

DCoE *in* Action

Vol. 4 No. 2 ★ February 2011



Don't let stress win.
Wherever you are, you are not alone.

message from the director

news

feature

spotlight

news you can use



Scan this code with a QR reader on your smart phone to access previous issues.

message from the director



Hammer

What zone are you in?

Arriving in icy Virginia from sunny San Diego last month was a bit of a culture shock, but much welcomed. The cross country trip with a few of my prized possessions provided me the opportunity to see the Grand Canyon, and while assessing its enormity, appreciate the things in life that matter, let go of the things that don't and think about the upcoming task at hand as the new DCoE director.

This month's DCoE in Action focuses on the stresses of life in the military. No matter the uniform, duty status, career field, mission or if you are a family member, stress can come in all forms and affect everyone differently. It can range from healthy, unhealthy or a combination of both, and from mild, moderate to severe.

At times I will draw upon my experiences and the time I spent at the [Naval Center for Combat & Operational Stress Control](#) (NCCOSC) and on my tours in Iraq. No matter where you are in the chain of command it is important to understand what stress is and to be tuned in to your own mind and body. When stress is dealt with in a positive manner, your reactions to others and situations will improve and you will be in a better position to help yourself and those around you. The key is to recognize the stress and once recognized know what to do with it.

At the NCCOSC we used a continuum to monitor stress levels.

GREEN = READY

You are:

- Well-trained
- Prepared
- Fit and focused
- Part of cohesive units and ready families

You are mission-ready

YELLOW = REACTING

You are:

- Distressed or impaired
- Anxious, irritable, sad
- Experiencing physical or behavioral changes

You have a stress response

ORANGE = INJURED

- You suffer more severe or persistent distress or impairment
- Stress might leave lasting memories, reactions and expectations

You have persistent distress

RED = ILL

- Stress injuries don't heal without help
- Symptoms persist for more than 60 days, get worse or improve before getting worse again

You are mission-ineffective

I encourage you to become more familiar with your stress indicators, with those around you and most importantly know what to do with them. It will help to look for ways to cope with life's demanding situations on a daily basis. When you start to recognize your stress level increasing take a break, go for a walk, get a drink of water or call a friend. The important thing is recognizing and doing something about it. Of course, if at anytime you need immediate support, please reach out to those around you.

Capt. Paul S. Hammer,
U.S. Navy Medical Corps

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Editorial Policy

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Cover: U.S. Army 1st Lt. Jared Tomberlin, right, from Bravo Company, 1st Battalion, 4th Infantry Regiment gets a first hand view of the land with outgoing commander 1st Lt. Larry Baca from Charlie Company, 1-4th Infantry Regiment, United States Army Europe (USAREUR) on top of a ridge near Forward Operation Base Lane, Zabul Province, Afghanistan, Feb. 21, 2009. U.S. Army photo by Staff Sgt. Adam Mancini

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Blog






U.S. Navy photo by Joseph P. Cirone

Game Day

Service members at [Joint Base Anacostia-Bolling \(JBAB\)](#) in Washington D.C. watched the AFC Championship game between the Chicago Bears and the Seattle Seahawks Jan. 16, 2011 with special guests — a few gridiron pros.

The Game Day event, co-hosted by the [Real Warriors Campaign](#), the [NFL Players Association](#) and JBAB brought service members, family members and former NFL players together to share their passion for football, and discuss their real life experiences and similar psychological health concerns.

“Transitioning is our common thread,” said Ricky Ervins, former running back for the Washington Redskins and San Francisco 49ers. “When you’re [playing professional football], you’re at the highest peak of your life. When you’re done, you have to figure out how to fit back into real life.”

For more information about Real Warriors, click [here](#). 

Want quick DCoE updates straight to your inbox? Sign up here.



Virtual Reality Helps those with PTSD

—DCoE Communications

Imagine entering a virtual, safe online world to learn more about the disorder that troubles many of our nation’s service members and veterans: post-traumatic stress disorder (PTSD). Thanks to [Department of Defense \(DoD\)](#) technology, it’s now possible.

