

COMBAT STRESS REACTIONS: Tips for Providers

Combat Stress Reactions (CSRs) are normal, temporary physical, behavioral, emotional, and mental changes that occur in reaction to extremely stressful combat-related events.¹ Immediate CSRs last from hours to days and may affect a service member's ability to function.

For providers who work with service members, it's important to note that:

- CSRs are hardwired survival responses triggered by the autonomic nervous system — made up of the sympathetic nervous system (SNS) responsible for arousal, and the parasympathetic nervous system (PNS) responsible for shutdown.
- Symptoms of combat PTSD may be 'displays' (repeat expressions) of CSRs experienced during combat.
- CSRs may impair a service member's readiness, operational performance, and fitness for duty and can occur during combat-related training.

Example: Cpl. Jones was receiving mental health treatment due to his wife's concern over his anger issues, which began after he returned from Iraq. Although he had some mild post-traumatic symptoms, he appeared fit for duty. When his unit engaged in a mock training exercise in a simulated village, Jones became over-activated and aimed his rifle at mock civilians in the exercise. His staff sergeant pulled him out of the exercise, asked Jones to deep breathe to calm his heart rate down, and had a medic evaluate him. Jones followed up with his mental health provider who helped him understand his reaction.²

CSRs may affect functioning and manifest as a series of stages (the Defense Cascade³), summarized below:

POWER UP: Arousal — Sympathetic Nervous System (SNS)

- Freeze (alert and scanning the environment, frozen but ready to act to flee or fight)
- Flight or fight (increased adrenaline for fleeing or fighting the threat; anger and fear predominate)
- Fright⁴ (unable to escape but still 'wired up'; intense fear predominates)

During an intense firefight in Afghanistan, Staff Sgt. Franklin became confused and disoriented and began recklessly charging up and down the field between his unit and the enemy. A medic found that Franklin's heart rate and blood pressure were dangerously high, and he was taken to an aid station and medically evaluated. After rest and intervention, his heart rate slowed to normal. He was returned to duty the next day.²

POWER DOWN: Shutdown — Parasympathetic Nervous System (PNS)

- Fright⁴ (unable to escape and gives up; body and mind start shutting down)
- Flag (unable to escape, body and mind shut down)
- Faint (body and mind collapse, become non-functional)

In the middle of a firefight Pfc. Rodriguez, became overwhelmed by so much stress and intense fear that he became frozen. Appearing dazed, he stopped functioning, was unable to speak or fire his weapon, and was minimally responsive to stimuli. His buddy used the iCOVER⁵ intervention to bring him around and get him back into the fight.²

PROVIDER TIPS

- Provide education and reassurance that CSRs are normal in a firefight or other extreme situation — they are instant, automatic survival reactions to life-threatening situations.
- Ask about past behavioral reactions to severe stress, explain that previous CSRs can be linked to current symptoms and stressors, and consider interventions to break the link.
- If the service member is experiencing recent/current CSR, provide interventions for acute anxiety or panic conditions (grounding, breathing, exposure therapy); deploy action plan (e.g., adjust schedule, monitor status, identify path to return to duty).
- Assess risk for future CSR (e.g., upcoming intense deployment or field op) and discuss strategies with service member (e.g., grounding, breathing, buddy system, aid station).

¹Department of Veterans Affairs & Department of Defense. (2017). VA/DoD Clinical Practice Guideline for the management of posttraumatic stress. Washington, DC: VHA, DoD. Office of Quality and Performance publication 10Q-CPG/PTSD-10.

²Some of the clinical signs and symptoms associated with CSRs are the same signs and symptoms associated with other important and even life threatening conditions. Assessment by a licensed independent medical provider must be done for determination of cause of symptoms, any further workup and/or treatment that may be required, and consideration of a return to duty. ³Schauer, M., & Elbert, T. (2010). Dissociation following traumatic stress. *Journal of Psychology*, 218 (2), 109–127. ⁴The Fright response includes both SNS and PNS responses: high heart rate, blood pressure, and arousal with extreme fear but unable to move or vocalize = "scared stiff". ⁵Adler, Amy. (2020). Helping Military Teams Manage Acute Stress When It Matters Most [Blog Post]. Retrieved from: <https://www.pdhealth.mil/news/blog/helping-military-teams-manage-acute-stress-when-it-matters-most>