

NEW DIMENSIONS IN THE EVALUATION AND TREATMENT OF PTSD WITHIN THE MILITARY

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Introduction: War trauma has long been associated with Post-traumatic Stress Disorder (PTSD), a term coined in 1980 in the DSM-III to explain the post-war impact on U.S. and coalition veterans who served in Vietnam. New dimensions of war trauma have emerged with the 1991 Gulf War and the wars in Iraq and Afghanistan. These challenges to the traditional diagnosis are seen as being consequences of the new dynamics associated with these conflicts, notably the heavy reliance on reserve troops and the National Guard; a high proportion of female service personnel; and multiple deployment as well as the introduction of suicide bombers and the use of IEDs (Improvised Explosive Devices).

Objectives/aims: To articulate the new dimensions of war trauma including the pervasive atmosphere of hyper-vigilance; sexual tension within the military ranks; and the high prevalence of closed head injuries.

Method: A through analysis of the latest research on war trauma including the proposed DSM-V diagnostic criteria.

Results: MRI and other medical research indicates certain neurophysiological mechanisms associated particularly with PTSD distinguishing it from other forms of war trauma (adjustment disorders; panic disorders; depression, personality disorders...). Pre-morbid health and social factors are also seen as playing a role in the resilience to, or proneness toward, PTSD. Regarding treatment protocols, the immediate administration of opiates or new grade anti-psychotics seem to have the effect of keeping the trauma in the "acute stress" mode instead of the more difficult to treat, PTSD. Cultural differences are also addressed.