

THE FIRST NATIONAL SYMPOSIUM ON COMBAT and OPERATIONAL STRESS A SUCCESS

Researchers from the US and Canadian military joined their colleagues from Veterans Administration medical centers and universities throughout the US for an historic symposium aimed at preventing and managing combat stress and helping veterans and their families recover from war-related experiences.

“For Those Who Bore the Battle: Research Opportunities and Practice Implications of Combat/Operational Stress Injuries,” took place February 10, 2006 on the campus of Florida State University (FSU). The National Symposium was organized by FSU Professor and renowned traumatologist, Charles Figley. The FSU Traumatology Institute and co-sponsored by the FSU College of Social Work’s, the FSU chapter of the Collegiate Veterans Association, VeteransandFamilies.org and the National Veterans Foundation.

Dr. William Nash, a Navy captain and senior psychiatrist for the Marine Corps presented the first keynote presentation. He explained that the best way to approach combat-related stress leading to Post-traumatic Stress Disorder and other mental health problems is to view them as **injuries**. Like any other injuries that need to be prevented. If not prevented they need to be treated as quickly as possible and without shame. He is spearheading an effort within the Marine Corps to do just that.

Lt. Col. Stephane Grenier, another keynote speaker, echoed the importance of the stress injury perspective; that combatants have great pride and do not want to be viewed as weak. Lt. Col. Grenier is founder and project manager of the Canadian Forces Operational Stress Injury Social Support. Years ago following service in Somalia and with the support of senior officers who also served there, he established what is now recognized as the most successful veteran services program in history. He described the program and how it emerged. See www.osiss.ca for more information about this innovative program.

Dr. Judith Lyons, senior psychologist at the Jackson, Miss., VA Medical Center and one of the most celebrated military veteran experts summarized the overwhelming evidence showing the secondary impact of combat stress on combatant families. Dr. Lyons discussed the challenges of providing help for them and how critical they are to helping veterans with combat stress injuries. She also summarized what can be done and should be done for the spouses, children, parents, and other family members affected directly or indirectly by the war service of a family member.

A panel of experts provided comments following each paper. These experts included (1) **Dr. Bruce Thyer**, Professor, FSU College and Editor of Research on Social Work Practice; (2) **Neil N. Snyder III**, US Army Brigadier General, Retired; (3) **Dr. Joyce Carbonell**, Professor of Psychology and Head of the FSU Women Studies Program; (4) **Alexandra Heber, M.D.**, FRCPC, Psychiatrist and Program Leader, Operational Trauma and Stress Support Centre, Canadian Forces Health Service Center (Ottawa, Canada); (5) **Dr. Martell Teasley**, Assistant Professor, College of Social Work and Retired U.S. Army LPN and Gulf War I; (6) **Dr. Robert Lee**, Distinguished Professor and Program Director FSU Marriage and Family Therapy Program; (7) **Shad Meshad, MSW**, President of the National Veterans Foundation (Los Angeles); (8) **Robert Goodhope, MD** Chief Medical Officer, VA Outpatient Clinic, Tallahassee, FL and Iraqi War Veteran, and; (9) **D.**

Richardson, MD, FRCPC, Consultant Psychiatrist, Operational Stress Injury Clinic, (London, Canada).

There was considerable audience participation. Researchers from Fordham University, Virginia Commonwealth University, University of Florida, Florida A&M University, the University of Kentucky were most represented along with numerous Veterans Administration Medical Centers in the Southeast. All branches of the US military were represented.

The Traumatology Institute and its Fellows will be working on a research agenda in collaboration with those who attended the Symposium. There will be a heavy emphasis on studying how this generation of warfighters is different from all others; how these characteristics must match any effort to study and help these veterans and their families. Overall there was a call for far more research and help for troops and families from the National Guard and military reserve units since their participation has been far larger in percentage to those fighting in war than in any other in American history. There will be a series of papers from the symposium including a book that will be published later this year with the same title as this year's symposium: *For Those Who Bore the Battle: Combat Stress Injury Theory, Research, and Management*. New York: Routledge, Edited by Drs. Figley and Nash.

