

Four Case Studies



DR. TOBY CANNING

Disclaimer



- None of the following individuals are real. Only common situations and symptoms are being described. However, because of the commonality of symptoms among soldiers you may “recognize” the soldiers being described. This is only a coincidence.
- Each of the four case studies a

SSG A



- **Sergeant A is 36 years-old.**
- **18 year military career, completed basic in HS.**
- **Good soldier. No previous problems in military.**
- **He is married and has two children.**

SSG A Continued



- He returned with his unit from a deployment to Iraq approximately one year ago. His attendance to drill has become sporadic. You've notice when he is at drill he has a hard time concentrating and does not stay on task. He also has a much quicker temper than prior to deployment.
- For the last two months he has missed drill by calling in with excuses.

SSG A's Action Plan



- **Identified a potential problem**
- **Gather information in an appropriate manner**
 - Talk with the soldier openly and honestly about your observations.
 - You can also gather information for other sources, but do so in a confidential, discreet manner.

SSG A's Symptoms



- **Hyper-vigilance**
- **Risk taking behaviors: driving fast & unnecessary risks**
- **Anhedonia & Boredom at work**
- **Difficulty sleeping**
- **Mind racing with feelings of anxiousness**
- **Conclusion: SSG A may be suffering from PTSD**

Referral for SSG A



- **SSG A's likely has two primary concerns:**
 - Fear of being stigmatized (negative consequences)
 - Concern about resources available
- **Available Options:**
 - VA
 - Military OneSource
 - Chaplains, myself, JFSAP, Vet Center
 - Local healthcare providers

SGT B



- **Sergeant B is 26 year-old, living with his girlfriend**
- **6 year National Guard career, who was deployed 3 years ago to Iraq.**
- **He's a good soldier, but has had some disciplinary actions taken for problem with drinking early in his career related to a DUI.**

SGT B's Story



- You've learned that the police went to SGT B's house a couple nights before drill. No charges were filed.
- He's made enough statements at drill that you believe he is frequently drinking heavily. He likes to go to the bar for a good time after work.
- You've attempted to talk to him about it, but he is closed to talking.

SGT B's Action Plan



- **What can you do if SGT B remains closed to discussing the situation or accepting help from a professional?**
- **Discuss the situation with your 1SG or others in command.**
 - The 1SG can bring in other NCO's trusted by SGT B if necessary.
 - You can also discuss the situation with the chaplain's as well.

SGT B's Referral



- **SGT B's main concern: Stigmatization (negative consequences for seeking help)**
- **Available Options:**
 - VA
 - Military OneSource
 - Chaplains, myself, JFSAP, Vet Center
 - Local healthcare providers

SPC C's Story



- SPC C is a 24 year-old with 4 years in the National Guard. He recently broke up with his girlfriend and has taken it quite hard. It has even begun to effect his work responsibilities.
- After making a mistake at work, a senior NCO strongly suggests that he get his act together. SPC C falls apart and becomes very emotional.

SPC C Continued



- **When a person falls apart emotionally, whatever the emotions may be, now is the time to talk with them. This is the time they are going to most likely open up and talk.**
- **In talking with SPC C he reveals that he is having a very difficult time with his breakup with his girlfriend of 2 years. He even makes the statement, “I don’t even want to live anymore.”**

SPC C



- Any statements about death should be taken seriously.
- Most people are afraid to ask, “Have you thought about suicide?”
- SPC C assures you that he is not going to kill himself, but admits that he has thought at times that he has felt like dying.

SPC C's Referral



- **Make sure a professional is contacted to assess the situation.**
- **Usually soldiers in this state are willing to talk with a professional.**
- **Make sure you get the soldier to his appointment. Don't assume that they will make it there without your help**

Atypical Problems



- **Psychotic Behaviors**
- **Bizarre and Unusual Behaviors**
- **Extreme anger, hostility, or paranoid Behaviors**

Atypical Problems



- **Remain calm and do not over react to their behaviors.**
- **Call the police if necessary.**
- **Notify command and appropriate healthcare professionals**