

ADRENALINE

Flipping off the switch can save your life

Sgt. Chad T. Jones

A Soldier who has recently returned from Iraq might experience a need for a combat-level rush, called adrenalin addiction. The cravings for this excitement could kill him, but a patient, informed leader can intervene to save the Soldier's life.

Every Joe has heard the story.

Young Soldier fresh off of a six-to-12 month deployment meets his death soon after making it home because he decided to do something less than safe. The causes: driving too fast, drinking too much or getting too high (illegally or legally), are harped about during safety briefings, but what's not always mentioned during those same briefings is why these things happen. Why does the Soldier drink? Drive too fast, or get too high?

There are plenty of answers a leader can point to such as alcoholism, but now another addiction is popping up at the end of this deadly equation.

Adrenaline addiction is something Soldiers returning from deployment are susceptible to, and is described as the need to engage in excitement-seeking behavior, said Col. Robert Gifford (Dr.), associate professor of psychiatry, Uniformed Services University of Health Sciences.

"Soldiers, when they come back from a deployment, have often been observed engaging in 'excitement-seeking behavior.' It includes a lot of people who liked excitement before and Soldiers who come back [from a deployment] and miss the excitement, and sense of purpose that comes with a deployment," Gifford said.

Usually, Soldiers are able to adjust their lifestyle or compensate for the lower operation tempo, but unfortunately other Soldiers "can't find adequate ways to fulfill themselves, and they become excitement junkies," said Lt. Col. (Dr.) David M.

Benedek, associate professor of psychiatry, Uniformed Services University of Health Sciences.

Specific evidence stating why a Soldier seeks danger is not existent, Gifford said. But a popular opinion among medical professionals is that Soldiers are trying to replace the constant adrenaline needed to be successful in a combat environment.

"Operational or combat environments require a sense of alertness all of the time and it is very difficult to turn that off when you return home. Even though Soldiers are glad to be home, many found features they enjoyed while deployed," Gifford said. "Sure it's hot and miserable, but there is a sense of purpose. Suddenly, you're home and those senses of purpose or excitement are suddenly gone, and people may not want to give that up so quickly."

One way emotion leads to the reckless behavior is that Soldiers feel indestructible when they get home because they survived combat.

That carelessness or sense of being indestructible can be dangerous, Gifford said.

"Clearly any person who gets involved with risky behavior puts themselves in a position to get hurt, or killed," he said. (See graphic below).

Gifford doesn't believe adrenaline addiction should be looked at like common addictions such as alcoholism or nicotine. Instead, he considers the term adrenaline addiction only as a "nice description."

That's because there currently isn't any data that states a biochemical change occurs in the body or proof that a person becomes worse without the adrenaline.

"There is no known withdrawal syndrome, and therefore it doesn't fit the disease model," Gifford said.

Each behavior also has specific results and they include:

Action:

- Sexual Behavior
- Drinking
- Drug Use
- Driving Behavior
- Violence
- Depression
- Financial Behavior

Outcomes:

- STDs/Pregnancy
- DUI/Reckless behavior
- Misconduct/Arrest
- Accidents/Death
- Assault/Arrest
- Suicide
- Bankruptcy

However, there are some similarities. Namely, the cravings victims go through.

These cravings can lead to reckless behavior, but the one positive aspect about them is that they give leaders signs to look for, Benedek said.

Some signs, anxiety and hyper activity, are easily detected. Others unfortunately are not. They include a Soldier being afraid to go to the range, displaying excess anger, coming to work smelling of alcohol, or constantly being tired, Benedek said.

Upon detection, leaders have many options they can use to help the Soldier.

“There are a variety of mental health sources,” he said, but many Soldiers feel more comfortable talking to Chaplains or someone else. The important thing is to get the problem surfaced.”

Once the problem is brought to light, it’s important to figure out why the behavior is occurring. “Reckless behavior may be a signal of a number of illnesses or situational things that might resolve itself on its own or it might take a medical professional to figure out what to do,” Gifford said.

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Leaders should be reflective; other people might react differently to this situation.”

Soldiers also worry that having a stress reaction or disorder can have a negative impact on their careers, Riddle said.

