

Third Place Submission

MAJ Mary E. Card

MacArthur Military Leadership Writing Competition

**Leadership in Understanding and Recognizing Post
Traumatic Stress Symptoms**

Leadership in Understanding and Recognizing Post Traumatic Stress Symptoms

Living in a war zone is an experience that leaves no one untouched.¹

The drinking began the night Sally Jones received her first counseling statement. Always among the best officers in her Brigade, Captain Jones was highly-organized, energetic, and dedicated to her job. An absolute team player and outstanding athlete, Sally always organized formal and informal unit social functions. But this was before Sally's combat deployment.

When Sally returned from her fifteen-month deployment she received a promotion which sent her to another unit on the same large installation. Upon arrival at her new unit, Sally often was late to work. Her attention to detail in her work began to suffer and she made a fairly serious error by transposing numbers on a set of reports. Sally quickly obtained the reputation for being the officer who put in the bare minimum especially after scoring 80 points below her previous average on the Army Physical Fitness Test (APFT). As an organizational sports day approached not only did Sally not volunteer to organize any of the events, she did not even attend.

Sally's new boss, Major Sam Smith, quickly became disappointed in her duty performance. Major Smith assumed, incorrectly, that while deployed Sally held a desk job, and therefore, would never be affected by Post Traumatic Stress Disorder (PTSD); he assumed she was always on the Forward Operating Base and was a "Fobbit." Additionally, in MAJ Smith's view, because Sally was a female she was not in "combat situations" but, instead, was "in the

¹ Laurie B. Slone and Matthew J. Friedman, *After the War Zone: A Practical Guide for Returning Troops and Their Families*, (Philadelphia, PA: Da Capo Press, 2008), 65.

rear with the gear.” MAJ Smith did not ask Sally any questions about her deployment and instead gave her a counseling statement for her serious work error and her lateness.

Did MAJ Smith do the right thing? Did he have any biases about women in combat that affected his actions? What significance is an 80-point drop in CPT Jones’ APFT score? What information could CPT Jones’ former unit share about her prior attention to detail and timeliness? Should leaders have questioned why CPT Jones chose not to participate in organizational day?

Captain Jones suffered from Post Traumatic Stress Symptoms. Early leader recognition of CPT Jones’ symptoms may have prevented a later, more severe diagnosis of Post Traumatic Stress Disorder. CPT Jones routinely went out on dangerous combat patrols as part of her duties. CPT Jones witnessed several traumatic events including the death of a fellow Soldier during her deployment. This experience caused her to suffer hyper-vigilance and lose sleep at night. CPT Jones’ fatigue caused her chronic lateness and inability to focus on detailed work. CPT Jones next began experiencing symptoms of depression; she chose not to exercise or socialize as she found little pleasure in these things post-deployment. Eventually she started drinking to mask her pain. If CPT Jones’ leadership had recognized and understood the symptoms of Post Traumatic Stress Disorder could she have possibly thrived post-deployment? Yes.

Introduction

The nature and number of deployments over the last several years in support of the global war on terror necessitate military leaders increasing their understanding and recognition of Post Traumatic Stress Symptoms (PTSS) and PTSD. Across the military struggling Soldiers, Sailors, Airmen and Marines may be branded malcontents or malingerers upon return from deployment

when, in fact, these individuals are afflicted with PTSS or PTSD. The Army's current vision and mission for Comprehensive Soldier Fitness² includes developing a comprehensive and cohesive program "based upon the five dimensions of strength: physical, emotional, social, spiritual and family."³ The Comprehensive Soldier Fitness program aims to reduce PTSD.⁴ Leadership in conjunction with service providers in the mental health field is the definitive combination to assure success in the Comprehensive Soldier Fitness program.

Leadership is "influencing people by providing purpose, motivation, and direction while operating to accomplish the mission and improve the organization."⁵ By developing an understanding and recognition of PTSD and its symptoms, leaders in every military branch and at every rank can positively influence those suffering from post traumatic stress and provide the needed purpose, motivation, and direction for those persons to seek resources and treatment. Specifically, leadership doctrine and practice requires that a leader be a person of character, presence and intellect. By applying these attributes a leader can have a tremendous impact on identifying PTSS and PTSD in their peers, their subordinates, and their superiors.

