

PTSD and Combat Stress Treatment in Naval Special Warfare and Its Applicability to PTSD and
Combat Stress Treatment in the Entirety of the Department of Defense

Abstract

The post-traumatic stress (PTSD) related suicide rate of active duty and veteran military personnel is between 22 and 30 daily according to 2016 Center for Disease Control statistics. Out of all these deaths, the Naval Special Warfare (NSW) community has the lowest PTSD related suicide rate in the military and it brought about the question about what NSW is doing differently than the rest of the Department of Defense and are their methods applicable to other branches. This study used a small survey pool of current and ex members of the NSW community who had served in the Global War on Terror (September 2001-Present) to find out what about NSW accounted for the relatively low PTSD rates. Research concluded that the members of NSW are often better suited for the stressful environment due to the training required to join the community. In addition to this, the standard operating procedure of NSW regarding combat operations allow for the operators to be more impervious to the Symptoms caused by PTSD. It concludes that there is little probability that the rest of the DOD could implement the same prevention and treatment strategies with the same results as NSW.

Introduction

According to the National Institute of Health, “members of the military exposed to war/combat and other groups at high risk for trauma exposure are at risk for developing post-traumatic stress disorder (PTSD). Among veterans returning from the current wars in Iraq and Afghanistan, PTSD and mild to moderate traumatic brain injury are often linked and their symptoms may overlap. PTSD is classified by the American Psychiatric Association as a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape, or any other violent personal assault” (Parekh 2017). PTSD has been known by many names in the past, such as “shell shock” during the years of World War I and “combat fatigue” after World War II.

“PTSD can occur in all people, of any ethnicity, nationality, culture, and age; and affects approximately three and half percent of U.S. adults, and an estimated one in eleven people will experience PTSD in their lifetime”(NIH 2009).

Those who are affected by PTSD may continue having intense thoughts and feelings which are related to the experience which left a traumatic memory even years after the fact. The experience can be relieved through nightmares or other events which can cause those affected to feel anger or even sadness. Events like these can cause an individual to feel detached from the society which they live. Those diagnosed with PTSD often try to avoid similar situations to those which caused the traumatic event. Memories from the event can also be triggered from a variety of other factors ranging from noises to touch.

This study will be addressing PTSD and Combat Stress and its treatment in Naval Special Warfare (NSW) since the start of the Global War On Terror in 2001. NSW operators,

like many other special operation units, are submitted to some of the most stress-inducing work the military has to offer, due to the nature of their work. Interesting enough though, NSW has one of the lowest levels of reported PTSD and Post Traumatic Stress related Suicide in the military (CDC 2016). This fact is interesting and makes one wonder what they were doing right and if there is a discernible reason why this specific group of special operators are able to handle Combat Stress better than the rest of the military's warfare oriented occupations.

Combat Stress is defined as the expected and predictable emotional, intellectual, physical, and/or behavioral reactions of Service members who have been exposed to stressful events in war or military operations other than war (Parekh 2017). Much of the current research regarding Combat Stress and PTSD can pinpoint the causes of the latter, attributing it to Combat Stress. It also states that Combat Stress reactions can vary in quality and severity as a result of combat conditions such as intensity, duration, engagement rules, leadership, effective communication, team morale, team cohesion, and perceived mission importance to the personnel who are executing the mission.

The purpose of this study is to uncover what NSW does different than other conventional units in the military, and be able to improve the treatment of Combat Stress and prevention of PTSD in the rest of the Department of Defense which could ultimately cause reduction in PTSD caused suicides among service members. However, this is only attainable if this research determines that NSW is in fact doing something different than the rest of the department of defense, or if NSW is just implementing the department of defense's standard PTSD and Combat Stress treatment in a more effective way.

Literature review

The literature being used in this project is primarily being found through the United States Department of Veterans Affairs, the USC School of Social Work, and directly from NSW and the United States Special Operations Command. Much of the research literature has been provided by members of my network, this is especially useful because it makes the majority of the research read very relevant and useful towards my project. Much of the research found through non network avenues have been found using keywords such as “PTSD” “Combat Stress” “PTSD in Naval Special Warfare” “Combat Stress in NSW” and many more numerous combinations of similar language.

