

GUEST EDITORIAL

Healing on the Home Front

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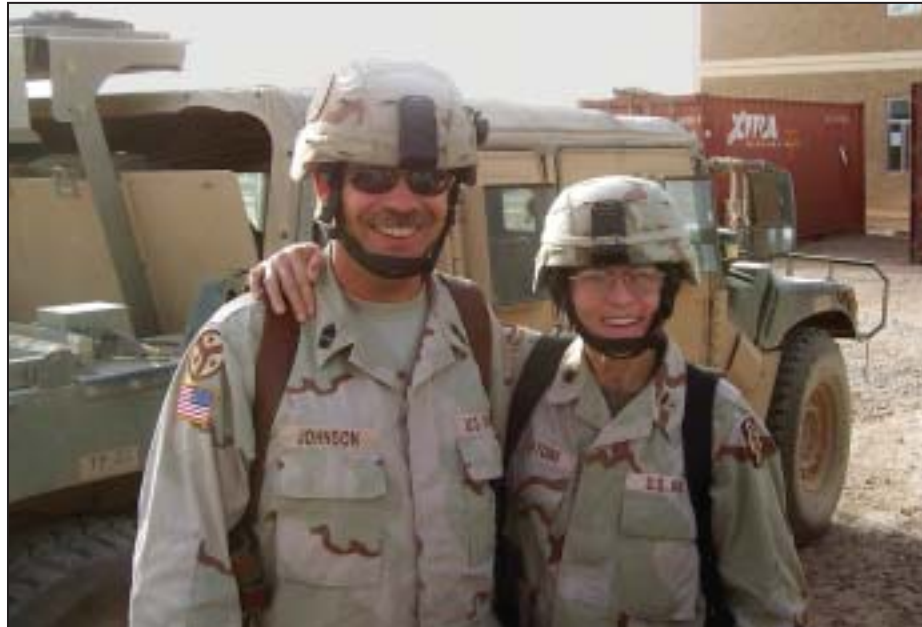
The types of stressors seen in Operation Iraqi Freedom are unlike any seen in other wars because we are dealing with an enemy who wears no uniform and operates covertly. In this urban war, there are no front lines and no rear echelons—war is everywhere and inescapable.

In this wartime theater, there often is no division between medical professionals and warriors. I served in my unit (the 55th Medical Company's Combat Stress Control) for 10 years and in Iraq for almost 12 months. There we frequently lived with a round in the chamber, always bearing weapons and extra ammunition.

The absence of even an illusion of safety in most places in Iraq raises the risk of combat stress or battle fatigue. In fact, these risks are so intense that few people come home unscathed. Given this scenario, it is imperative that mental health professionals understand what the soldiers might be facing and begin to think about how to help soldiers upon their return home—particularly in circumstances in which redeployment is likely.

One of the hallmarks of what we refer to in the military as Combat Stress Control is debriefing services, which we call Critical Event Debriefing or CEDs. These services, which soldiers receive after their fellow soldiers are injured or killed in action, sometimes uncover overwhelming grief, rage, a desire for vengeance, and a devastating sense of loss. Ameliorating those multilayered feelings would be an exceptional achievement, especially in an environment in which grisly deaths and near-fatal wounds are so prevalent.

We have found that taking soldiers through this formal process after cata-



Dr. Kathy Platoni, a clinical psychologist and Army colonel who served in Iraq for almost 12 months, says returning veterans should be connected with their peers.

strophic life events allows them to unburden, grieve, and refocus upon their missions. In addition, the opportunity to avoid pathologizing their response to suffering and the torment that is war allows soldiers to recognize that these responses are most often normal responses to disastrous life events.

Battle fatigue can be extremely grueling. As we know, classic symptoms typically include tremendous anxiety; hypervigilance; jitteriness and shaking; overwhelming fear about returning to the mission; haunting nightmares; sleeplessness; vivid re-experiencing of unforgettable images; self-blame and guilt for taking of other lives as well as being unable to save the lives of one's buddies; and outbursts of anger and rage.

Sometimes the best that we can offer is our presence and the willingness to listen. This kind of engagement on the part of those of us in military mental health allows

soldiers to process painful emotions in a safe environment.

Typically, we are faced with the challenge of symptom management to prevent soldiers from impairment in mission performance. This often necessitates the short-term prescribing of appropriate medications.