The [National Center for Telehealth and Technology \(T2\)](#), created the ‘Virtual PTSD Experience’ based in Second Life, to help service members, veterans and others experiencing PTSD. Visitors enter the virtual world through a [virtual space](#) to learn about PTSD causes, symptoms and resources.

Users choose an avatar, a graphic image that represents them, to enter virtual reality areas, experience simulations of combat events, and talk with other visitors online. A plane takes the service member from the combat experience to other areas, such as a shopping mall, to help them adjust to life at home again.

Sgt. 1st Class Jarret Jongema, who was severely injured by an improvised explosive device and diagnosed with PTSD, said the virtual reality environment is reflective of the real thing.


“I was in those exact same scenarios so I am going to react, in this particular case, as I would if I was there,” said Jongema.

All of the areas present information to help the user understand the effects of the deployment experience and offer resources for seeking help.

“We believe this is the first time DoD has used interactive simulations with the Web to help our military community with PTSD in the privacy of their homes,” said Dr. George Peach Taylor, Jr., principal deputy assistant secretary of defense for Health Affairs.

One of the major benefits of this virtual space is that the user remains anonymous, which can reduce the perceived stigma of seeking help. Families and friends can also benefit from this technology. T2 designed the Virtual PTSD Experience to help them better understand how PTSD affects their loved ones.

“We created an environment that lets people learn by doing, rather than reading text and watching videos on two-dimensional websites,” said Dr. Kevin Holloway, the psychologist who led T2’s virtual world development. “They can learn something new each time they visit.”

To learn more or enter T2’s Virtual PTSD Experience, please visit www.t2health.org/vwproj/. 

Military ‘Significant Others’ Find Comfort and Friendship

Robyn Mincher, DCoE Communications



Graduates of the Deployment Health Clinical Center specialized care program practice Yoga Nidra, a guided meditation that induces relaxation and healing for the body, mind and spirit. Photo courtesy of DHCC.

“You never feel more alone than when you’re surrounded by people who don’t understand. Now, I know that I’m not wrong in feeling frustrated, and it can be handled,” said Ariel Place, whose fiancé is coping with some post-deployment psychological health concerns. “This was really what I needed.”

What Ariel Place needed was the [Deployment Health Clinical Center’s](#) (DHCC) specialized training for the significant others of service members, and its success was evident as participants received their graduation certificates.

This special training is DHCC’s Significant Others Support Group (SOSG). The week-long series of educational sessions, mind-body activities and peer support discussions is open to the significant others of service members who’ve recently graduated from the center’s [Specialized Care Program](#) (SCP).

“Each time we had a group of veterans who came to us, they all reported ‘if only my significant other had a better understanding of what I’m going through,’” said Daniel Bullis, deputy director at DHCC. “We wanted to expand our blanket of care in the direction of spouses and significant others.”

Offered on the campus of Walter Reed Army Medical Center, Washington, D.C., the seminar was facilitated by the efforts of Pamela Woll, a writer and presenter on resilience, stress and trauma, and Victoria Bruner, director of Clinical Education and deputy director SCP Replication.

“We wanted to give them an opportunity for a narrative, a connection with other people and themselves,” said Bruner. “We want them to recreate a balance and experience a post-traumatic growth.”

Robin Carnes, an iRest Yoga Nidra meditation instructor, and Sheri Hall, a service member spouse featured in [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury’s Real Warriors campaign](#), were integral to the success of the program. Having spoken at military conferences and events about coping with service member psychological health issues, Hall was a pivotal part in the support group discussions.


“When we’re talking, I tell them that I’ve been in their shoes and I understand,” said Hall. “There’s light at the end of the tunnel. It may be small at first but it does get bigger.”

Along with providing a safe environment for the partners to share their experiences, the SOSG program teaches them holistic and integrative coping techniques, such as Yoga Nidra and Qigong, a series of practices (such as tapping points on the body) that manages energy flow within the body.

“Qigong essentially flushes your system,” said Carnes. “When extreme stress happens, it actually lodges in our bodies, and both yoga and qigong activate the healing process.”