In previous investigations conducted by the United States Air Force Special Operations Command (AFSOC), it has been reported that the high stress levels obtained during AFSOC Survival School training can make alterations in an individual's perception, cognition, and memory. It also concluded that the “exposure to this acute stress resulted in symptoms of dissociation, alterations of one’s perception of body, environment and the passage of time, problem-solving deficits measured by objectively assessed military performance, and marked inaccuracies in memory measured by eyewitness identification”(AFSOC 2014). The AFSOC study was designed to better classify the stress induced alterations to an individual during a high stress warfare environment. The results of this investigation will enhance SOCOM’s understanding on how the mind works in high stress environments and allow the Department of Defense to better train Personnel so that the number of battlefield errors, such as friendly fire, are greatly reduced.

A 2007 study conducted by the Naval Health Research Center in San Diego California, found that the levels of the Chemical Cortisol in the human body increased exponentially in a

combat stress environment. These stress levels were simulated during the US Navy SERE school, and the Cortisol measurements were taken twice daily, on at 0900 in the morning before training was initiated and another again at 1930 when the days training had concluded. This increase in Cortisol corresponds to a change in cognitive ability which increases the risk for the suppression of memories or an incorrect memory of the incident.

Other research conducted by the Department of Defense has concluded that PTSD and Combat Stress are currently the leading factors in death among active duty service members and veterans (CDC 2014). The research conducted concludes that of the military deaths 22 of these deaths daily are from suicide, which was most likely a caused by PTSD and Combat Stress. These numbers are troubling to the Department of Defense because this means that personnel are not receiving the proper care they need, despite the department of defense's best efforts to implement effective PTSD and Combat Stress treatment for all personnel.

In addition to this research, it was also concluded that special operation personnel, while they are often involved in the most combat action, they are also the group with the least PTSD and Combat Stress related deaths. Aswell, a group that sticks out in this data in NSW, with the least PTSD and Combat Stress related deaths among the United States Special Operations Command (SOCOM). At this point, to the best of my knowledge, research stopped and there was no research in to why NSW has the least PTSD and Combat Stress related deaths and how there methods of prevention differ from the rest of the department of defense and especially, the rest of the United States Special Operations Command.

According to the National Institute of Health, "Members of the military exposed to war/combat and other groups at high risk for trauma exposure are at risk for developing PTSD.

Among veterans returning from the current wars in Iraq and Afghanistan, PTSD and mild to moderate traumatic brain injury (TBI) brought on by Combat Stressors are often linked and their symptoms may overlap” (NIH 2009). Combat Stressors are events which are common in combat that cause Combat Stress which is a common response to the mental and emotional strain service members experience when facing tough or dangerous combat situations. It is often called combat and operational stress reaction because this type of stress can happen during peace and war time. However, it is most prevalent during an active incident or a warfare environment such as the active combat zones all over the middle east and africa as a result of the Global War On Terror which is being fought primarily by the United States of America.

Research Question

My research question behind the topic is to find out how NSW is preventing unnecessary deaths and if the methods they are using are in any way possible to be implemented throughout the rest of the department of defense, or at the very least the rest of the United States Special Operations Command. If the Methods used by NSW are only possible in the scope of NSW due to their sizeable budget, would it be possible to find a similar method at a lower cost to the department of defense. And if this is not possible, research to find an equally effective treatment method or atleast a more effective method than the method currently used should be funded.

This has the prospective possibility to effectively prevent suicides among active duty personnel and veterans if the data collected proves that the PTSD and Combat Stress treatment in NSW is the primary cause of NSW’s low PTSD and Combat Stress related suicides.

