

## HELPING MILITARY PERSONNEL WHO EXPERIENCE WORK-RELATED TRAUMA EXPOSURE: *Recommendations for Military Leaders*

Many people are exposed to trauma at some time in their life. Service members (SMs) may be repeatedly exposed to trauma in both combat and non-combat settings. Their exposure may be through directly witnessing an event, such as the death of a unit member, or by hearing someone re-tell distressing events. It may also occur through exposure to the media, such as photographs, audio, or video, or a combination of these. More distressing trauma of longer duration and repeated exposure can increase the risk for adverse effects, which negatively impact interpersonal relationships and operational readiness.

Adverse effects of occupational exposure to trauma include distress reactions (insomnia, anger, guilt, scapegoating, anxiety, and decreased perception of safety) and risky behaviors (increased alcohol and tobacco use, social isolation and restricted activities, and reduced self-care behaviors). In the unit, lost productivity, absenteeism, and distractibility may also occur. Prolonged and more

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severe responses can include psychological disorders, such as depression, anxiety, PTSD, and complicated grief.

The military has a culture of pride in being able to withstand trauma exposure and not seek support. Military leaders can help

by debunking myths and encouraging support at all levels, while maintaining performance and accountability, to promote health and operational readiness. Leaders can help SMs who are repeatedly exposed to occupational trauma through education, training, modeling, and support using evidence-based early interventions. These interventions, called Psychological First Aid (PFA), include enhancing a sense of: 1) safety, 2) calming, 3) individual and unit efficacy, 4) unit cohesion, and 5) hope/optimism.

The recommendations below, based on PFA principles, describe actions military leaders can take to help personnel before, during, and after occupational exposure to trauma.

### BEFORE

Being prepared (mental, physical, and equipment) helps SMs focus on the task at hand.

1. Obtain information about anticipated trauma exposures (risk analysis).
2. Provide adequate protective equipment and ensure SMs understand their purpose and proper use.
3. Determine minimum required exposure to perform essential tasks.
4. Train SMs about expected trauma exposure and normal reactions: insomnia, anger, boredom, decreased feelings of safety, guilt, and helplessness.
5. Educate SMs to monitor for difficulties and when to get help: persistent difficulty with sleep, increased problems at home or work, reduced self-care, and thoughts of harming self or others.

### DURING

Efforts to limit the intensity and duration of exposure to trauma decrease adverse effects. Identifying problems early and providing prompt and effective interventions can protect operational performance and overall readiness.

1. Foster buddy-care where SMs support and regularly check-in with one another.
2. Model self-care, including adequate sleep, hydration, nutrition, stress management, and exercise.
3. Encourage help-seeking, such as taking a break or talking to someone.
4. Monitor and adhere to exposure limits. Reduce exposure or temporarily remove those showing significant adverse effects from further exposure.
5. Conduct team check-ins to enhance cohesion, discuss challenges, dispel misconceptions, and informally assess personnel.

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6. Use breaks or brief team huddles to facilitate peer support.
7. Directly encourage and facilitate help-seeking for SMs having persistent or increasing difficulties at work.
8. When particularly shocking or disturbing exposures occur, anticipate, validate, and respond supportively to grief and other distress reactions.
9. Use effective communication strategies: say what is known and unknown, commit to getting answers when there is uncertainty, follow through and keep promises, avoid false reassurances, and always tell the truth. Good communication builds trust and decreases rumors.
2. Communicate the value and benefits of buddy-care in maintaining well-being and recovery.
3. Ensure personnel have access to resources (healthcare, family support, and financial assistance).
4. Continue informal check-ins with SMs. If concerns arise, seeking additional information, when possible, from unit members, family, or friends may help in understanding.
5. Create opportunities for informal social interactions (coffee and donuts, etc); these can strengthen unit cohesion and promote informal buddy-care.
6. Engage support programs or other resources for more formal assessment measures to help SMs struggling in silence. Offering leadership support and referral to treatment can encourage SMs to seek assistance who might otherwise feel stigmatized.

## **AFTER**

Adverse effects of trauma exposure may not be seen until after the stress of operations are over. Self- and buddy-aid are important first-line interventions. Screening and referral are helpful for those with significant problems or impairment.

1. Remind personnel about normal and expectable reactions to trauma as well as common patterns of recovery.

## **ADDITIONAL RESOURCES**

Fact sheets to help leaders prepare for and respond to crisis and disaster events:

<https://www.cstsonline.org/fact-sheet-menu/leadership>