What are PTSD and PTSS?

Post Traumatic Stress Disorder is among the signature injuries for servicemembers who currently serve in Afghanistan and Iraq according to the President's Commission on Care for

² BG Rhonda Cornum, "Comprehensive Servicemember Fitness" (lecture, Command and General Staff College, February 13, 2009). BG Cornum elaborated that the vision for comprehensive servicemember fitness is an Army of balanced, health, self confident Servicemembers, families, and civilians whose resilience and total fitness enables them to thrive in an era of high operational tempo and persistent conflict. The Mission is to develop and institute a comprehensive servicemember fitness program to build resilience in servicemembers, families and civilians in order to sustain operations in this era of persistent conflict.

³ Ibid.

⁴ Ibid.

⁵ Department of the Army, FM 6-22, *Army Leadership: Competent, Confident, and Agile* (Washington, DC: Government Printing Office, October 2006), A-1.

America's Returning Wounded Warriors. Concerns about suicide risk make post traumatic stress and depression something very important to study.⁶ Post Traumatic Stress Disorder is “an anxiety disorder that occurs after a traumatic event in which a threat of serious injury or death was experienced or witnessed, and the individual’s response involved intense fear, helplessness, or horror.”⁷ While a longer duration of an event or events increase the chances of having PTSD, a single exposure to an extreme event can also lead to PTSD.⁸

PTSD is characterized by “extreme general physical arousal” because the nervous system has become sensitized to an overwhelming trauma. When general arousal becomes elevated, the nervous system then overreacts to even small stress events. Some signs of arousal include but are not limited to: trouble falling asleep, trouble staying asleep, irritability or outbursts of anger, difficulty concentrating or remembering, hyper-vigilance, and exaggerated startle responses. Additionally, someone suffering from PTSD might also experience an elevated heart rate, elevated blood pressure, hyperventilation, and lightheadedness. PTSD can essentially cause physical, emotional, mental, and even spiritual fatigue where the servicemember experiences discouragement, hopelessness and despair.⁹

In addition to the aforementioned mostly physical symptoms of PTSD there are several other features of the disorder. Many servicemembers feel shame and guilt about a traumatic event whether or not they were responsible for the event. Some servicemembers experience many forms of mood disturbances such as depression, anxiety, and hostility. Still others

⁶ M. Audrey Burnam, “Systems of Care: Challenges and Opportunities to Improve Access to High-Quality Care.” In *Invisible Wounds of War*, edited by Terri Tanielian, 3-15. Santa Monica, CA: Rand Corporation, 2008.

⁷ Ibid.

⁸ Glenn R. Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook* (New York, NY: McGraw-Hill Publishing, 2000), 36.

⁹ Ibid. at 13.

suffering from PTSD might rely on alcohol or drugs in an attempt to relieve pain and start on a path of addiction. Some servicemembers report chronic and often unexplained pain as well as fatigue. In more severe cases, self-mutilation and other self-destructive behaviors can develop.

Many servicemembers experience night terrors or nightmares, common symptoms of PTSD. During night terrors, one can wake up terrified but cannot remember a dream; in nightmares one might feel as though he or she is reliving the event or may feel the same fear, helplessness, or rage he may have experienced during his war experience.¹⁰ Night terrors and nightmares are the brain's way of processing a stressful experience. Many veterans try to avoid nightmares by turning to drugs or alcohol or by avoiding sleep altogether. "These attempted solutions only lead to new problems such as substance dependence and sleep deprivation. This also results in more irritability and depression, poorer memory, and increased stress and anxiety."¹¹ Typically, PTSD is diagnosed after experiencing its symptoms for three months or more. Prior to a PTSD diagnosis, servicemembers can experience isolated symptoms or PTSS. If not treated and ignored, PTSS can develop into PTSD. Leadership and recognition of symptoms are therefore paramount in prevention.

In understanding the basics of PTSD and PTSS, it is vital to recognize that all individuals meet traumatic events at varying degrees of preparedness. Some servicemembers might have a history of prior trauma such as child abuse or sexual abuse. Some servicemembers might have underdeveloped protective skills and problem-solving skills or low self-esteem. Some servicemembers might have personality and habitually negative thought patterns or might have a

¹⁰ Julia M. Whealin, Lorie T. Decarvalho, Edward M. Vega, *Strategies for Managing Stress After War*, (Hoboken, New Jersey: John Wiley and Sons, 2008), 47.