Methods

Out of the 10,166 members of NSW currently, 8,985 are Active duty or reserve military personnel and 1,181 are civilian contractors, of these 8,985 military personnel 2,450 are Navy SEALs, 600 are SWCC and 5,935 are classified as support personnel (NSW 2017). Out of this small population this research hopes to interview between ten to twenty members in order to establish a base knowledge of what is being done to help these members treat their PTSD and Combat Stress which had been acquired through combat action over the course of the Global War on Terror.

In hopes to gather diverse research results, the interviewees will be an even split between west coast Navy SEAL teams stationed at NSW Center Coronado in Coronado, California and east coast Navy SEAL teams stationed at Naval Air Station Oceana in Virginia Beach, Virginia. This should provide viable research to the Standard Operating Procedure for PTSD and Combat Stress Treatment in NSW or surface any differences in PTSD and Combat Stress Treatment between NSW West and NSW East.

If the treatment for PTSD and Combat Stress differs between the two divisions of NSW this would provide two possible ways for the department of defense to try to implement a more effective form of treatment for PTSD and Combat Stress. This would allow for the ability to be better conformed to the populous that it is addressing because if the west coast division on NSW is treating PTSD and Combat Stress differently than the east coast division of NSW this would most likely mean that the treatment has been conformed to better treat the units which are affected rather than using a single “one size fits all” approach to the treatment of PTSD and Combat Stress.

This data set will have been chosen at random, with parameters that only limit them by duty station, combat action and the interviewee's actual attachment to a actively deploying combat team(ie: not support staff who are not on the teams constant combat roster). This would include interpreters who are only involved in less than 50 percent of all combat operations or any other personnel who are only active on certain missions. However, the data set is not restricted to only Navy SEALs, possible interviewee's could also include Navy Master At Arms (MAA) dog handlers, Navy Explosive Ordnance Disposal (EOD) personnel or Special Warfare Combatant Craft (SWCC) crew members may also members of the interview pool as long as they fit the criteria that was previously given.

Results

The results of the research are as follows, it is given in the order of which the questions were asked and the results fully reflect the views of those who participated in the study. The results of this study are based on the responses given by thirteen individual members on the NSW community both past and present who were active during the Global War On Terror (GWOT).

The first question asked was as follows "In your opinion has Naval Special Warfare properly prepared you for Combat Stress and the prevention of Post Traumatic Stress?". Of the survey group, eleven of the participants responded with yes (84.6%) while only two responded with no (15.4%). This shows a strong belief that NSW has adequately prepared the operator for their job and prevention and treatment for Post Traumatic Stress and Combat Stress.

The second question was asked as follows "In your opinion is enough done to prepare Naval Special Warfare members for Combat Stress and prevention of Post Traumatic Stress?".

Of the survey group, eight participants responded yes (61.5%) while five participants responded no (38.5%). This shows an almost perfect division over the idea that NSW does enough to do enough to prevent Post Traumatic Stress or Combat Stress.

The third question was asked as follows “Do Naval Special Warfare members have easy access to treatment for Combat Stress and Post Traumatic Stress?”. Of the survey group, eleven participants responded yes (84.6%) while only two of the survey participants responded no (15.4%). This shows a very strong belief that the members of NSW have easily accessible treatment and preventative measures for Post Traumatic Stress and Combat Stress.

The fourth question was asked as follows “In your opinion is the required treatment for Combat Stress and Post Traumatic Stress effective?”. Of the survey group, three participants responded yes (23%), while a majority of ten participants choose no (77%). This shows that a decent majority of NSW members believe that the treatment that is required by NSW is ineffective or does not contain the effectiveness required to successfully combat Post Traumatic Stress or Combat Stress.

Discussion

After multiple interviews it was very clear that Post Traumatic Stress and Combat Stress is very evident in the NSW community, and that they are not exempt from the horrors of warfare. However, one of the things found through the research process was that because of the almost two plus years of training most of the members of NSW are planning on spending a good portion of their lives in NSW. In addition to this, the relatively small size of the NSW community causes a strong brotherly bond to be created among its members, which is dissimilar to bonds formed in the conventional forces.