What seemed to be the most effective modality was the natural element of peer support.

“We were just interested in each other’s stories and talked a lot about coping methods and our successes and noted the progress we’ve made,” said Place. “In this program we were able to ‘see’ each other.”

The participants have already set up a group online to continue support, and a second session is in the planning stages. 

CSTS Releases New Resources on Reestablishing Intimacy Post-Deployment

— Robyn Mincher, DCoE Communications

Center for the Study of Traumatic Stress (CSTS) recently released four fact sheets for health care providers and families that address the potential impact of physical and invisible injuries on service members' intimate relationships.

“When service members return from deployment feeling healthy, fit and strong, it is easier for them to resume their relationships, picking up where they left off,” said Dr. Stephen Cozza, associate director of CSTS. “However, the presence of post-deployment health issues, such as physical or invisible injuries, can make it more challenging to reestablish intimacy.


“When certain psychological conditions get in the way, such as post-traumatic stress disorder, mild traumatic brain injury, depression or anxiety, a service member’s ability to engage in intimate relationships may be more complicated,” said Cozza.



U.S. Navy photo by Mass Communication Specialist 3rd Class Sarah E. Bitter

The CSTS resources discuss the importance of a service member reestablishing a healthy, close relationship with their partner and touch upon the importance of addressing intimacy as one integral part of overall psychological well being.

“Post deployment intimacy is a critical

part of post-deployment health,” said Cozza. “A service member’s capacity to experience relationship satisfaction through emotional and physical togetherness is a critical factor in post-deployment health, and one that all health care providers should be alert to.” 

Tips for improving intimacy

Reestablishing intimacy after a physical injury is sometimes compounded by physical disability, pain, stress and/or stress-related disorders. Post-traumatic stress disorder, depression, anxiety and alcohol and/or drug misuse can interfere with one’s ability to enjoy emotional and physical expressions of intimacy, including sexual activity. Here are some tips to improve relationships affected by stress:

- Find ways to feel close, non-sexual as well as sexual
- Take time to work on building your relationship by spending time together doing things you both enjoy
- Talk about your feelings, hopes and desires with your partner at a time when you are both calm and ready to listen
- If your partner needs more time and space, respect that need
- Depending upon energy level and emotional availability, schedule intimate opportunities for times when both of you are more likely to be available and ready to participate
- Get treatment for post-traumatic stress disorder, depression, substance misuse, or any other problem that appears to be getting in the way of your relationship
- Ensure pain is well managed
- If medication treatment appears to contribute to intimacy problems, talk to your doctor

Service Members, Vets Find Help From Peers

Robyn Mincher, DCoE Communications

“This brought up a lot of stuff that I couldn’t really talk about with anyone else. It helped me in more ways than I can explain.”

— Dave Madsen, veteran and participant in Vets4Vets.

When a veteran attends a peer support program, they’re offered more than a pair of ears. Listening skills, role-playing and transition coping are just a few resources offered to veterans in these unique peer-based systems, which are a growing trend and proving to be a valuable resource in managing psychological health.

Three of these programs, [Vets4Vets](#) (V4V), [Amputee Coalition of America’s National Peer Network](#) (ACA/NPN), and [Combat Mindsaver](#) are spotlighted in a [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury](#) (DCoE) white paper entitled, “Best Practices in Peer Support Groups,” as resources that effectively encourage veterans to share experiences with each other, manage psychological challenges and ease reintegration.

The focus in these peer-based systems is help from a “battle buddy,” said James Hardiman, licensed clinical social worker with DCoE’s Clearinghouse, Outreach and Advocacy directorate.

“I can easily provide suggestions in a counseling session, but the discussion is dramatically different with a battle buddy – they are talking with someone who’s been there,” he said. “This special help comes from a peer who is viewed as less authoritarian and, in the end, the service member is more receptive to their advice.”

The V4V program was founded by Jim Driscoll, a Vietnam veteran. The listening skills taught by V4V help



U.S. Army photo by Staff Sgt. Daniel Yarnall

veterans identify common problems, share resources and encourage others to take action.

