

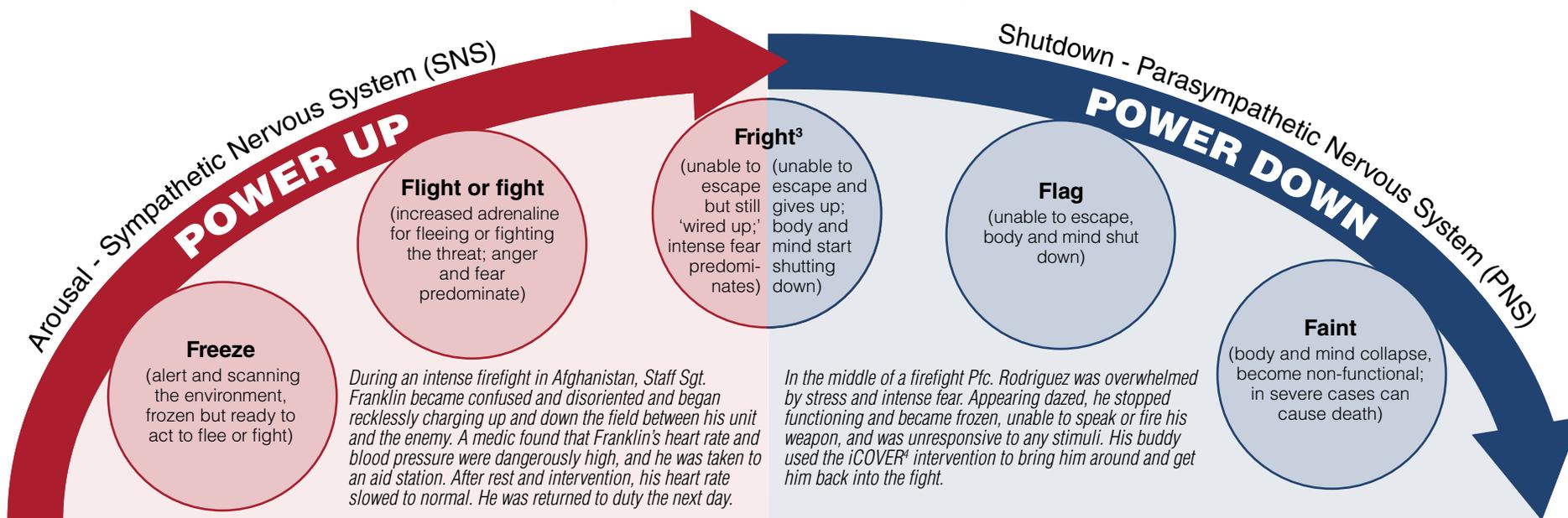
COMBAT STRESS REACTIONS: Tips for Providers

Combat Stress Reactions (CSRs) are normal, temporary physiological, behavioral, emotional, and mental changes that occur in reaction to extremely stressful combat-related events.¹ Immediate CSRs last from hours to days and may affect a service member's ability to function. For providers who work with service members, it's important to note that:

- CSRs are hardwired survival responses triggered by the autonomic nervous system — made up of the sympathetic nervous system (SNS) responsible for arousal, and the parasympathetic nervous system (PNS) responsible for shutdown.
- Symptoms of combat PTSD may be 'displays' (repeat expressions) of CSRs experienced during combat.
- CSRs may impair a service member's readiness, operational performance, and fitness for duty and can occur during combat-related training.

Cpl. Jones was receiving mental health treatment due to his wife's concern over his anger issues, which began after he returned from Iraq. Although he had some mild post-traumatic symptoms, he appeared fit for duty. When his unit engaged in a mock training exercise in a simulated village, Jones became over-activated and aimed his rifle at mock civilians in the exercise. His staff sergeant pulled him out of the exercise and had Jones deep breathe to calm his heart rate down. Jones followed up with his mental health provider who helped him understand his reaction.

CSRs may affect functioning and manifest as a series of stages (the Defense Cascade²).



PROVIDER TIPS

Provide education and reassurance that CSRs are normal in a firefight or other extreme situation – they are instant, automatic survival reactions to life-threatening situations.

Ask about past behavioral reactions to severe stress, explain that previous CSRs can be linked to current symptoms and stressors, and consider interventions to break the link.