Unlike the bonds found in the other branches of the military that bond service members together after serving for one or two deployments together, the bonds in NSW are developed over the course of a large number of deployments (four-seven on average) allowing for a closer relationship as these men are often spending five plus years (after completion of training) in NSW's tight knit community. Giving these men a sense of obligation to help their friends with everything from buying groceries to helping them cope with the impacts of PTSD and Combat Stress.

It was evident that one of the main reasons for these special operators to be better equipped for the stressors of their job was the ability to compartmentalize their job and outside life. This meaning that these team members are able to separate what they do at work from their lives while not working, As well as justify their actions while deployed and in combat situations, allowing for a more sound mind without Post Traumatic Stressors.

In addition, the United States Special Operations Command (SOCOM) in conjunction with the Naval Special Operations Command (NAVSOC) operates decompression camps for operators to use after lengthy deployments abroad. These decompression camps are a week or two in length and the Operators are able to spend time with their families in a calm and non work environment. The camps are operated on Naval bases in remote areas with cabins for individual families, similar to those found at a vacation resort.

This coupled with the mental strength involved in actually getting into NSW creates an environment where these Operators are practically designed to be impervious to the effects of Post Traumatic Stress. In regards to the results, the first two questions asked were about the effectiveness of NSW's preventative steps to prevent PTSD, a majority of the survey pool

responded with yes to both questions, with the most common reasoning for this being the intense levels of training required of NSW members.

The training involved in becoming a member of NSW involves a six month three phase training, known as Basic Underwater Demolition/ SEAL (BUD/S) training. The first phase is eight weeks of intensive training designed to cause the most recruits to drop on request (DOR), meaning that it is built so only the strongest physically and more importantly mentally pass on to further training. In addition, three weeks into this training is “Hell Week” a five and a half day stretch where candidates are subjected to minimal sleep, excessive exercise and high stress levels. On average only two thirds of candidates pass through “Hell Week” meaning that only those with the mental strength that is needed to be able to compartmentalize and successfully battle Post Traumatic Stress and Combat Stress advance onward through training. After First Phase the candidates learn the skill sets that make them Navy SEALs.

The other divisions of NSW, Special Warfare Combatant Craft and Naval Explosive Ordnance Disposal, have training which is similar to that of the training of Navy SEALs. The main goal of these training pipelines are to find the individuals who have the mental strength to succeed in the high stress environments which they will most likely be placed in at some point in their career as a member of NSW.

The final two questions asked were in regards to the effectiveness of NSW’s required PTSD Treatment, and the availability of NSW’s nonrequired PTSD Treatment. While a vast majority of those surveyed feel that there is easy access to treatment, many choose not to use this treatment because they know if they try to get treatment and it is determined that they suffer from PTSD they can lose their security clearance and consequently losing their deployability

status. This essentially makes the operator unable to perform their job in any capacity and reduces their pay a great amount because they are no longer eligible for hazardous duties pay, which accounts for a good amount of a Special Warfare operator's income.

The members of NSW are often unwilling to try and get any form of treatment that is not required because they fear that asking for help will end their career. And for individuals in the NSW community, their career is everything to them because of the time it has taken to get to where they are. Not only can it possibly ruin their Navy career, but it can also almost completely ruin any chance for them to find good employment after the military because it goes on their permanent record as a mental Disorder.

In addition to this a Majority, 77 percent of those surveyed, stated that the required treatment is ineffective, which in turn means that the nonrequired treatment that is available is ineffective. This is because the treatment made available by the Navy is the same treatment as the required hour long post deployment treatment, only just additional hours. This is not a viable option for these men, because not only does it threaten their career, but adding additional time on to an already ineffective treatment will not make it effective.

Based on the interviews conducted, the only effective treatment these men can often find, are from private practices off base which the operators have to pay for out of their own pocket. And even then most of the available treatment is not one hundred percent effective.