“In our workshops, veterans take turns listening to one another, keeping strict confidentiality and encouraging each other to express feelings associated with these stories,” said Abel Moreno, facilitator at V4V. “Participants love the experience. They find out that they’re not ‘crazy,’ they’re simply experiencing the inevitable psychological aftermath of war.”

Veterans are also encouraged to share experiences while attending [Combat Mindsaver](#), but with a theatrical twist.

“We have veterans role play on how to help a service member in distress as the facilitator coordinates feedback,” said Lt. Col. Phillip Holcombe, Ph.D., a veteran and co-founder of [Combat Mindsaver](#).

Through the program’s workshops, participants are educated through the S.A.F.E.R (Stabilize, Acknowledgement, Facilitate, Encourage, Reassure/Referral) model. [Combat Mindsaver](#)’s workshops are taught by trained veterans who develop class plans using slide presentations and even movie clips that can help open up discussion and role playing.

[See PEERS on Page 6](#)



U.S. Navy photo by Mass Communication Specialist 3rd Class Sarah E. Bitter

PEERS from Page 5

“We train fellow veterans to increase the chances that they will seek help once they get back home,” said Holcombe.

Peer support is particularly useful in transitioning from the battlefield.

“What I hear is a big issue when service members come back is that they’re not with their battle buddies anymore,” says Hardiman. “Battle buddies share a particular kind of honor that acts as a bridge because of what they have done together.”

Transitioning home is one component of the ACA/NPN for parents of amputee veterans. Since 2001, the coalition has embraced peer support as a way to address challenges and has trained more than 1,000 civilian and certified “peer visitors” to counsel and support amputees.

“Family members of amputees can be certified in our Parent Peer Visitor Program,” said Pat Isenberg, chief operating officer of the ACA.

The program is a one-day training session conducted by staff, health care professionals and volunteers. The training also certifies fellow amputee peer

“Battle buddies share a particular kind of honor that acts as a bridge because of what they have done together.”

visitors that the peer network matches up with amputee veterans, based on their similar journeys and preferences.

“We teach the peer visitors criteria for what they should or should not do, and teach them skills for interactions — how to ask very open-ended questions regarding experiences and family life. We also role play while setting up scenarios and walk them through it so when they go out in the field, they know what to expect.”

Peer visitors interact with amputee veterans during their stay at Walter Reed Army Medical Center in Washington, D.C., yet the bond isn’t broken when the veterans go home.

“We’ve developed phases of recovery from the time of amputation onward. Peer visitors support the family, and they become a friend. They’re looking to make that instant connection since the

Vets4Vets

Vets4Vets trains volunteer peer counselors through free weekend workshops. An optional free weeklong leader training seminar in Tucson, Ariz., leads to certification as a Vets4Vets peer support leader.

For more information, click [here](#).


Amputee Coalition of America’s National Peer Network

The network involves support groups and individual peer visitors (more than 1,000 civilian and military visitors have been trained since 2001) providing emotional, educational and advocacy assistance in an effort to empower amputees to lead the most fulfilling life they can achieve. For those amputees who cannot make use of the in-person support groups, the Amputee Communicator Forum provides a virtual Internet support group discussion board maintained for the sole use of the amputees.

For more information, click [here](#).

veterans have a sense of guilt that they left their unit behind,” said Isenberg.

The common theme for the success of peer-support strategies is prioritizing from whom or where the veteran gets assistance from — ideally, it is from a fellow veteran that has traveled the same journey.

“Peer support is about credibility,” said Hardiman. “It’s support from someone that has also walked through the minefield and is very willing to share that experience.” 

Resources Help Health Care Providers Cope with Compassion Fatigue

Robyn Mincher, DCoE Communications

When Dr. James Bender, subject matter expert and clinical psychologist at the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury](#) (DCoE), was deployed to Tallil, Iraq, he noticed that he felt similar symptoms to those he treated.

“I questioned my effectiveness, asking if I was doing any good. I had a lack of empathy,” he said.