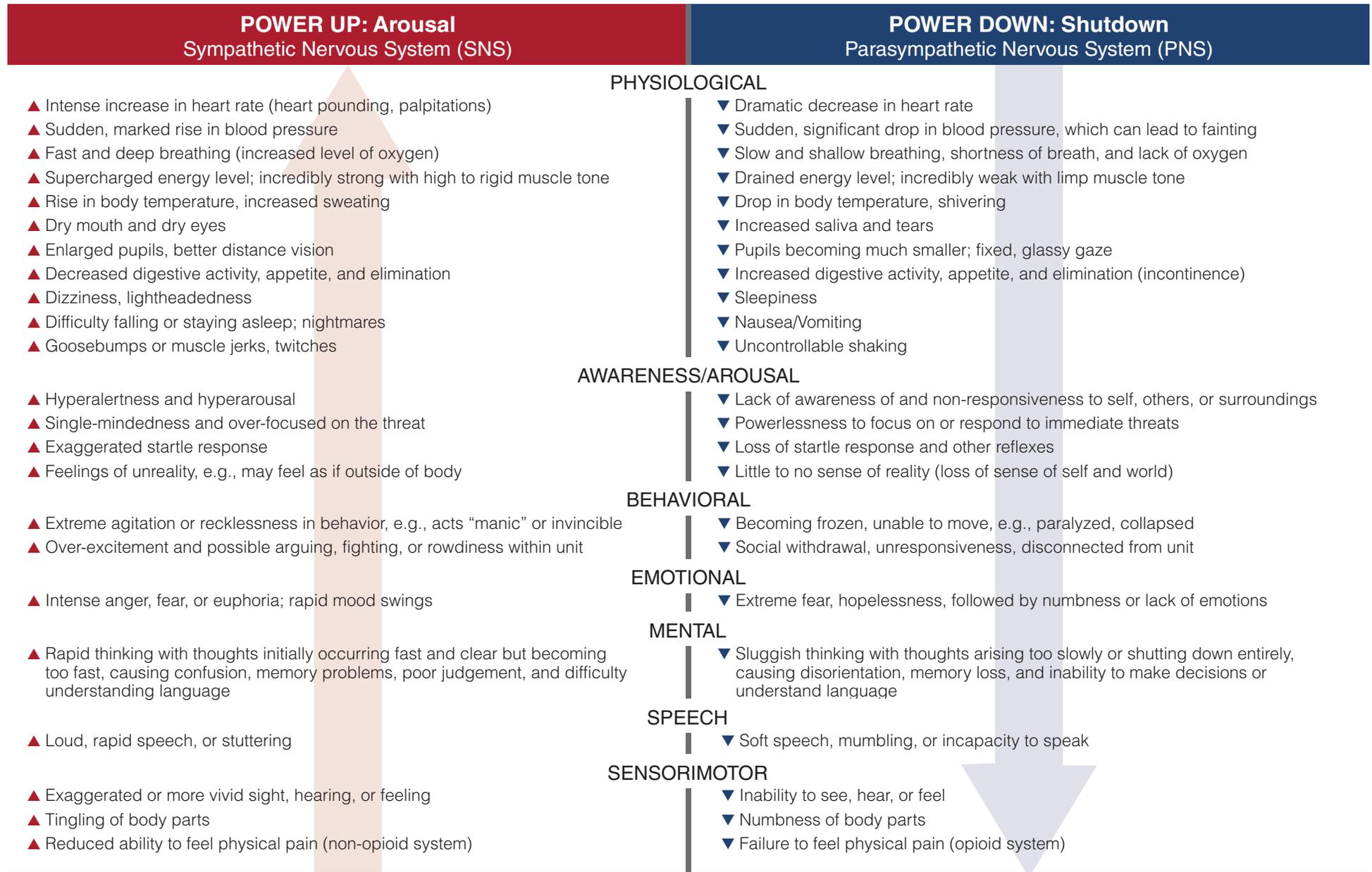
If the service member is experiencing recent/current CSR, provide interventions for acute anxiety or panic conditions (grounding, breathing, exposure therapy); deploy action plan (e.g., adjust schedule, monitor status, identify path to return to duty).

Assess risk for future CSR (e.g., upcoming intense deployment or field op) and discuss strategies with the service member (e.g., grounding, breathing, buddy system, aid station).

¹ Department of Veterans Affairs & Department of Defense. (2017). VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress. Washington, DC: VHA, DoD. Office of Quality and Performance publication 10Q-CPG/PTSD-10. ²Schauer, M., & Elbert, T. (2010). Dissociation following traumatic stress. *Journal of Psychology, 218*(2), 109-127. ³The "fright" response includes co-active SNS and PNS responses: high heart rate, blood pressure, and arousal with extreme fear but unable to move or vocalize ("scared stiff"). ⁴Adler, Amy. (2020). Helping Military Teams Manage Acute Stress When It Matters Most [blog post]. Retrieved from: <https://www.pdhealth.mil/news/blog/helping-military-teams-manage-acute-stress-when-it-matters-most>

Symptom¹ Profiles of Combat Stress Reactions

Combat Stress Reactions (CSRs) are normal, involuntary, temporary reactions to extremely stressful combat-related events. CSRs are the body's expected survival responses that encompass physiological, behavioral, emotional, mental, and other changes in body processes triggered by the autonomic nervous system (ANS). These changes, which are detailed below, are regulated by two branches of the ANS – the sympathetic nervous system (SNS) responsible for arousal and the parasympathetic nervous system (PNS) responsible for shutdown. Co-active SNS and PNS responses, including high heart rate, blood pressure, and arousal with extreme fear, can trigger a “fright” response that leaves a service member unable to move or vocalize (“scared stiff”).



¹ Primary reference: Schauer, M., & Elbert, T. (2010). Dissociation following traumatic stress. *Journal of Psychology*, 218(2), 109–127