And as far as their careers go, they are not entirely wrong. The family of combat stresses can have a negative impact on a military career. Not because seeking mental health assistance will be carried in some mysterious “file,” but because not seeking help can result in behavior problems ranging from malingering to commission of war crimes and atrocities in the combat zone to alcoholism through suicide on the home front. By Army doctrine, these actions are not excused because the person is suffering from one of the varieties of combat stress.

Army doctrine also puts the onus of mitigating the family of combat stress disorders on leaders.

That’s exactly where it should be, Riddle said. Leaders should do all they can to address the stigmatization of stress reactions. Leaders must fight the perceptions Soldiers might have.

Some leaders might have first hand experience they can share, he said.

Sergeant Maj. Jesse McKinney, School Secretariat, U.S. Army Sergeants Major Academy, surveyed 100 students at the Academy to support his Masters’ Thesis on stress in the Army. Of this group, 67 had served in hostile environments. Of the 67, 63 percent reported 11 or more indicators of Post Traumatic Stress Disorder. Six percent reported having been previously diagnosed with PTSD. Eleven percent believed they have PTSD. Seventy-two percent of the group said they had wounded or killed an enemy Soldier. Seventy-nine percent witnessed fellow Soldiers being wounded or killed. McKinney’s results show one other interesting trend. The response to four separate survey questions was 38 percent. That percentage reported sleeplessness resulting from fear or nightmares; witnessing a close friend being wounded or killed; unpleasant memories affect family life now; and an increase of health ailments that couldn’t be logically explained.

Almost all, 92 percent, had feelings of assured doom while in

Leaders can also help Soldiers get involved with positive activities that can fill their needs like joining an intramural team, picking up a new hobby or even reading a book. These types of activities keep Soldiers from getting to the point where they have to do something, said Benedek.

Leaders also should keep their Soldiers informed and busy. “Leaders need to tell their Soldiers things to avoid doing upon returning from deployment. Soldiers need to know not to go party down right away, drink a lot or drive too fast,” Gifford said.

“Leaders need to give their Soldiers meaningful work. Get them back into training so that they have a sense of purpose. The work won’t be able to compete with what was being done in a combat zone, but it has to be meaningful.”

The final way leaders can help their Soldiers get over their need for adrenaline is by being patient.

“Time is not the only cure, but it is a cure. Being patient can be enough for some, but for other’s its not and that’s where other, professional resources can come in,” Gifford said.

a hostile environment.

Those leaders can have a positive impact on junior Soldiers and their peers via informal counseling and sharing their past experiences during classes on stress reactions, Riddle said.

They can also work on something Castro calls “Building Battlemind.” This is not an inoculation against combat stress related reactions, but it might help mitigate negative combat stress. See page 23.

Leaders can also emphasize that PTSD is a real disorder, but it does not have to be a death sentence.

“It must start with the leaders. They have to tell young Soldiers, ‘this is real, it can happen to you. Answer the medical-survey questions honestly during redeployment. Honest answers are not going to delay your return home, but they will get you the help early, so that it does not become life-altering,’ “ Riddle said.

Soldiers should give honest answers to the redeployment mental health screening questionnaires, but often don’t.

“Many returning Soldiers, they say, answer ‘Not me, sir,’ in PTSD screenings simply because they want to go home. Immediately. ‘The basic thought in our unit was, ‘If you say yes to any questions, you will be held back from going on leave,’ “ said the Army infantryman,” Lyke wrote in his Seattle PI story.

Castro said this is a myth. Answering the questions honestly will not delay a Soldier’s return unless he is an immediate threat to himself or others.

“We are aware of this concern and that is one of the reasons we have instituted the 120-day survey,” Castro said.

The Army is also aware of the stigma and myths surrounding PTSD, and that is one of the many reasons it developed Army OneSource. Army OneSource phones are manned 24 hours daily, 365 days a year.

“We do assessments right over the phone and refer Soldiers to someone in their local area,” said Amy (One Source personnel do not give out their last names.) in Triage for Army OneSource. The toll-free number for CONUS is 1-800-464-8107 and OCONUS based personnel should call 484-530-5889, collect.