What Bender found himself feeling were the effects of compassion fatigue. The term, in Bender’s case, describes emotional exhaustion, strain or withdrawal associated with exposure to working with service members who have psychological health concerns.

“Empathetic individuals may be more at-risk most likely through natural ability to engage and connect with those in need,” said Dr. Derrick A. Hamaoka, a psychiatrist and assistant professor with [Center for the Study of Traumatic Stress](#) (CSTS), a DCoE component center. “Signs of compassion fatigue vary. Such examples might be behavioral, such as feeling increasingly impatient, snappy, irritable, feeling less self-confident or motivated for the mission.”

CSTS offers a management plan fact sheet called “[Stress Management for Health Care Providers](#)” to address potential psychological challenges during deployment. The plan notes that providers should take breaks while treating patients and participate in comforting activities.

“This [break] can be as simple as reading a good book, listening to music, talking with peers or loved ones back home, exercising, maintaining a journal, etc.,” said Hamaoka. “Any of these can go a long way in helping the provider recharge and refocus.”

Besides the need to reenergize, self-care tactics also include maintaining



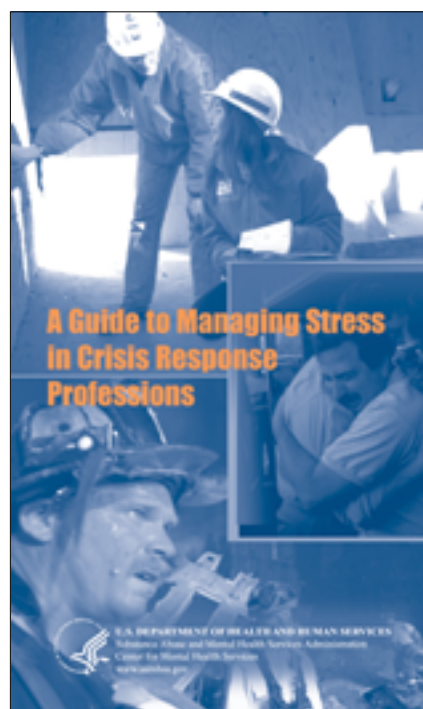
Photo by U.S. Army Staff Sgt. Tanya Thomas


a dialogue with peers, as discussed in the [Real Warriors Campaign](#) online resource called, “[Building Resilience for Military Health Professionals](#).”

“Establishing peer support is important. Being able to share experiences with your colleagues is important,” said Hamaoka. “In such ways, the group can experience and share the successes of the mission, know they are not alone and are making a difference.”

Even with the help of peers and self-care strategies, deployed health care providers may still experience some level of compassion fatigue because of their high-stress work environment. The [U.S. Department of Health and Human Services](#) resource, “[A Guide to Managing Stress in Crisis Response Professions](#),” offers guidance to help minimize stress after experiencing compassion fatigue, including help with reconnecting with family, reaching out to a psychological health professional and staying involved in leisure activities, hobbies and interests.

In Bender’s experience with combating compassion fatigue, he found natural peer



support helped the most. “There are tried and true mental health coping techniques you can use,” he said. “For me, it was engaging in a social network and interacting with friends that helped the most.” 

Chaplain Corps: Uncommon Warriors on Front Lines Counsel Service Members, Each Other

Marcus C. Dunn, DCoE Communications

There are many unsung heroes in the war on terrorism, and one group on the front lines of our nation's efforts is the military Chaplain Corps. Operating in each of the services, the Chaplain Corps is 3,000 strong.

Regardless of denomination, service members often speak to a chaplain who is available to counsel them on many things, including the stress of serving in a combat environment, domestic concerns, and an invisible wound of our current conflicts, post-traumatic stress disorder (PTSD).

Chaplains, who generally have three or more years of experience as a practicing minister prior to joining the military, typically have various types of training.

"Chaplains are an important member of a multidisciplinary team, particularly in the area of PTSD," said Navy Capt. Mark Steiner, chaplain for the Joint Chiefs of Staff. "Generally speaking, you will find chaplains with training in psychology, sociology and many different types of counseling."

