

When the brave men and women of our country commit to serving overseas, their “active duty” extends way beyond their return home. For most, life has changed significantly. Often reunification with family and friends, and integrating back into their communities is more challenging than anticipated.

Since 2001, 1.64 million American Troops have been deployed to Afghanistan or Iraq. Of that number, 300,000 suffer from posttraumatic stress disorder and/or major depression. A significant number of the deployed soldiers, about 19.5 percent, likely suffered a traumatic brain injury while serving. Of those having served overseas, 50 percent report having experienced multiple traumatic events.

How is one to return to normal, when the definition of “normal” has changed forever?

Given that 12-20 percent of returning soldiers will meet criteria for post-traumatic stress disorder or major depression within three to four months of returning home, the need for effective treatment is substantial. Untreated, symptoms will continue to intensify, disrupting family functioning, partner intimacy, parent-child relationships and occupational and social functioning.

Often, symptoms indicative of mental illness are misdiagnosed as a medical ailment with complaints of headaches, fatigue, nausea, shortness of breath, muscle tension and body pain. Veterans, unfortunately, will often continue to suffer unless appropriate treatment is provided.

What is appropriate treatment and who is qualified to provide it? What are the odds that a small town therapist has the expertise to take on such a client?

What we know is this: every therapist wants to believe their work made the difference for their client. All the training, licenses, certifications, etc., prepare us to deal with even the most difficult of symptoms. Interestingly though, research shows that 40 percent of the client’s improvement in therapy is due to their own work or just plain chance events in the client’s life!

Fifteen percent comes from the client having hope and the expectation that things are going to start getting better just by engaging in therapy. The relationship between the client and therapist accounts for 30 percent. Fifteen percent is directly related to the technique used.

What does all this mean? That an effective therapist for veteran soldiers doesn’t have to specialize in combat trauma treatment in order to be effective. Rather, the client will get better if: a.) the client calls and schedules an appointment with any provider and b.) the provider, regardless of education, license or experience, is able to establish a positive relationship with the client.

If you have connections with returning soldiers, keep an eye out for the possibility of symptom emergence. Changes in mood, loss of motivation, irritability, loss of concentration, obsessions with death, emotional responses that are more intense than appropriate for the situation, withdrawal from loved ones, rage episodes, repeated flashbacks of trauma and hyper-vigilance are all signs of trauma related mental illness.