¹¹ Ibid.

biologically overactive nervous system prior to the incident or incidents that brought on the onset of PTSD.

Additionally, it is critical to consider that there are differences among the genders regarding PTSD and PTSS. Women are more than twice as likely to develop PTSD after a trauma as compared to men; statistically 10% for women and 4% for men. Studies have noted that some PTSD symptoms are more common in women than men. Women are more likely “to have more trouble feeling emotions, and to avoid things that remind them of the trauma than men. Men are more likely to feel angry and to have trouble controlling their anger than women.”¹² Women may take longer to recover from PTSD and are four times more likely to have long-lasting PTSD than men.¹³ Women with PTSD are more likely to feel depressed and anxious, while men with PTSD are more likely to have problems with alcohol or drugs.¹⁴ Both men and women who experience PTSD may develop physical health problems. The National Center for PTSD identified that currently about 15% of all military personnel in Iraq are women and that future studies are needed to understand the effects of combat on women in combat.¹⁵

One way in which PTSD might manifest itself in the workplace is through power and control. Servicemembers do what is expected of them in wartime, but they also understand “what happens next” may be beyond their personal control.¹⁶ Upon returning home it is only natural then for some servicemembers to feel helpless or to feel that they cannot control their life or take charge as they once did. Sometimes, servicemembers also will have the opposite

¹² Dawn Vogt, Women and PTSD, National Center for PTSD Factsheet, http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shfts/fs_women_lay.html (accessed March 18, 2009).

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid. IEDs, sniper attacks, physical injuries, and deaths are some of the chaotic events that are beyond a servicemember’s control.

response and try to control everything in their lives. At the same time, “some veterans come to possess a sense of indestructibility” or might “stop listening to authority figures, since those in command weren’t able to stop bad things from happening during war.”¹⁷

Leaders must understand that barriers, real or imagined, exist when it comes to seeking help for PTSD. A 2006 survey from the Office of the Surgeon General’s Mental Health Advisory Team asked Soldiers and Marines about barriers to receiving mental health care services while in theater:

“Approximately half of the servicemembers who screened positive for mental disorders cited concerns about appearing weak, being treated differently by leadership, and losing the confidence of members of the unit as barriers to receiving behavioral health care. More than a third of the respondents stated that mental health treatment seeking would have a harmful effect on his or her career.”¹⁸

The Role of Leadership.

A true leader has the ability to give meaning to a crisis event and turn it into an opportunity for growth.¹⁹

Leadership involves emotion and leaders, therefore, need emotional intelligence to provide meaning in times of crisis and post-crisis recovery. Leaders at all levels are the first line of defense against PTSS and PTSD. Sound leadership is essential to ensure resiliency and recovery from the mental damage of combat experience.²⁰ The most effective leaders, then, are

¹⁷ Ibid.

¹⁸ M. Audrey Burnam, Lisa S. Meredith, Todd C. Helmus, Rachel M. Burns, Robert A Cox, Elizabeth D’Armico, Laurie T. Martin, Mary E. Vaiana, Kayla M. Williams, and Michael R. Yochelson, “Systems of Care: Challenges and Opportunities to Improve Access to High-Quality Care.” In *Invisible Wounds of War*, Edited by Terri Tanielian and Lisa H. Jaycox, (Santa Monica, CA: Rand Corporation, 2008) 277.

¹⁹ Britta Stomayer, *Human Dynamics of Crisis Leadership*, February 3, 2009 http://employee-management-relations.suite101.com/article.cfm/human_dynamics_of_crisis_leadership (accessed March 18, 2009).

²⁰ Leadership is further illustrated in the Leadership Requirements Model which centers on what a leader is in terms of attributes and what a leader does in terms of core leader competencies. In dealing with and

leaders of character with emotional depth, leaders of presence demonstrating resiliency, and leaders of intellect with the understanding of how to help.