Getting troops to ignore the stigma of seeking psychological health counseling services has long been a challenge for the military. However, there seems to be less stigma associated with seeking the help of a chaplain who is seen as more approachable than formal avenues of psychological health care.

"Service members often seek chaplains before a military psychologist because seeing a chaplain is confidential and there is less stigma associated with visiting a chaplain," said [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury](#) staff psychologist Dr. James Bender, a veteran of Operation Enduring Freedom.

Bender regularly attends the DCoE Chaplain's Working Group meeting, a monthly series supported by DCoE that provides chaplains with resources to meet the needs of service members on and off the battlefield. One of those resources includes support for the chaplain's individual needs.

"In order to help others, chaplains need to be healthy themselves," said Steiner.

Recognizing that even chaplains experience PTSD, retired Navy chaplain and DCoE's Senior Management Consultant for Performance Enhancement Dr. Jeffrey Rhodes, says some chaplains seek the services of a military psychologist or other health professional for themselves.

"Chaplains must deal with stress like everyone else," said Rhodes. "Some seek help from other chaplains but because chaplains are the ones who are supposed to comfort others,



U.S. Marine Corps photo by Marine Corps Air Station Yuma Public Affairs Office


there may be some stigma attached with chaplains seeking out other chaplains to talk to."

Rhodes says that chaplains are typically physically fit and a fitness regimen becomes a ready tool in dealing with stress. In October 2009, the U.S. Army implemented [Comprehensive Soldier Fitness](#) (CSF), a holistic fitness program that not only focuses on physical conditioning but also considers the emotional, social, spiritual and family strengths of the soldier.

"Being 'Army Strong' means being more than just physically fit," says Brig. Gen. Rhonda Cornum, director of the CSF program.

Rhodes welcomes the Army's new program and sees the emerging, service-wide Total Force Fitness concept as a positive impact for the entire force. "We are putting spiritual fitness on the same footing as physical fitness, which is a good thing," said Rhodes.

Something else that seems to help the military ministry: informal peer mentoring. Rhodes noted that while senior chaplains share experiences and knowledge with junior members of the ministry, sometimes depending on their deployment experiences, the mentor becomes the mentee.

One example of junior ministry members leading by example is discussing personal psychological health concerns. Many senior chaplains, who may have served in past conflicts like Vietnam, didn't discuss things like PTSD. "We're getting better about that today," said Rhodes. 

Fleet and Family Support Center Offers ‘One-Call-Serves-All’ Help to Sailors, Families

Joe Hendrix, DCoE Communications

For those in the U.S. Navy, deployment may look different at sea than on land, but for sailors, time away from family brings the same challenges as those who deploy to Iraq and Afghanistan.

Those serving at the [Fleet and Family Support Center \(FFSC\)](#) at [Naval Base San Diego](#), Calif., understand that challenge and are always ready to assist.

“Our job is to make sure service members who leave for deployment are resilient and families staying behind are connected,” said Mary Kirby, director of the FFSC at the southern California base.

With a variety of programs and services across the Navy, and more than 1,200 non-profit organizations in the San Diego area, FFSC is a “one-call-serves-all” operation for reintegration and family readiness resources.

“We strive to have a close relationship with partnering organizations within the community and attempt to be a one stop shop so that in stressful times, families and service members can find the help they need by coming to us,” said Kirby.

The FFSC began in 1980 and provides resources to Navy and Marine Corps personnel such as: financial and legal counseling, emotional support throughout the stages of deployment, psychological health counseling, return and reunion workshops, and pre- and post-deployment briefings. Because each Navy community is unique, FFSC also has the ability to customize briefings to a specific audience.

“Whether special warfare, a ship or submarine, there are unique characteristics built into the discussion so each service member gets what they need,” said Kirby. “We developed a discussion for the single service member, single



U.S. Air Force photo by Staff Sgt. Samuel Morse

parents who are leaving a child behind, and families with special needs that are unique during the deployment process.”

FFSC understands that stress is a major factor in deployment not only for the service member, but also for the families and particularly the partner who is left behind, sometimes with children.

