Returning service members experience a wide range of health concerns and help-seeking preferences. We provide several science-based guidelines to help the media and military friends and families understand healthcare of returning service members.

**Social Support: Ask for the Service Member’s Preferences**

Deployments often produce many positive reactions: feeling mature and proud, appreciating camaraderie, and sensing life purpose. However, a service member may not want to discuss specific experiences – either initially or ever. For those serving in Iraq and Afghanistan, research suggests the majority of service members were either fired upon, saw bodily remains, or knew somebody who was seriously injured or killed. Rather than rushing to provide solutions and comfort, or probing into combat stories, try asking returning service members, “How would you like me to support you?” Their answer might surprise you. Research tells us that social support enhances resiliency only if the service member perceives the social support as positive. Some enjoy “Welcome Home” parties – some hate it. Some enjoy physical intimacy – some are not ready. Each journey to reconnect with civilian communities and loved ones is unique and requires flexibility and patience.

**Mental Health: Remember PTSD is Common but Not the Only Outcome**

The media have greatly enhanced awareness of posttraumatic stress disorder (PTSD). Research has demonstrated that “PTSD characteristics” are common stress reactions in the first few days or weeks following a traumatic event such as a car accident or natural disaster. Acute stress reactions occur for most service members returning from combat but will typically decline within several months – this is called “natural recovery.” However, for some, these reactions seem to become chronic or even get worse. About 20% of service members deployed to Iraq or Afghanistan are diagnosed with PTSD.

Fortunately, clinical researchers have developed highly effective treatments for PTSD that are now widely available at Veterans Affairs and Department of Defense hospitals and other mental health agencies. In particular, there is excellent scientific evidence for two treatments: Prolonged Exposure and Cognitive Processing Therapy. These therapies can be applied to all different types of traumas and have been shown to produce significant symptom reduction in about twelve or fewer sessions – and, most importantly, these treatments have long-term benefits. Therapies do not erase trauma memories but can certainly help service members take back their lives.

“there are millions of veterans and family members who have reached out for support during tough times. Their lives got better. Yours can too.”

– MakeTheConnection.net
Loved ones often play critical roles in helping service members seek treatment for PTSD. However, it is important to know that PTSD is not the only mental health condition service members may experience following deployments and other highly stressful experiences. Studies show that returning service members have high rates of depression and anxiety disorders, suicidal thoughts, substance abuse, and aggression. The good news is that clinical researchers have also developed excellent and widely available therapies for these concerns, as well.

**Physical Health: Seek Medical Consultation**

Returning service members are more likely than civilians to experience significant physical health concerns. Chronic pain in limbs, back, and neck are especially common. Treatments for a wide range of physical health conditions are now widely available at Veterans Affairs and Department of Defense hospitals. However, returning service members experience unique barriers to care. Isolation and low self-worth are common reactions to stressful experiences and decrease willingness to seek help. They also may view help-seeking as a sign of weakness or fear medical diagnoses will interfere with promotions and security clearances. Rather than seek a medical consultation, many service members attempt to ignore discomfort or self-medicate with alcohol and other drugs. Unfortunately, in the long term, these strategies only add to distress and impairment.

The importance of seeking medical consultation is especially important for concussions, also known as traumatic brain injuries (TBIs). Similar to PTSD, the media have greatly expanded awareness of the long-term cognitive effects of TBIs. Although TBIs are relatively common in the conflicts in Iraq and Afghanistan, researchers have found that only 10% of TBIs result in persistent problems. Brains are highly resilient. Only a thorough medical examination can confirm if current cognitive complains are due to past TBIs. It is important to know that some TBI symptoms such as difficultly concentrating, insomnia, irritability, and depression are also common symptoms of other conditions such as PTSD, for which there are good treatment options. To help connect with local medical providers, please use these excellent online resources: maketheconnection.net and [www ptsd va gov/public/PTSD-overview/reintegration/](http://www ptsd va gov/public/PTSD-overview/reintegration/). We recommend that you visit their website on Research-Supported Psychological Treatments ([http://www.div12.org/psychological-treatments/](http://www.div12.org/psychological-treatments/)), where you will find descriptions of various treatments for the range of psychological disorders and an evaluation of the evidence in their support. You can also use their search tool to find a therapist who specializes in the specific treatment for the specific problem. ADAA has a similar Find-A-Therapist search tool ([https://anxietydepressionassoc site-y m com/?page=FATMain](https://anxietydepressionassoc site-y m com/?page=FATMain)).