The length of this war in Iraq, repetitive combat exposure, and multiple redeployments are primary factors in precipitating posttraumatic stress disorder (PTSD).

Recent estimates suggest that as many as 25%-30% of returning troops have reported PTSD symptomatology, which is formally diagnosed 4 weeks after exposure to critical events or usually appears months after redeployment.

As we mental health professionals know, the long-term psychiatric casualty rates are far greater than the short-term casualty

rates of war. In addition, the likelihood that people will develop psychiatric problems after wartime service increases over time. This often occurs because veterans must wage war on the home front in order to obtain necessary services.

Another complication revolves around staffing. The military may suffer from chronic understaffing among mental health professionals. There is an estimated 40% vacancy in the active component among Army and Navy psychologists, for example. Such shortages lead to long treatment delays that will likely continue.

The first and most critical step in treating the psychological wounds of war is to conduct screening and diagnostic evaluations after they return. And, of course, overcoming the stigma of seeking treatment is always a major issue within the military. We must let these soldiers know that these symptoms can be sufficiently severe to impair daily functioning.

Another strategy is connecting veterans with their peer groups. Such ties provide mutual support that may prove more effective than psychiatric or psychological treatment. For example, we have found that universal peer interaction with those sharing the same experiences is likely to become an extremely powerful healing force.

Left untreated, the soldier suffering from PTSD and other mental disorders precipitated or aggravated by wartime service can expect a lifetime of emotional struggles that will likely not resolve. Certainly, these soldiers deserve the very finest care our nation can provide. ■

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GUEST EDITORIAL

Interactive Web Site Can Help Teens Cope With Stress

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Health professionals are just about the only adults who interact repeatedly and confidentially with adolescents. This positions us to offer important health-promoting messages and to steer teens toward safer behaviors. One of the best ways of doing this is to help them develop positive coping strategies so that stress doesn't reach a boiling point.

Teenagers have to learn how to navigate an increasingly complicated world. This creates uncomfortable feelings. Some teenagers choose to cope with their stress in positive ways; others choose negative ways. Worrying coping strategies—substance abuse, self-mutilation, eating disorders, promiscuous sexual behavior, gang activities—offer releases that sometimes seem attractive and easily accessible. However, such releases are ultimately dangerous.

Our challenge as physicians is to guide our young patients toward positive ways to cope with stress and avoid the destructive ones. But, as we all know, telling teens what not to do doesn't work. At this point in their lives, autonomy is very important. As a result, we need to offer adolescents a repertoire of positive coping strategies that they can use to relieve stress.

Most clinicians who work with adolescents would agree that their emotional and behavioral health must be addressed. One response to this concern has been initiated by the American Academy of Pediatrics (AAP), which is offering an interactive Web site for teens with low to moderate levels of stress.

The site allows adolescents to design a personalized stress reduction plan. It may be useful for patients experiencing somatic symptoms and even for well-adjusted young people to devise approaches to remain healthy.

One of the most valuable aspects of discussing stress with adolescents is that doing so encourages them to have little or no shame to admitting they're "stressed out." It seems that some young people are reluctant to talk about anxiety, sadness, and fear, but they do not seem to be so in acknowledging stress.

I work with a wide range of young patients, from those who are highly academic to those who are homeless. Many who would respond, "no way," or, "I can handle it," to questions about sadness or nervousness will comfortably admit to stress. It becomes relatively easy to discuss emotional and behavioral health from there.

After a brief assessment, many teens can be referred to the AAP Web site at www.aap.org/stress. There, kids can learn about and commit to a variety of important coping skills that will help them stay balanced and respond to problems in a

healthy manner when life becomes pressured and complex.

The site offers a 10-point plan that includes problem- and emotion-focused strategies aimed at helping young people learn how to engage problems actively, as well as occasionally disengage from them in a healthy way. The site also teaches adolescents about relaxation techniques, healthy nutrition, and restorative sleep.

The Web site is currently evolving. For example, we are adding content and are hoping to make the site increasingly engaging and interactive as we include more resources.

We hope that the site makes it easier for all clinicians to address the issue of stress with their young patients. ■

DR. GINSBURG is a pediatrician at Children's Hospital of Philadelphia and lead author on an AAP report on the importance of play in children's lives.