“We know the pre-deployment period is very stressful as the service member prepares to leave their family for six or more months. However, the time during the deployment is also stressful,” said Dr. Jeff Erkenbeck, clinical lead at FFSC’s Counseling Services. “We view the military family as a system and when you take a big piece of that system away, families must reorganize and continue to function.”

Erkenbeck said the same thing is true when a service member returns to their family.


“For six months the family has been working to adjust, and now here comes the missing part of the original system, and once again, family members have to readjust and reorganize,” said Erkenbeck.

This reintegration challenge is where FFSC and counseling are able to assist.

“Often a lack of communication prevents smooth transitions and both parties have their own idea and perception of how things are going to be,” said Erkenbeck. “Participating in couples counseling and skill building will help communication and bring awareness to the situation.”

So, how do service members know which programs are truly effective?

The [Naval Center for Combat & Operational Stress Control](#), a program of the [Navy Bureau of Medicine and Surgery](#), provides best practices in comprehensive research so the Navy can provide evidence-based, quality care for returning service members.

“In years past, we had up to 20 percent of returning service members with psychological health concerns and they were not getting the comprehensive help they needed,” said Capt. Scott Johnston, director of NCCOSC. “With our research facility in place, we are able to advise FFSC on which programs will be effective and which ones lack scientific rigor.” 

Programs Keep 'FOCUS' on Military Families Coping with Stress

Robyn Mincher, DCoE Communications

Sheri Hall knew the importance of communicating with her family, especially when her husband, Maj. Jeff Hall, a 17-year veteran of the U.S. Army, deployed for a second time.

"Our girls and I had a rule: we don't miss daddy alone, we miss him together," she said.

When Maj. Hall returned home, his psychological health was noticeably different.

"I went from a man who loved to spend every minute with my family, to not caring if they were around or I was around," said Maj. Hall.

Throughout her husband's treatment, Sheri Hall noticed she was experiencing psychological concerns as well.

"Our stress at home is less dangerous than that of service members in theater, but it is hard to be the one to make all the decisions while some spouses are dealing with things they have never had to deal with before."

Project FOCUS (Families OverComing Under Stress), a service initiated by the [Navy Bureau of Medicine and Surgery](#), and resources offered through the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury](#) (DCoE) and [Uniformed Services University of the Health Sciences](#) address psychological health concerns families may face during all phases of deployment and help military families like the Halls.



U.S. Marine Corps photo by Cpl. Jessica L. Martinez



U.S. Marine Corps photo by Cpl. Stephanie Ingersoll

Offering resiliency services to military children and families at 21 U.S. Navy and U.S. Marine bases abroad, Project FOCUS educates military families on how to take care of themselves while their service member is deployed. The program also teaches families how to regulate their emotions, communicate better, problem solve, set goals, and how to support a partner coping with combat stress.

"The program is about breaking through the communication barrier and looking at a shared narrative with deployment," says FOCUS director Kirsten Woodward. "We're creating a shared family story." The program offers educational tools to include a "Feeling Thermometer," where families communicate with each other by gauging their feelings on a customized diagram, and a "Family Deployment Timeline," where families can map out and self-monitor their emotions.

Military families can prepare mentally for deployments

The new DCoE resource "A Handbook for Family & Friends of Service Members," offers some helpful guidance. The handbook, written for all those affected by deployment, is full of useful topics to include appreciation exercises and tips on keeping the lines of communication open.

"Military families face multiple challenges that place them at higher risk for developing distress and mental health

See 'FOCUS' on Page 11

hero spotlight



Cheryl LeClair

NAME

Cheryl LeClair

ORGANIZATION

“Back on Track”
Program

POSITION

iRest & Yoga
Nidra Instructor

HOBBY

Scuba Diving at
the North Carolina
Aquarium at
Pine Knolls

“This is the most satisfying work that I have ever done,” said LeClair. “Many of the Marines that I treat have significant sleep problems because of their PTSD, so the rewarding thing for me is to hear so many of them tell me that they can now relax and sleep after receiving iRest.”

