



# PTSD: What Unit Leaders Need to Know

## What is Post-traumatic Stress Disorder (PTSD)?

PTSD is a medical disorder that results from exposure to one or more traumatic experiences. PTSD can affect a person's thoughts, feelings and behaviors—resulting in a range of symptoms. Untreated PTSD can severely damage someone's career, and it's important for leaders to recognize PTSD and get service members into care. The following graphic can assist leaders with understanding some of the signs service members may show at work and also provides an understanding of some of the deeper issues that might be under the surface.

### Facts about PTSD:

- PTSD is a common psychological health disorder and is even more common after combat
- PTSD can affect anyone, from the newest recruit to the commander in chief
- Nearly eight percent of Americans are diagnosed with PTSD during their lifetimes
- PTSD is a treatable psychological health disorder with several effective treatment options available

**TIP OF THE ICEBERG**

**Irritable  
Lost in Thought  
Easily Startled  
Hyper-Alert  
Avoiding Crowds/Triggers**

**BELOW THE SURFACE**

**Anxiety Attacks  
Dissociation/Lost in Thought  
Nightmares/Intrusive Memories  
Strong Reactions to Triggers  
Fatigue (Excessive Tiredness)  
Avoiding Things that Remind  
Them of Traumas  
Insomnia/Poor Sleep  
Poor Concentration**

It's easy to assume that a service member who starts making mistakes, is 10–20 minutes late to formations at times and is now irritable just has a “bad attitude.” A good leader will know to look beyond the surface and will look into **Why** the member's behavior has changed.

For a service member struggling with PTSD, the symptoms make getting through the day very difficult. Many service members are functioning on a few hours of sleep, avoid things that bring up memories of traumas (triggers) and have other symptoms like anxiety attacks, nightmares and memories they can't keep from popping into their heads. Most of these symptoms aren't visible to others in the unit.



### What can you do to help your service members?

- Know your service members so that you recognize when their behaviors change dramatically
- Give your service members the benefit of the doubt—if you do notice dramatic changes, inquire about the changes rather than make assumptions
- Know the symptoms of PTSD and don't be afraid to ask if a person has them
- Try to encourage service members who need care to go in for help, recommend that they look into off-base or online resources if they are hesitant

### Things to avoid when it comes to helping

- Don't try to act as a counselor or therapist—if the service member needs help, encourage them to see a professional
- Don't ignore the problem—hoping the person “snaps out of it” is not an acceptable plan
- Don't remove them from leadership positions simply because they have PTSD
- DO NOT leave a service member who is suicidal alone—immediately get them to a professional qualified to do a medical evaluation
- Do not discuss the service member's issues with others in the unit

### Example Case: HM3 Hernandez

Petty Officer Hernandez has served in two tours in Iraq and one in Afghanistan. He was attached to a surgical company in each tour, providing emergency first aid for wounded Marines. He had many experiences such as watching people die, seeing dead bodies and even being in a convoy that sustained an improvised explosive device blast, but a few experiences seemed to keep coming back again and again.

Since his last tour, Hernandez's wife has been complaining that he is constantly angry, snapping at their kids for minor things and that he never wants to leave the house. He is unable to sleep unless he takes over-the-counter sleep aids and a few shots of whiskey. Besides not falling asleep like he used to, Hernandez is also having nightmares related to losing a friend in the IED incident. He's a corpsman and knows this isn't the way to handle the insomnia, but he doesn't want to tell people he needs help.

Hernandez's problems came to light after he was pulled over while driving on the base and the gate guard suspected him of being drunk. He was under the legal limit for alcohol, but when his senior chief was talking to him about the incident, he learned about all of the symptoms Hernandez was having and talked him into seeing the division psychiatrist for PTSD. After several months of treatment with medications and counseling, Hernandez's symptoms have nearly disappeared.

## Why Every Unit Leader Needs to Care About Psychological Health Conditions

Leaders at all levels need to know the realities of how psychological health conditions affect the unit's ability to perform its mission. Untreated psychological health conditions can lead to a loss of personnel or a loss in mission capability.

### Loss of Personnel

- **Administrative Separation**—Service members who have unrecognized psychological health conditions are at risk of separation for pattern of misconduct (driving under the influence, insubordination, unauthorized absence/absence without leave)
- **Medical Separation**—When service members delay care too long, psychological conditions may worsen and increase the likelihood of a medical separation
- **Suicide**—Service members who feel trapped with no options may turn to suicide

### Loss in Mission Capability

- **Attrition**—Units that lose too many personnel due to not recognizing problems and/or delaying getting service members into care may not be able to meet their missions
- **Low Productivity**—Service members who suffer from PTSD or other conditions are not able to perform at their best
- **Mistakes**—Service members who are not able to concentrate and are tired from lack of sleep are more likely to make errors, which can affect a unit's ability to meet requirements