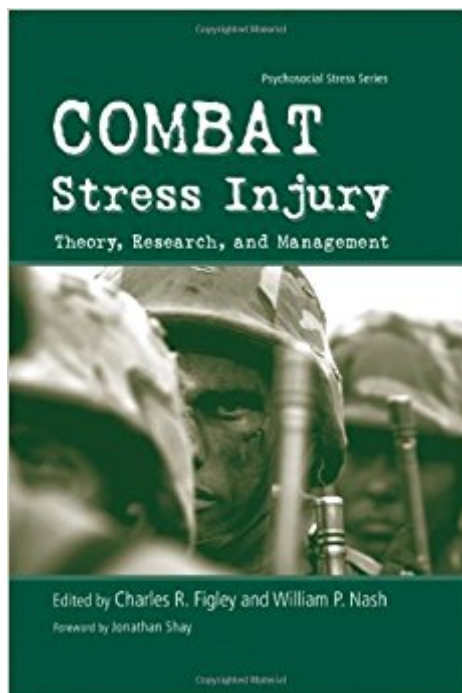




The book was found

Combat Stress Injury: Theory, Research, And Management (Psychosocial Stress Series)



Synopsis

Combat Stress Injury represents a definitive collection of the most current theory, research, and practice in the area of combat and operational stress management, edited by two experts in the field. In this book, Charles Figley and Bill Nash have assembled a wide-ranging group of authors (military / nonmilitary, American / international, combat veterans / trainers, and as diverse as psychiatrists / psychologists / social workers / nurses / clergy / physiologists / military scientists). The chapters in this volume collectively demonstrate that combat stress can effectively be managed through prevention and training prior to combat, stress reduction methods during operations, and desensitization programs immediately following combat exposure.

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Customer Reviews

"Charles Figley and William P. Nash have made a significant and cogent contribution that helps to frame combat stress injury and interventions in a refreshing and helpful paradigm. Figley and Nash have done an impressive job of arraying 30 professionals whose contributions help frame the complex interplay of the mental and emotional wounds that too often result from the trauma of combat, and these authors identify ways to prevent and/or manage the potential consequences of operational deployments. The editors have challenged their contributors to help military commanders by providing those leaders, who bear primary responsibility for the welfare of their war fighters, with the necessary tools to help preserve the fighting strength and protect the long-term health of their military member and his or her family. On all accounts, Figley and Nash have

powerfully and significantly achieved what they set out to do. To effectively position health-care providers, the clergy, and commanders to handle [the] collective expression of operational fatigue and stress, Figley and Nash offer the right paradigm at the right time." - Thomas J. Williams, PsycCRITIQUES, Contemporary Psychology: APA Review of Books "Both editors of Combat Stress Injury have boots-on-the-ground military experience, as well as being a practicing psychologist (Figley) and physician (Nash), and it shows in their selection of chapters addressing PTSD and related mental health syndromes associated with combat. This book is a great place to start for professionals who are serious about understanding the unique tribulations of our uniformed service members who live with the prospect of death and disablement to preserve what we all value." - Laurence Miller, PhD, International Journal of Emergency Mental Health

Charles R. Figley, Ph.D., CT, MT, is President and Founder of the Green Cross Foundation and Professor at the School of Social Work at Florida State University. He is founder and director of the FSU Traumatology Institute (formerly the Psychosocial Stress Research and Development Program). He is an elected Fellow of the APA, APS, AAMFT, the American Association for the Applied Psychology, and the American Orthopsychiatric Association. Figley is the Founding President of the International Society for Traumatic Stress Studies (ISTSS). He is a longtime Taylor & Francis author, and currently serves as the consulting editor of the Psychosocial Stress Series. William P. Nash, M.D., is a Captain, Medical Corps, United States Navy, and Operational Stress Control and Readiness (OSCAR) Program Psychiatrist, 1st Marine Division, Camp Pendleton, CA. Dr. Nash is also an Assistant Clinical Professor of Psychiatry, UC San Diego

I'm a therapist who often works with returning soldiers from the Iraq & Afghan war, and I also train mental health workers to work with these soldiers. I found this book, like most in Figley's series, to be generally a good update, but with many chapters not terribly relevant, two sad omissions, and a disappointing treatment section. The best stuff: Section I, written mostly by the second editor, William P. Nash, a naval psychiatrist who has worked in Iraq. His three chapters (one co-written) represent the high point -- generally taking 30 years of Stress-Oriented PTSD theory, research and treatment, and applying them to these current wars. For those, like me, who've mainly worked with Viet Nam veterans, this helped bring me up-to-date with the current wars' realities. And he did a nice, unbiased review of other, non-stress views of PTSD/war trauma treatment. He's especially good in locating the "culture" problems of admitting PTSD, both in individual soldiers and in the military at-large. I found these chapters (2-4), plus Chapter 6, on the links of physical injury and