Comments from attendees and copied here with their permission:
From Robert Goodhope, MD (a panelist for the Nash presentation):

There were three breakthroughs maybe more.

Dr Nash presented an excellent model of how and why "Operational Stress Injuries" occur. He will send his slides. There is a lot of simple common sense easy to understand and quite comprehensive wisdom in what he presented. The key observation is that some one has changed personality, is "different." The Amygdala, with the whip, and Hippocampus, with the reins, are the twin drivers of a two horse chariot of the arousing and suppressing neurotransmitters. Two one legged, one armed adults driving a stick shift car together is the other analogy, one with the brake, and clutch and the other with the accelerator and both holding the wheel. The chances of a crash increase asymptotically if they stop communicating and "dissociate". He pointed out that personality disorders do not suffer OSI, only those with compassion. He touched on compassion fatigue and compassion avoidance.

LTC Grenier presented a convincing argument on why the trauma of military activity should be called an Operational stress Injury and why the government which put the persons at risk for OSI is morally responsible for getting them help. They use a non-medical model of help in Canada and consider post deployment problems such as: Substance abuse, spousal abuse, reckless behavior, anger, anxiety, depression, and PTSD, etc as part of the Spectrum of OSI.

The devaluation of the Guard and Reserves by the Regular Army was discussed in several aspects as an added stressor for Reservists. (gee, see our Mobilized Employee advisory panel meeting notes) The Regular Army leadership may or may not admit responsibility for this destructive and pervasive attitude, but it is too like the Jim Crow era institutionalized discrimination to be allowed to fester as a "We did not know." This is fertile ground for relatively easy research into how much devaluation contributes to OSI. The medic's arms that cradle a soldier dying of a "non-survivable" wound may wear a reservist patch, but when the officer writes the parents, they won't care. They will care that he or she got the best medical care possible. Seventy percent of all medical assets are reservists, who bring a lot of years of experience with them. The best demonstrators of American Good Will and Good Intentions in this war are the "non-combatants" who carry a Geneva Convention card and an Aid bag to humans in need, be they coalition or Iraqi.

The impact of the Rules of Engagement on both warfighters and peacekeepers was highlighted. Under the rules of engagement, the amygdala wants to shoot someone brandishing a weapon while the hippocampus is assessing the threat level and what the rules of engagement allow. The latest ROE on driving in Iraq, requiring Coalition troops to obey all traffic rules, is going to cause many to rethink a commitment to the military as becoming more and more a suicide pact.

The family's dual role in OSI both as sufferer and healer was well covered but has perhaps more opportunities for improving than any other area. There is much evidence that the family is the anvil upon which the OSI sufferer can best hammer his/her sword into a plowshare or pruning hook. The repeat deployment effect on family was poignantly illuminated by a retired general officer whose son is deploying for a fifth time, third long tour, and his question of what that is doing to the son and daughter-in-law. Almost nothing is known about that.

I though it was most worthwhile but emotionally taxing for anyone with an OSI. On the one hand there was insight into one's own behavior and some self understanding emerges, on the other hand, painful issues resurface.

NO Pain, NO Gain.

It was a growth experience.

[Here is a response to the email message from a colleague]

Was anything brought up about "compassion fatigue" in those who were deployed stateside and caring for the amputees/burn victims/ or MH patients? That was one thing we brought out at our employee meeting... The term Operational Stress Injury sounds much more "user friendly" for

some of our OIF/OEF kids who won't come see us because they don't want to be labeled with PTSD (many in the police or corrections officers roles say they cannot be labeled with PTSD for fear of losing their jobs)...

How did the VA fare at the workshop? We're doing so much for these returning combat veterans – there is much more to do, I know that – but I'd like to see us get a fair chance to expose what good we are doing?

COMPASSION FATIGUE was discussed in the context of caregivers. It is an area which could bear study. I really think that we should start using Operational Stress Injury as a more accurate description. The VA came out as well as could be expected. No one is really doing any thing with the families which is quite complex. The slides will be on the website of the symposium soon. Mary Beth and I might write an article for a VA publication to promote the use of the term OSI. We have had about 10 OIF/OEF veterans a month seeking care at TOPC and the majority of them have severe OSI, almost all have moderate OSI. The rest are in denial.