In addition to treating service members, Cheryl takes care of her disabled husband Eric, an Operation Iraqi Freedom veteran who suffers from post-traumatic stress disorder and a traumatic brain injury. Cheryl and her husband live in Swansboro, N.C.

‘FOCUS’ from Page 10


concerns,” said Dr. Lolita O’Donnell, acting director of DCoE’s Clearinghouse, Outreach and Advocacy directorate. “Their needs are greater than ever.”

The handbook also details how parents can be a “safe harbor” for children coping with deployment stress – a high point of concern according to a recent study conducted by the [RAND Center for Military Health Research](#), entitled “Views from the Homefront: How Military Youth and Spouses are Coping with Deployment.” The study included children from [Operation Purple](#), a free summer camp for children from military families, and assessed how these children were doing while their parents were deployed. They found that 34 percent of youth ages 11–14 were experiencing moderate to high levels of emotional and behavioral concerns, compared with 19 percent in a national sample.

Parents can help their child work through deployment challenges and avoid behavioral issues by using available resources like those provided by the [Courage to Care](#) series, a Uniformed Services University of the Health Sciences initiative. The series includes the fact sheet “[Helping Children Cope During Deployment](#),” which provides expert tips in preparing children for deployment, recognizing distress and how to handle problems in school should they arise.

“A common saying in the military is that when the service member serves, the whole family serves,” said O’Donnell. “Military families may often be a topic in the background of public conversations about the military, but they are so much more. They are critical to its success.”

Sheri Hall praises these types of programs and resources offered as significant tools helping military families to strengthen their unit.

“Like soldiers, family members are apprehensive about seeking help. It’s another way to understand ‘I’m not alone,’” she says. “Once you educate yourself and other family members on the issue, it becomes easier to understand.” 



U.S. Navy photo by Mass Communication Specialist 2nd Class Kristopher Wilson

inTransition Web Training Session

**Feb. 22, 2011,
6 – 7 p.m. (CST)**

inTransition's Web trainings provide information and facilitate discussion on a variety of topics related to the mental health and wellness of service members.

Service members currently receiving psychological health treatment are provided with support as they transfer between health care systems or providers. This training will provide information on the policy behind the program, the referral process and how the program assists providers in achieving continuity of care.

To register for this training click [here](#).

Save the Date DCoE Monthly Webinar: Compassion Fatigue

**Feb. 24, 2011,
1 – 2:30 p.m. (EST)**

Join us as we discuss compassion fatigue.

DCoE hosts monthly webinars to provide information and facilitate discussion on a variety of topics related to PH and TBI. The webinars are open to the public. For instructions, requirements and trouble shooting for Defense Connect Online and telephone connections during DCoE's monthly webinars, click [here](#).

2011 Navy and Marine Corps Combat & Operational Stress Conference

Apr. 26 – 29, 2011

Naval Center for Combat & Operational Stress Control presents, "The Critical Role of Junior Leaders."

The conference will offer practical tools to improve efforts in prevention, identification and early intervention to maximize force preservation and readiness. Leaders at all levels will learn new ways to strengthen the force and tackle the challenges of incurring stress injuries.

Military Pathways

Partnering with [Screening for Mental Health](#), the [Defense Department](#) created [Military Pathways](#) to reduce stigma and raise awareness about mental health and create available resources for those in need. The program is available online, over the phone and at special events, and provides self-assessments for service members and families that lead to appropriate services provided by the [Departments of Defense and Veteran Affairs](#).

To take the anonymous screening, click [here](#).

Operation Purple

The [National Military Family Association's Operation Purple](#) program offers summer camps to children of deployed military members free of charge. The camps bring home the message, "Kids Serve Too." Military children of all ranks and services are welcome whether active duty or reserve. The program matches kids in similar situations to learn coping skills and how to deal with war-related stress.

Registration for Operation Purple begins March 2011.

Additional links are available on our website.

www.dcoe.health.mil/ForHealthPros/Resources.aspx

Resilience ★ Recovery ★ Reintegration