PTSD (all together about a third of the book), well worth buying the book. Among other things, they put paid to that nasty claim (which resurfaced in the Army during this war, to our shame!) that PTSD is linked to a "pre-existent personality disorder". Certainly new traumas bring back earlier traumas, but it's clear: the cause of combat PTSD is combat. Here, however, there were two sadly disappointing & serious omissions. First, there's nothing about traumatic brain injury, which in my experience is extremely common, at least in its "milder" forms, and not uncommon in its more severe forms, which then become another layer of trauma to the soldier's PTSD, not to mention sometimes a barrier to remembering and so to treatment. Second, he doesn't deal with the effects of repeated deployments with only a year's rest (or in the case of Marines, six months' rest). In my experience, repeated deployments may give "this war's" PTSD a different quality, which may need new awarenesses & present new difficulties in treatment. Both TBI & repeated deployments are serious omissions. Perhaps one other omission is more understandable. As a therapist of Viet Nam age (I did not serve.), I found that the young men of this war... well, as a therapist, they "hit" me in a different place inside. And I'm quite experienced with PTSD, including combat PTSD -- over half my caseload for over 20 years. So as a therapist, just be aware that you may need to do some new "internal work", rather than just hopping into this war's PTSD soldiers figuring it'll be the same as other wars' PTSD soldiers. (I've seen nothing written about this aspect of compassion fatigue.)

Charles Figley, for 30 years the Grand Old Man of PTSD, is an editor but, unfortunately, a co-writer of only the brief, Preface-like Chapter 1. He edited/wrote the books and the series that presented not only PTSD as a diagnosis (Stress Disorders Among Vietnam Veterans: Theory, Research, (Routledge Psychosocial Stress Series), but also presented so many issues crucial in understanding PTSD's scope and treating PTSD -- PTSD as a family disorder, aka Secondary Stress Disorder, e.g., *Treating Stress In Families*..... (Brunner/Mazel Psychosocial Stress Series, No 13), *[[ASIN:1574440470 Burnout in Families: The Systemic Costs of Caring (Innovations in Psychology)*, and *Treating Stress In Families*..... (Brunner/Mazel Psychosocial Stress Series, No 13); and the PTSD of those who treat PTSD, aka, Compassion Fatigue, e.g., *Compassion Fatigue: Secondary Traumatic Stress Disorders In Those Who Treat The Traumatized (Series in Psychosocial Stress)* and *Treating Compassion Fatigue (Brunner/Mazel Psychosocial Stress Series)*. To me, it was disappointing that he didn't do more writing. There were bits and pieces of interest in the final section -- treatment approaches. But in general, I think they'll perhaps lead you to further reading about some specifics rather than, overall, guide or re-arrange your treatment of PTSD. But I still believe the three chapters by Nash, along with the chapter linking PTSD to physical injury, are worth buying the book. You can give the rest a skim, and probably get something

worthwhile. Mostly, though, we're still waiting for a research-based, multi-authored book that truly covers THIS war, including TBI's and multiple deployments.

Great reference for studies in combat stress, PTSD and moral injury.

Military mental health experts tell us that the "signature injuries" in returning veterans of the Iraq and Afghanistan wars will be posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI). If that's true, then books like the present come at just the right time. Both editors of *Combat Stress Injury* have boots-on-the-ground military experience, as well as being a practicing psychologist (Figley) and physician (Nash), and it shows in their selection of chapters addressing PTSD and related mental health syndromes associated with combat. The book is divided into three sections. The first covers the biological, psychological, and social aspects of combat stress. The level of detail in these chapters might overwhelm the average mental health clinician seeking a basic summary of stress and trauma psychophysiology, but the comprehensiveness of coverage provides a solid scientific foundation for anyone who still thinks that "stress" is some airy-fairy concept cooked up by mental health academics with too much free time. Indeed, a theme that runs through this book is that an adverse reaction to the experience of combat should not necessarily be seen as a "disorder" per se, but rather represents a psychological injury as real as a fractured skull or amputated leg. Also discussed is the individual variability of resilience: why some service members succumb to combat stress injury, while others seem to adapt, and a few even grow stronger. The chapters in Section II offer a set of studies, including one on the delayed effects of combat stress on long-term mortality, i.e. combat stress can act as a sleeper weapon, coming back to bite the veteran at the tail end of his or her life. Another chapter debunks the clinical myth that physical injury mitigates the effect of psychological trauma supposedly because the veteran now has something "real" to justify his disability. If anything, the research shows that physical and psychological injuries are additive: one worsens the effect of the other, and each needs to be taken seriously. Trauma leaves a wide wake, and a third chapter in this section reports on the effects of secondary traumatization on spouses of injured veterans. Section III details a variety of prevention, intervention, and treatment programs for combat stress injury being field-tested for use with military service members. These include medication management, peer support programs, experiential treatments for combat stress, virtual reality applications, a comprehensive trauma risk management (TRIM) program used by the Royal Marines, the utility of using friends and families as resources, and the role of spiritual counseling. No book has everything, and I would have liked to see a chapter or two on applications

of individual counseling and therapy approaches to combat stress, which would be of most interest to practicing clinicians who treat military veterans and service members. But this book is a great place to start for professionals who are serious about understanding the unique tribulations of our uniformed service members who live with the prospect of death and disablement to preserve what we all value.- Laurence Miller, PhD, International Journal of Emergency Mental Health

PTSD is increasingly recognized as a disease among our servicewomen and men who are returning from combat zones. The military has been slow to recognize and treat this disease in an effective manner and continues to be deficient in providing enough counselors, psychologists, and psychiatrists to render front line and follow-up treatment. This book is a great first read for parents, spouses, children, brothers and sisters, and other relatives who want to be well informed about what to expect when their loved one returns. It is also a good refresher course for those seeking continuing education on the topic.

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