



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

# Historical Evolution

Shaping the concept and treatment of  
PTSD in the 20th Century

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# Three Perspectives

- Prevention of war trauma through screening of individuals unsuitable for combat
- Immediate treatment of signs/symptoms of war trauma
- Long-term care after exposure

# World War I – Beliefs about War Trauma

- Screening out those vulnerable to breakdown because of “stable characteristics” like genetics, temperament, childhood history, etc.
- Treatment was removal from unit to rear for specialized treatment
- Return to service and recovery rate low/issue of reinforcement because of compensation/question of malingering

# World War II – Changes to Treatment

- “Shell shock”: seen as psychological reaction to combat stress vs. predisposed factors
- “Forward psychiatry” proposed initial treatment close to front and immediately as first tier
- Concept rejected by mainstream and replaced with more stringent screening
- Strategic failure resulting in double rates of war trauma and increased rejection of conscripts
- Forward/rapid treatment embraced mid-war with greatly improved outcomes

# World War II – Emergence of Post-deployment Focus

- Post-treatment aided by post-war America
  - GI Bill
  - Booming economy
  - Creation of Department of Veterans Affairs (VA) hospitals
  - Resilience related to levels of support and morale

# Vietnam Era

- Quick and successful treatment at front seen as mitigating long-term consequences
- Any long term disability viewed as due to pre-existing condition
- Grass-roots movements increased services to veterans
- Diagnostic and Statistical Manual (DSM) III diagnosis acknowledged delayed onset of symptoms

# Operations Desert Shield/Storm

- Treatment use hindered by stigma
- Unable to identify unique cause of symptom clusters
  - psychogenic vs. medical
- Treat spontaneous symptoms believed to be related to wartime conditions
- Resistance to symptoms included under umbrella of PTSD

# Operations Enduring/Iraqi Freedom (OEF/OIF)

- Pre-clinical prevention
- Resilience/Recovery/Reintegration
- Primary care setting as initial intervention-stepped care model
- Focus on comorbid conditions, especially traumatic brain injury (TBI)
- Emerging technologies allow increased understanding of biological correlates



# What Does History tell us?

- Effects of war trauma are environmentally induced
- Forward treatment is necessary but not sufficient for recovery
- Flexible treatment approaches to meet unique needs should be available
- Morale and support have strong impact on outcomes
- OIF/OEF veterans may have unique profiles
- Anticipation and reduction of treatment stigma is important