Leaders of Character

Three major factors determine a leader's character: values, empathy, and the Warrior Ethos. In the context of understanding the complex issues of PTSS and PTSD it is empathy more than any other factor that will enable a leader to assist a peer, a subordinate, or a superior officer. Empathy is "the ability to see something from another person's point of view, to identify with and enter into another person's feelings and emotions."²¹ Empathy "is literally trying to put yourself in someone else's shoes"²² and "understanding something from another person's foxhole."²³

Lieutenant Colonel (LTC) Joe Doty, the Deputy Director of the Army's Center of Excellence for the Professional Military Ethic, states that "to truly understand something from someone else's perspective, the leader must genuinely care for the subordinate and not just from a mission accomplishment perspective." Lieutenant Colonel Doty identified the following suggestions on ways for leaders to improve on empathy: practice active listening techniques, encourage the person to open up, let the servicemember express how he is feeling and why he is feeling that way, and actively try to monitor the servicemembers' feelings and emotions.²⁴

recognizing PTSS and PTSD, it is a leader of character, a leader of presence and a leader with intellectual capacity that can then lead, develop and achieve victory in the war against PTSD.

²¹ Department of the Army, FM 6-22, *Army Leadership: Competent, Confident, and Agile* (Washington, DC: Government Printing Office, October 2006), 4-9.

²² Joe Doty, "Empathy as a Leadership Trait," U.S. Army Combined Arms Center Blog, entry posted February 11, 2009, <http://usacac.army.mil/BLOG/blogs/explorer64/archive/2009/02/11/are-empathetic-leaders-born-or-made.aspx> (accessed April 7, 2009).

²³ Ibid.

²⁴ Ibid.

Comprehensive Soldier Fitness aims to sustain and build emotionally strong Soldiers. By practicing empathy, a leader can ensure he is doing all that he can to take care of his subordinates as well as his peers and superiors. A male servicemember may not be able to understand the issues that confront a female servicemember and vice versa. However, if a leader practices empathy he is attempting to build an emotional bridge to gain greater understanding regardless of gender and to build a greater understanding of his personnel. This bridge, regardless of gender, facilitates a greater understanding of male and female perspectives. In the area of PTSS and PTSD, those suffering are in need of understanding, empathetic leaders.

Leaders of Presence

The Army and the military call on leaders themselves to be resilient and to lead, develop, and achieve a resilient force. Numerous deployments in quick succession test the physical and emotional resiliency of the force. Servicemembers suffering from PTSS or PTSD need assistance with strengthening their individual resiliency.

Resiliency is defined as the “tendency to recover quickly from setbacks, shock, injuries, adversity, and stress while maintaining a mission and organizational focus.”²⁵ If leaders quickly recognize post traumatic stress symptoms in themselves, their peers, their superiors, and their subordinates, then the process of working towards resiliency can begin that much quicker. Symptoms that are ignored, left unchecked or minimized can only lead to greater difficulties over the long term. For example, if a leader recognizes that a subordinate is constantly tired and can get him help for sleep issues, the subordinate might not spend as much time in the downward spiral of sleeplessness, drugs or alcohol use, or sleep avoidance. In order to foster resiliency in

²⁵ Department of the Army, FM 6-22, *Army Leadership: Competent, Confident, and Agile* (Washington, DC: Government Printing Office, October 2006), at glossary.

the force, leaders need to be resilient themselves and seek help with they need it, as well as be vigilant to encourage help when they notice it is needed.

Leaders of Intellect

A leader's intellectual capability is what allows him or her to "conceptualize solutions and acquire knowledge to do the job."²⁶ It is the leader's intellectual capacity that applies "agility, judgment, innovation, interpersonal tact and domain knowledge."²⁷ Domain knowledge "encompasses the tactical and technical knowledge as well as cultural and geopolitical awareness."²⁸ Indeed a leader of intellect knows that there are resources available to assist with PTSS and PTSD.

All military leaders should be aware of the Military One Source resource which is a toll free number that is staffed twenty-four hours a day and seven days a week by trained professionals to help with counseling and locating services.²⁹ Additionally, if a leader is unsure if he is experiencing PTSS or PTSD or if he has a subordinate with unexplainable symptoms, a mental health self-assessment is available to identify what resources would be the most beneficial to that individual servicemember.³⁰

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Military One Source. Com, <http://www.militaryonesource.com/skins/MOS/home.aspx> (accessed March 19, 2009). Military OneSource is provided by the Department of Defense at no cost to active duty, Guard and Reserve and their families. The telephone number for Military One Source is 1-800-342-9647.

