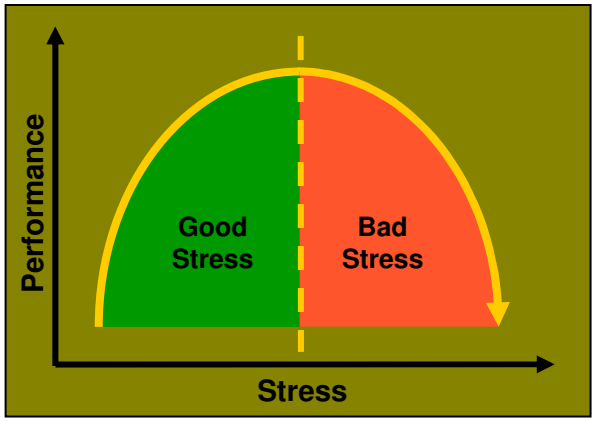
Introduction

If you are a Soldier returning from a combat or other intense or dangerous operational deployment, it's probably safe to say that you already know a few things about stress. You probably know that stress can be both a positive and a negative experience (e.g., it can keep you alive and/or it can put you or others in danger).



You also probably know that it is common and totally normal to feel "stressed" both during and after a deployment. Finally, you've also probably been told to expect some stress when you come home and go through the process of reuniting with your family and friends who weren't with you on the deployment.

Most of these stress reactions, although unpleasant in the short term, don't result in long-term problems. In some cases, however, the stress from an operational deployment can cause more serious problems that require additional help to overcome.

This brochure will help you understand some of the more serious forms of deployment-related stress problems. It will also give you some general guidance on where you can go to get assistance if you think that you may be experiencing any of these problems.

Remember, any Soldier CAN face serious deployment-related stress problems, but most Soldiers don't. Most Soldiers will only experience the mild to moderate forms of deployment-related stress. If you ever have any questions, ask a Medical Provider, Behavioral Health Professional, or Chaplain for more information or assistance.

An Overview of Deployment-Related Stress

Our bodies and minds are built to deal with and handle stress. Sometimes, though, the amount of stress we face overwhelms our defenses. When this happens, we start to act, feel, and think in ways that are different from what is normal for us – we just don't feel "right," or we feel like we can't do the things we are used to doing.

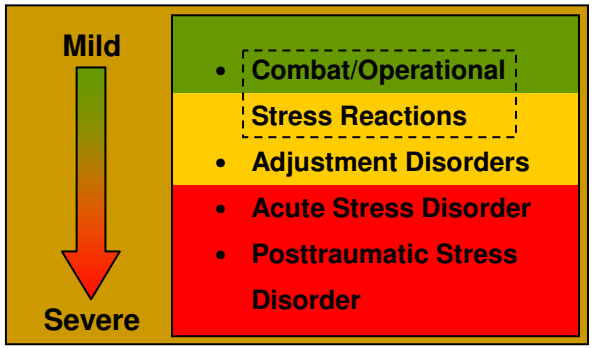
Whether these problems are mild or serious and whether they last for a short time or a long time depends on the nature of the stress and the strength of our defenses at the time the stress occurs. Keep in mind, though, that the strength of everyone's defenses varies over time based on what else is going on in their lives and their overall health.

For the most part, there are four kinds of deployment-related stress problems that you should know about. These are…

- ***Combat/Operational Stress Reactions (COSRs)***
- ***Adjustment Disorders***
- ***Acute Stress Disorder (ASD)***
- ***Posttraumatic Stress Disorder (PTSD)***

You can think of COSRs as being the mildest and most common form of deployment-related stress problems and PTSD as the most severe.

Another way of thinking about this is to say that Soldiers experiencing COSRs are in the Green/Amber Zone, Soldiers with Adjustment Disorders are in the Amber Zone, and Soldiers with ASD or PTSD are in the Red.



Any deployment-related stress problem ***can be*** serious, but most are resolved quickly with just a little bit of help.

