



**DEFENSE CENTERS OF EXCELLENCE**  
For Psychological Health & Traumatic Brain Injury

# **PTSD: What Unit Leaders Need to Know**

## **What is Post-traumatic Stress Disorder?**

PTSD is a medical disorder that results from exposure to one or more traumatic experiences. PTSD can affect a person's thoughts, feelings and behaviors—resulting in a range of symptoms. Untreated PTSD can severely damage someone's career, and it's important for leaders to recognize PTSD and get service members into care. The following graphic can assist leaders with understanding some of the signs service members may show at work and also provides an understanding of some of the deeper issues that might be under the surface.

## **Facts about PTSD:**

- PTSD is a common psychological health disorder and is even more common after combat
- PTSD can affect anyone, from the newest recruit to the commander in chief
- Nearly eight percent of Americans are diagnosed with PTSD during their lifetimes
- PTSD is a treatable psychological health disorder with several effective treatment options available

## **TIP OF THE ICEBERG**

Irritable

Lost in Thought

Easily Startled

Hyper-Alert

Avoiding Crowds/  
Triggers



## **BELOW THE SURFACE**

Anxiety Attacks

Dissociation/  
Lost in Thought

Nightmares/Intrusive Memories

Strong Reactions to Triggers

Fatigue (Excessive Tiredness)

Avoiding Things that  
Remind Them of Traumas

Insomnia/Poor Sleep

Poor Concentration



## TIP OF THE ICEBERG

It's easy to assume that a service member who starts making mistakes, is 10–20 minutes late to formations at times and is now irritable just has a “bad attitude.” A good leader will know to look beyond the surface and will look into **why** the member's behavior has changed.

## BELOW THE SURFACE

For a service member struggling with PTSD, the symptoms make getting through the day very difficult. Many service members are functioning on a few hours of sleep, avoid things that bring up memories of traumas (triggers) and have other symptoms like anxiety attacks, nightmares and memories they can't keep from popping into their heads. Most of these symptoms aren't visible to others in the unit.

## What can you do to help your service members?

- Know your service members so that you recognize when their behaviors change dramatically
- Give your service members the benefit of the doubt—if you do notice dramatic changes, inquire about the changes rather than make assumptions
- Know the symptoms of PTSD and don't be afraid to ask if a person has them
- Try to encourage service members who need care to go in for help, recommend that they look into off-base or online resources if they are hesitant

## Things to avoid when it comes to helping

- Don't try to act as a counselor or therapist—if the service member needs help, encourage them to see a professional
- Don't ignore the problem—hoping the person “snaps out of it” is not an acceptable plan
- Don't remove them from leadership positions simply because they have PTSD
- DO NOT leave a service member who is suicidal alone—immediately get them to a professional qualified to do a medical evaluation
- Do not discuss the service member's issues with others in the unit

# **Why Every Unit Leader Needs To Care About Psychological Health Conditions**

Leaders at all levels need to know the realities of how psychological health conditions affect the unit's ability to perform its mission. Untreated psychological health conditions can lead to a loss of personnel or a loss in mission capability.



## Loss of Personnel

- **Administrative Separation**—Service members who have unrecognized psychological health conditions are at risk of separation for pattern of misconduct (driving under the influence, insubordination, unauthorized absence/absent without leave)
- **Medical Separation**—When service members delay care too long, psychological conditions may worsen and increase the likelihood of a medical separation
- **Suicide**—Service members who feel trapped with no options may turn to suicide

## Loss in Mission Capability

- **Attrition**—Units that lose too many personnel due to not recognizing problems and/or delaying getting service members into care may not be able to meet their missions
- **Low Productivity**—Service members who suffer from PTSD or other conditions are not able to perform at their best
- **Mistakes**—Service members who are not able to concentrate and are tired from lack of sleep are more likely to make errors, which can affect a unit's ability to meet requirements



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