



MANAGING COMBAT STRESS

THE ROLE OF THE BATTALION COMMANDER

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Author's Note: *The intent of this article is not to prescribe the approved method for managing combat stress, but rather offer some thoughts and generate discussion on how a battalion commander can manage this very important issue.*

As the conflicts in Iraq and Afghanistan continue, more than 3,000 service members have been killed and over 21,000 wounded. Given the conditions of combat, multiple deployments and other related issues, units are showing more and more signs of combat stress, a stress that can slowly erode the war-fighting abilities of any unit. A few of the rather obvious causes are back-to-back deployments, separation from home and loved ones, and the loss of fellow Soldiers. A few of the not so obvious causes are marital problems, financial problems, anxiety, and fear. Identifying the not so obvious causes and taking actions to mitigate them is a tough task. All of these causes, and more, can quickly lead to declining unit readiness, Post Traumatic Stress Disorder (PTSD), and health problems, as well as a variety of other related problems.

What Help Is Out There?

Few if any clinical experts exist in the maneuver battalion to help in dealing with casualties and combat stress. Nor does the commander receive a lot of institutional training in dealing with this subject. Closing this gap is a challenge.

In addition to personal leadership (of the commander), the battalion chaplain can assist in identifying indicators of combat stress. Keep in mind that Soldiers often see the chaplain in confidence. It is important to empower the chaplain to fix problems without the direct involvement of the battalion commander. However, the commander/chaplain relationship should allow for the two to share information without violating the trust of the Soldier. Of course, another very valuable asset is the battalion command sergeant major as he often maintains a thumb on the pulse of the battalion.

The brigade psychiatrist or combat stress doctor is a trained professional who can help to identify combat stress and, in many ways, prevent it. He can help identify the Soldiers most at risk of developing PTSD or other behavioral disorders. Some of these disorders include flashbacks, nightmares, irritability, trouble concentrating, sleeplessness and decreased alertness, all of which will eventually affect unit and individual Soldier readiness.

The assistance of the combat stress doctor doesn't always have to be *reactive*. Scheduling counseling sessions with a platoon throughout a deployment is a great way to be *proactive* and get ahead of the problem. One technique is to conduct initial sensing sessions between the doctor and the Soldiers, followed by more in-depth sessions with Soldiers identified as "high risk" for stress-related disorders. Additionally, there are other medical teams outside of the brigade that specialize in preventing and treating combat stress. The expertise that these teams bring to the battlefield is tremendous. It is highly recommended to deploy the same combat stress team to the battalion on each occasion. A feeling of trust will develop over time, creating an environment where Soldiers feel comfortable discussing issues with familiar personnel. The combat stress team should visit the battalion for a few days early in the deployment, prior to any



incidents, to begin building a rapport that will pay dividends later. The battalion commander (and his subordinates) should foster an environment that allows for Soldiers to feel that they can seek help without being labeled as weak.

More than 15 percent of service members returning from Iraq and 11 percent of service members returning from Afghanistan have met the screening criteria for major depression, generalized anxiety, or PTSD, according to a study published in the July 1, 2004, issue of the *New England Journal of Medicine* titled "Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care."

"The most important thing we can do for service members who have been in combat is to help them understand that the earlier that they get help when they need it, the better off they'll be," said Colonel (Dr.) Charles W. Hoge in the June 30, 2004, Associated Press article "One in Eight Returning Soldiers Suffers from PTSD." Hoge, a medical doctor with the Department of Psychiatry and Behavioral Sciences at Walter Reed Army Institute of Research, was one of the authors of the study.

These same assets can be of great value during a unit's regeneration program upon redeployment for both the Soldier and his/her family.

Seeing the Signs

This is tough for several reasons: age, maturity, experience in the Army, and training levels all can affect how troops (and leaders) deal with combat stress. However, the commander must be able to see the signs, and in some cases, take deliberate actions. It is important to train subordinate leaders to address combat stress with their Soldiers and deal with it themselves. The hardened platoon sergeant may enforce the "suck it up" approach. This approach is more common than not and is also understandable given the conditions of combat. However, it may eventually lead to poor leader decisions, impact on Soldier performance, and possibly contribute to unwarranted escalation of force incidents. None are good for a unit. Granted, in combat, times can be tough for everyone; however, a few techniques can help lower and manage the stress level.

Some of the approaches that the commander can influence include:

- Adjust the combat patrol schedule,
- Morale phone calls,
- Physical Training,
- Mandatory "stand-down" day,
- Shuffle duty positions — give a guy a break,
- Bible studies,
- Sensing sessions,
- In-theater passes,
- Visit the troops, go on a mission with Soldiers,
- Special meals (Big motivator!),
- Train junior leaders to identify symptoms early,
- Group counseling,
- Ask your NCOs,
- Effective FRG and newsletters, and
- Leader-to-leader discussions with battalion commander and the leaders at all levels.

Another outlet available to all Soldiers is environmental leave, commonly referred to as R&R leave. Ironically, this may cause stress and coping issues for many of our Soldiers. A few techniques to mitigate are:

1. Leverage the rear detachment (phone trees, rear detachment chaplain, etc),
2. Transition "from and to" the patrol schedule both before and after a Soldier departs for leave and lastly,
3. Closely manage the leave windows for the leadership of the unit. Of course, a mandatory deployment briefing that addresses leave/travel process, finances and expectation management when joining the family, in addition to other areas can be of great value to our Soldiers. Upon redeployment, recommend no more than a 48-hour pass for all Soldiers, regardless of rank. This is a great opportunity to slowly but efficiently integrate back into the CONUS environment, meet newly assigned battle buddies and get reacquainted in the barracks or back at home. Additionally, recommend a reverse SRP (Soldier readiness process) focused on finance settlements, medical screening, family reunion briefings, and to offer the opportunity for Soldiers to seek assistance from a chaplain or a medical professional if needed.

What to Look For

Some Soldiers experiencing combat stress may show no symptoms while others show many. Physical signs may include excessive talking or joking, out of character

quietness, vomiting, tight stomach (contractions), sweating, constant headaches, hyperventilation and exhaustion, just to name a few.

Emotional signs of stress may include anxious or agitated behavior, anger towards all Arabs (or local nationals, depending on where the unit is operating), anger towards peers and the Army, depression, calloused or numb behavior, resentment, loss of confidence, and a general disbelief in or support of the mission.

Seeing the signs while engaged in steady-state operations is hard. Who best does this? The squad leader, a battle buddy or the first sergeant? Everyone shares the responsibility, but the final responsibility lies with the commander. Seeing the signs is complicated by the fact that leaders can also experience combat stress but are still expected to perform leadership duties inherent to their rank and position. Who watches the commander? Great question, as he is often without peers on the FOB (forward operating base) or within the unit. Great obvious sources, of course, are the battalion command sergeant major, chaplain, or in some cases, even the company commanders.

Conclusion

Managing stress before, during, and after a deployment is critical to maintaining the war-fighting readiness of our force. With prolonged operations in Iraq, Afghanistan and potential conflicts in other areas of the world, we must continue to care for our most valuable asset — the Soldier.

The long-term effects on the Army are obvious. Our junior leaders and young Soldiers will be the senior NCOs and leaders of tomorrow. While there may be no textbook solution to manage combat stress, working hard to reintegrate our Soldiers back to their homes, families and society, as well as utilizing the assets available in the field, coupled with good old-fashioned leadership, may help us sustain the long fight.

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