Posttraumatic Stress Disorder (PTSD)

Posttraumatic Stress Disorder, or PTSD, ***may*** occur after being exposed to a traumatic event (like combat or other operational stressors). In PTSD, the event must have involved actual or threatened death or serious injury, and caused an emotional reaction involving intense fear, hopelessness, or horror. The following table lists three other symptoms and relevant examples that also occur in PTSD…

1.	**The traumatic event is re-experienced**
	• Unwanted thoughts, images, memories or nightmares about the event
	• Acting or feeling like the event is happening again (e.g., "flashbacks")
	• Intense distress or "stress reaction" in the face of reminders of the event (e.g., a car back-firing)
2.	**Things that remind a person of the event are avoided and reactions are "numbed"**
	• Trying to avoid thoughts, feelings, conversations, activities, people, or places associated with the event
	• Trouble remembering things about the event
	• Feeling emotionally "numb"
	• Feeling disconnected or distant from other people
3.	**The person feels "keyed up" all the time**
	• Having a hard time falling or staying asleep
	• Feeling irritable most of the time
	• Having a hard time concentrating
	• Being "too aware" of what's going on around you
	• Feeling "jumpy"

In PTSD, symptoms last for a month or longer and must cause significant distress or impair a person's ability to function. Symptoms can start to show immediately following the event or can show up weeks or even months later.

Most Soldiers ***will not*** develop PTSD. For those who do, it is important to keep in mind that about 50% of PTSD cases, get better on their own within 3-months. It is also important to remember that you can experience some PTSD symptoms without having full-blown PTSD. Roughly 1 out of every 10 Soldiers returning from OIF or OEF say that they have had PTSD symptoms. We don't know, however, how many ***actually*** have PTSD.

PTSD is the most severe form of deployment-related stress problem. If you think that you may be suffering from PTSD, you should seek the advice of a medical professional immediately.

Acute Stress Disorder (ASD)

If PTSD is the most severe form of deployment-related stress problem, then the closely related Acute Stress Disorder (or ASD) is the second. Both involve exposure to a significant traumatic event and a response of intense emotions. Overall, ASD looks and feels a lot like PTSD. There are, however, a few very important differences.

First, ASD doesn't last as long as PTSD. In most cases, ASD lasts less than one month. If symptoms last longer than that, then the person may have PTSD rather than ASD. Second, in addition to the re-experiencing, avoiding, and being "keyed-up" that is associated with PTSD, people who develop ASD also experience "dissociation." Basically, dissociation occurs when the mind and the body part company for a while. Examples of dissociation are listed in the following table…

Dissociative Symptoms

- Being unaware of your surroundings
- Feeling like you are "outside your body"
- Feeling like things are happening to "you"
- Not being able to remember important things about the traumatic event
- Feeling like you "can't feel"
- Feeling detached

ASD is more common than PTSD. Studies estimate that between 14% and 33% of people who have been in serious motor vehicle accidents develop ASD. It also seems that having ASD makes it more likely that a person will have stress-related problems later on. In some cases, ASD develops directly into PTSD. One study suggests that this may happen in as many as 80% of ASD cases.

Adjustment Disorders

Adjustment Disorders are much more common than either PTSD or ASD and, on the whole, are usually much less serious.

An Adjustment Disorder occurs when an individual is exposed to stress, causing a reaction that results in significant distress or impairment. That reaction can involve depression, anxiety, disturbance of conduct, or any combination of the above.

Principle Types of Adjustment Disorders

- Adjustment Disorder with Depressed Mood
- Adjustment Disorder with Anxiety
- Adjustment Disorder with Mixed Anxiety and Depressed Mood
- Adjustment Disorder with Disturbance of Conduct
- Adjustment Disorder with Mixed Disturbance of Emotions and Conduct

In general, Adjustment Disorders do not last for extended periods of time. Symptoms may start to appear as long as three months following the stressor, but are usually resolved in no more than 6 months.

Combat/Operational Stress Reactions (COSRs)

Combat/Operational Stress Reactions (or COSRs) are normal reactions to abnormally stressful events – like combat or other dangerous operations. COSRs are **NOT** a medical illness, and people who experience COSRs are **NOT** sick or weak. COSRs are our bodies' way of protesting or slowing us down when we have to push ourselves past the regular limits of endurance.

The "symptoms" of COSRs can look a lot like the symptoms of PTSD, ASD, or Adjustment Disorders. The difference, though, is that the typical COSR has only a few symptoms and they tend to occur ***immediately*** after stressful action and get better quickly without significant "treatment."

Where to Get Help and More Information

If you think you might be experiencing any of the Deployment-Related Stress Problems discussed in this brochure, talk with your Medical Provider, Behavioral Health Professional, or Chaplain. They can help answer your questions and help you make decisions about your health.

Active Duty personnel can visit their local Medical Treatment Facility or go on sick-call. Reserve and National Guard personnel should consult with their family physicians or seek assistance at the nearest VA Health Center.

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USACHPPM
Readiness thru Health

A Soldier's Guide To Deployment-Related Stress Problems

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