
AOTA's Societal Statement on Combat-Related Posttraumatic Stress

Self-report of symptoms of post-traumatic stress disorder (PTSD) have tripled among combat-exposed military personnel, compared to those who have not deployed, since 2001 (Smith et al., 2008). Tanielian and Jaycox (2008) have estimated that approximately 300,000 military personnel previously deployed to Iraq or Afghanistan currently experience PTSD or major depression. Military personnel are returning home and demonstrating signs and symptoms of combat-related PTSD, such as nightmares, flashbacks, memory loss, insomnia, depression, avoidance of social interaction, fear, decreased energy, drug and alcohol use, and the inability to concentrate. These signs and symptoms could affect these individuals' ability to effectively negotiate their personal lives and work roles. Specifically during work, the avoidance of social interactions and avoidance of situations that resemble the traumatic event may interfere with coworker relationships or may be perceived as the lack of motivation or ability to be successful in a work setting (Penk, Drebing, & Schutt, 2002).

Combat-related PTSD not only affects military personnel but also the family and the community in which military personnel interact. If unidentified and untreated, the effects of combat-related PTSD may have a delayed onset and cause problems such as depression, social alienation, marital communication problems, difficulty with parenting, and alcohol and drug abuse, and each can cause a disruption in military personnel's personal lives, professional abilities, and overall physical and mental health (Baum, 2008). It is vital for military personnel and health care providers to be educated on these signs and symptoms and detect them early to ensure that military personnel receive adequate opportunities for prompt intervention services and to access support. This is something that occupational therapists and occupational therapy assistants can do.

The overarching goal of occupational therapy for military personnel coping with combat-related PTSD is to use strategies to help them recover, compensate, or adapt so they can reengage with activities that are necessary for their daily life. Occupational therapists and occupational therapy assistants also help military personnel coping with combat-related PTSD to develop strategies to self-manage the long-term consequences of the condition. These strategies are important to promote their health and participation in family, community, and military life because these strategies support their ability to engage or re-engage in daily life activities and occupations that are necessary and meaningful to them. Because of their knowledge and skills in addressing the physical, cognitive, and psychosocial factors associated with combat-related PTSD, occupational therapists and occupational therapy assistants bring broad expertise to help personnel identify the barriers that are limiting their recovery and participation in meaningful activities (American Occupational Therapy Association [AOTA], 2005). AOTA supports recognition of and intervention services for military personnel coping with combat-related PTSD, including research, advocacy, education, and resource allocation consistent with professional standards and ethics.

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Adopted by the Representative Assembly 2008CS84

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