³⁰The military mental health assessment, www.militarymentalhealth.org (accessed March 19, 2009). The website begins with the following introduction:

"Military life, especially deployments or mobilizations, can present challenges to service members and their families that are both unique and difficult. Some are manageable, some are

The Veterans Administration (VA) also has a National Center for PTSD that offers extensive information on stress-related health problems, coping, and educational materials for service members, family members, providers and researchers.³¹ The VA's Women Veterans Program Manager coordinates the comprehensive health care services for female veterans and issues specific to women.³²

Another key area of assistance is in the BATTLEMIND program.³³ Battlemind is the creation of Colonel Carl Castro of the Walter Reed Army Institute of Research in response to the mental health needs of servicemembers returning from deployment. BATTLEMIND represents a different mental skill that troops use to help them survive in combat but that can be problematic when carried over to life at home with family and friends.³⁴ Information is found at www.battlemind.org to encourage service members to do a battlemind check for themselves and their colleagues.

Leaders of intellect understand that PTSD affects servicemembers differently and could be the result of several significant experiences or one significant experience. Additionally, a

not. Many times we can successfully deal with them on our own. In some instances matters get worse and one problem can trigger other more serious issues. At such times it is wise to check things out and see what is really happening. That's the purpose of these totally anonymous and voluntary self-assessments." Ibid.

³¹ The Veterans Administration National Center for Post Traumatic Stress Disorder, www.ncptsd.va.gov (accessed March 19, 2009).

³² The Veterans Administration, Women's Veteran Health Care, www.va.gov/wvhp (accessed March 19, 2009).

³³ Laurie B. Slone and Matthew J. Friedman, *After the War Zone: A Practical Guide for Returning Troops and Their Families*, (Philadelphia, PA: Da Capo Press, 2008), 77.

³⁴ Ibid at 57. The acronym is also formed as follows: B=Buddies vs. Withdrawal, A=Accountability vs. Controlling, T=-Targeted vs. Inappropriate Aggression, T=Tactical Awareness vs. Hypervigilance, L-Lethally Armed vs. Locked and Loaded, E=Emotional Control vs. Detachment, M=Mission Operational Security vs. Secretiveness, I=Individual Responsibility vs. Guilt, N=Non-Defensive Driving vs. Aggressive Driving, D=Discipline and Ordering vs. Conflict.

servicemembers prior trauma experience combined with gender, and personal bias regarding mental health treatment makes each case of PTSD and each symptom of PTSS unique. A leader of intellect must also examine his own biases on mental health treatment and ensure he removes any personal barriers he might have towards encouraging mental health assistance for himself and for those he is leading.

Conclusion

Leaders are expected to be a part of the solution and not part of the problem of those impacted by PTSD. In the opening vignette, by asking a few questions, challenging some assumptions, and making a few calls to her former unit MAJ Smith could have impacted CPT Jones' life and recovery. The Army's recent vision and mission for Comprehensive Soldier Fitness includes developing a comprehensive and cohesive program focused on strength. Leaders can contribute to this comprehensive Soldier fitness program and specifically in decreasing PTSD primarily through leadership.

There is no doubt that leaders must emphasize treatment of PTSS and PTSD as a way to "return to normal." Openly encouraging the use of mental health services would go a long way in lessening the perceived negative consequences.³⁵ Specifically, a leader can assist with PTSS and PTSD by striving always to serve as a person of character, presence, and intellect. Finally, a leader should strive to have the wisdom to know when servicemembers needs counseling and when they need to be asked just a few more caring and probing questions.

³⁵ M. Audrey Burnam, Lisa S. Meredith, Todd C. Helmus, Rachel M. Burns, Robert A Cox, Elizabeth D'Armico, Laurie T. Martin, Mary E. Vaiana, Kayla M. Williams, and Michael R. Yochelson, "Systems of Care: Challenges and Opportunities to Improve Access to High-Quality Care." In *Invisible Wounds of War*, Edited by Terri Tanielian and Lisa H. Jaycox, (Santa Monica, CA: Rand Corporation, 2008) 282.

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