
- 10-50% of all combat casualties are from fatigue
- Poor care causes loss of manpower and chronic disability to victim
- Proper care can produce 70-85% rtd of all combat stress casualties



COMBAT STRESS BEHAVIORS

ADAPTIVE

DYSFUNCTIONAL COMBAT STRESS BEHAVIORS

**POSITIVE
COMBAT STRESS
BEHAVIORS**

**MISCONDUCT
STRESS BEHAVIORS
AND CRIMINAL ACTS**

BATTLE FATIGUE

UNIT COHESION
LOYALTY TO BUDDIES
LOYALTY TO LEADERS
IDENTIFICATION WITH
UNIT TRADITION
SENSE OF ELITENESS
SENSE OF MISSION
ALERTNESS, VIGILANCE
EXCEPTIONAL STRENGTH
AND ENDURANCE
INCREASED TOLERANCE
TO HARDSHIP,
DISCOMFORT, PAIN,
AND INJURY
SENSE OF PURPOSE
INCREASED FAITH
HEROIC ACTS
COURAGE
SELF-SACRIFICE

MUTILATING ENEMY DEAD
NOT TAKING PRISONERS
KILLING ENEMY PRISONERS
KILLING NONCOMBATANTS
TORTURE, BRUTALITY
KILLING ANIMALS
FIGHTING WITH ALLIES
ALCOHOL AND DRUG ABUSE
RECKLESSNESS, INDISCIPLINE
LOOTING, PILLAGE, RAPE
FRATERNIZATION
EXCESSIVELY ON SICK CALL
NEGLIGENT DISEASE, INJURY
SHIRKING, MALINGERING
COMBAT REFUSAL
SELF-INFLICTED WOUNDS
THREATENING/KILLING OWN
LEADERS ("FRAGGING")
GOING ABSENT WITHOUT
LEAVE, DESERTION

HYPERALERTNESS
FEAR, ANXIETY
IRRITABILITY, ANGER, RAGE
GRIEF, SELF-DOUBT, GUILT
PHYSICAL STRESS COMPLAINTS
INATTENTION, CARELESSNESS
LOSS OF CONFIDENCE
LOSS OF HOPE AND FAITH
DEPRESSION, INSOMNIA
IMPAIRED DUTY
PERFORMANCE
ERRATIC ACTIONS, OUTBURSTS
FREEZING, IMMOBILITY
TERROR, PANIC RUNNING
TOTAL EXHAUSTION, APATHY
LOSS OF SKILLS AND MEMORIES
IMPAIRED SPEECH OR MUTENESS
IMPAIRED VISION, TOUCH, AND
HEARING
WEAKNESS AND PARALYSIS
HALLUCINATIONS, DELUSIONS

POST-TRAUMATIC STRESS DISORDER

INTRUSIVE PAINFUL MEMORIES, "FLASHBACKS"
TROUBLE SLEEPING, BAD DREAMS
GUILT ABOUT THINGS DONE OR NOT DONE
SOCIAL ISOLATION, WITHDRAWAL, ALIENATION
JUMPINESS, STARTLE RESPONSES, ANXIETY
ALCOHOL OR DRUG MISUSE, MISCONDUCT

TREATMENT

☞ Six aids to rapid recovery - **BICEPS**

- **B**revity
- **I**mmediacy
- **C**entrality
- **E**xpectancy
- **P**roximity
- **S**implicity



TREATMENT (cont.)

☞ Brevity

- Brief treatment (Three days or less)
- Usually at a 2E

☞ Immediacy

- Early identification important
- Provide early care



TREATMENT (cont.)

☞ Centrality

- Treat separately from medical unit in one area
- Emphasize not physically ill - just need rest
- Consistency of disposition - one person making decisions about return to duty



TREATMENT (cont.)

- ☞ Medical personnel's role
 - Provide non-threatening environment
 - Provide undisturbed rest
 - Provide nourishing appetizing food
 - Give a chance to talk to others



TREATMENT (cont.)

☞ Expectancy

- Casualty must understand that he/she will be returning to duty after a short rest
- Not ill - just a passing reaction
- Expect rapid recovery
- Wearing uniform reinforces the non-patient status



TREATMENT (cont.)

☞ Proximity

- Treat as close as possible to unit
- Allow unit to aid in support

☞ Simplicity

- Keep treatment directed to return to duty
- No medication unless necessary



PREVENTION

- ☞ Don't be a loner
- ☞ Help others to know their limits
- ☞ Get at least 4 hrs. of uninterrupted sleep at one time - cat nap when possible
- ☞ Eat enough food - Drink enough water
- ☞ Practice good hygiene
- ☞ Participate in unit activities



PREVENTION (cont.)

☞ Supervisors Role

- Build esprit de corp
- Build high morale before entering combat
- Build a strong, close, capable unit
- Assign new troops to an older experienced troop



PREVENTION (cont.)

- ☞ AFRC and ANG individual roles
 - Make sure personal affairs are in order
 - Be aware of programs designed to aid families during deployment
 - Keep physically and mentally fit



SUMMARY

- (1) Definition of Combat Stress
- (2) Historical Significance of Combat Stress
- (3) Contributing Factors
- (4) Diagnosis of Combat Stress
- (5) Treatment
- (6) Prevention



- Our job as medical personnel is to return to duty as many troops as we can as quickly as we can.
- In order to do this, we need to be able to recognize and treat combat stress



Will we ever need to use this information?

- ☞ Somalia -In 1993 seventy-three Rangers were injured and 18 were killed in an ambush.
- ☞ Members of the 46th Combat Support Hosp. provided nearly continuous care over the following 36 hrs.



- ☞ During this mass casualty, nearly all sections of hospital became involved in direct patient care such as carrying litters.
- ☞ Both medical and support personnel reported physiological and psychological symptoms of intense stress.
- ☞ A few medical personnel suffered disabling anxiety and one provider became completely unable to function.



Recent Findings

- Experience in the Persian Gulf War confirmed previous findings in Israel and Vietnam that reservists and members of rear-area service units are more vulnerable to post-battle stress reactions than are Active Army and combat soldiers.



Recent Findings

- Many of the reserve units mobilized for the Persian Gulf received a large number of fillers just before deploying, which weakened unit cohesion.
- Though members of reserve component units were at higher risk for PTSD, most reserve units were demobilized rapidly upon return to the US.



Recent Findings

- ☞ They were given no time to experience recognition as members of the unit, to celebrate as a group, or to work through their experiences in debriefings.



Recent Findings

- A survey of 4264 veterans of the Persian Gulf War found that 69 percent had experienced intrusive memories and dreams, 37 percent reported avoidance of memories or emotional detachment, 46 percent were troubled by irritability, insomnia, or hypervigilance. 26 percent reported they had experienced all of these symptoms of PTSD.



Recent Findings

- ☞ Soldiers with unresolved stress reactions from an earlier conflict and those wounded during Desert Storm were in particular need of post-battle debriefing to reduce the likelihood of PTSD



ANY QUESTIONS?