In addition to this, it was clear that NSW has a set of standard operating procedures (SOPs) which differ from a majority of the military and the differences in these standard operating procedures are most likely a causing factor to the lower PTSD rates. These SOPs include complete team involvement in the planning of any operation and a comprehensive after

action report (AAR). The ability for each and every member of an operating team to be involved in the planning process allows for the members of the team to understand the operation in its entirety and have the ability to feel that the planning is correct because the entire team agreed on the planing. In addition, the knowledge the entire operations plan assists in the operators ability to properly prepare themselves for the initiation of combat which reduces the amount of stress put on the operator.

Additionally, the comprehensive AARs which are completed after each mission allow the operator to relive the operation step by step and piece together memories and reduce the amount of combat stress put on the operator. The ability to relive the traumatic incident is proven to be one of the best ways to prevent and treat the symptoms of PTSD (Taylor 2007).

Conclusion

This Study shows that the reason NSW has some of the lowest Post Traumatic Stress and Combat Stress related suicides, is that the members are better equipped to handle the stressors of warfare based on their training alone. Most of the results show that the ability to duplicate these conditions for the rest of the Department of Defense would be nearly impossible, because NSW's low post-traumatic stress and combat stress related suicide rates are only achievable if you have the right candidate from day one. The ability for a majority of the combat occupations to have personnel with this level of mental strength ,because as seen in NSW out of the hundreds of candidates yearly, only less than ten percent will have the mental capability and strength that allows them to succeed.

For an overall reduction in post-traumatic stress and combat stress related suicides throughout the Department of Defense, a successful treatment will have to be found or the

overall mental strength of the populous must greatly increase. The possibilities for new more successful treatment is very low because the most prevalent treater of PTSD is the United States Department of Veterans Affairs and they are less likely to switch treatment methods because they are a government agency and in order to change treatment methods it must be voted on. And one could submit that due to the high amount of prescriptions written by the United States Department of Veterans Affairs the pharmaceutical industry and their lobbies will try very hard to stop any change that would cut in to their largest prescriber of Post Traumatic Stress drugs.

Limitations

Some of the major obstacles faced throughout the duration of this project came from the lack of research or lack of available research into NSW's treatment and preventative measures for PTSD and Combat Stress. In addition to this most of the data surrounding this topic is classified by the Department of the Defense due to operational security. Because of this in order to get any Department of the Defense funded research data the study was required to file multiple freedom of information act requests. However, most of these requests have been either denied or put on an indefinite hold. The Department of Defense cited operational security as the reasoning behind the denials of the FOIA requests. From what the study has learned from multiple conversations with those at the Department of the Defense's freedom of information act request office is that the Naval Special Operations Command and the Department of the Navy holds on to most records for up to ten years before allowing these documents to be released to anyone without the proper level of security clearance or a federal court order.

In addition to this the relative small size of the community and the privacy most of its members hold closely, it was hard to find personnel which were open to being interviewed or

surveyed for the purpose of this study. This made it difficult to create a large survey pool of diversely different experiences in NSW. In order for a larger scale survey, the Department of the Navy would have to sponsor the study and grant security clearance to those collecting data.

Further Directions

If this study were to be conducted in the future it would need a larger amount of time in order to create a larger survey pool. It would also be extremely beneficial to conduct this study in conjunction with the Department of the Navy and the United States Naval Special Operations Command. This would allow for a large active NSW survey across all SEAL teams, Special Warfare Combatant Craft crews and Navy Explosive Ordnance Disposal teams. The vastness of a survey like this would provide the most accurate data and allow for an advancement in Post Traumatic Stress and Combat Stress treatment and prevention with in NSW.

This study could also be expanded into the other special operations communities of the other branches of the United States military. With this expansion, the study would be able to discern similarities and differences in PTSD and combat stress treatment between the branches and allow for a mutual exchange in treatment and prevention information and methods as well as data regarding the effectiveness of such treatment. The research possibilities of a study like this could help lower the suicide rates of active duty and veteran members of the military and an advance such as that could change the public's views on military personnel and veterans and their mental stability. A change in the public opinion on the mental stability of active duty and veteran members could lead to a lowering of veteran poverty and an increase in enlistment in the military.

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