



A NEW CULTURE OF AWARENESS

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In this information-intense world, it's said that every program needs an "elevator speech" — a clear and concise explanation that can be delivered in a few seconds. Here's mine for the Naval Center for Combat & Operational Stress Control:

If we're just going up one floor, I'd tell you that NCCOSC develops an environment that supports psychologically fit, ready and resilient Navy and Marine Corps forces. We demystify stress and help Sailors and Marines take care of themselves and their buddies.

Give me a few more floors, and I'd explain how NCCOSC applies the five core leader functions the Navy has spelled out for Operational Stress Control.

Strengthen. All NCCOSC projects emphasize that building psychological resilience is the best way to prevent or minimize stress injuries, and we design interactive educational programs and materials that realistically demonstrate the most effective ways for individuals and units to do this.

Mitigate. Operational stress exists across every rating, Military Occupational Specialty and billet. NCCOSC teaches service members how to successfully manage the many stressors they face by developing coping skills, and we teach leaders to minimize and eliminate unnecessary stressors.

Identify. The Navy's color-coded Stress Continuum is a terrific, practical tool to recognize stress reactions in individuals and in commands. It is the basic foundation

for all NCCOSC products, and we present it with realistic scenarios that ring true with Sailors and Marines in whatever community they serve.

Treat. We don't treat patients at NCCOSC, but we compile the most relevant medical information on psychological well-being to help healthcare and other providers make the most informed decisions. We also work with Navy Medical Treatment Facilities to improve the treatment process for post-traumatic stress disorder and traumatic brain injury.

Reintegrate. Stigma associated with mental health issues often stands in the way of successfully bringing Sailors and Marines back into the force once their psychological wellness has been restored. NCCOSC emphasizes that it is as important — and natural — to seek help for a mental health problem as it is to get treatment for a physical health problem.

The Navy and Marine Corps have ramped up efforts to address the inherent stresses that exist for today's warriors, and I believe they are working. It is encouraging to see more Sailors and Marines talking about stress in a positive manner and constructively addressing it within the demands of daily military life.

As importantly, leaders of all stripes are finding ways to mitigate stress in the confines of a situation. They are asking, for example, how their procedures might be modified to better manage workloads.

Slow, but sure, a new culture of stress awareness and stress management is building, and NCCOSC is proud to contribute to it. ■



BREAKING DOWN THE BARRIERS

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Medical science continues to increase its knowledge of post-traumatic stress disorder (PTSD), but misconceptions about the condition remain. This often leads to stigma, preventing many afflicted service members from seeking effective treatment because they believe they will be negatively perceived.

Education — the key to bulldozing the stigma roadblock — is a major function of the Naval Center for Combat & Operational Stress Control.

Myth: Only people of weak character develop PTSD.

Medical Reality: PTSD can be experienced by anyone who goes through a traumatic event, and common causes include military combat, vehicle accidents, violent crimes and natural disasters. In a PTSD sufferer, the brain's metabolism has been altered by a rush of stress hormones that flood the brain during the trauma, and memories of the event are stored in different ways.

Research suggests that a person is more likely to develop PTSD if he or she was injured during the event, the trauma was long lasting or if the person felt helpless during the trauma. It currently is estimated that 8 percent to 12 percent of service members in combat will develop PTSD.



Myth: For PTSD to be real, a person has to experience it right after a trauma.

Medical Reality: PTSD symptoms usually develop within the first three months after the traumatic event, but they may not appear until months or even years have passed. Without treatment, symptoms may continue for years or they may subside, only to reoccur later in life.

Myth: PTSD isn't a serious medical problem.

Medical Reality: Untreated, prolonged psychological stress can lead to serious physical conditions, including heart disease, diabetes, a breakdown of the immune system, sexual dysfunction, insomnia and substance abuse.

Myth: PTSD cannot be cured.

Medical Reality: The majority of PTSD symptoms resolve with time, even if a person does not undergo treatment. But — and it's a big one — a sufferer gets better much more quickly with appropriate treatment.

Myth: It's possible to fake PTSD, so a service member with bad intentions could do so for the disability benefits or to shirk duties.

Medical Reality: It is difficult for a person to consistently fake PTSD symptoms. While the condition isn't as easily diagnosed as, say, kidney stones, there are sophisticated assessments to guide healthcare providers. ■



As treatment facilities continue to see an increase in patients experiencing such psychological conditions as depression, sleep problems, substance abuse and post-traumatic stress disorder (PTSD), Navy medicine providers are asking how care can be improved to help Sailors and Marines recover from stress injuries.

At the Naval Center for Combat & Operational Stress Control (NCCOSC), some important guidance is forthcoming with a new initiative known as **PHP—Psychological Health Pathways**.

PATHWAYS TO TREATMENT & RECOVERY

"The growing awareness and acceptance of stress-related problems has placed a burden on our treatment facilities," says Capt. Paul Hammer, director of NCCOSC. "Providers have had to respond fast but without a standardized system in place. They've done a remarkable job, but the system needs to be easier and more efficient."

Currently, military hospitals and clinics collect patient information in different ways, and there is a variety of patient-assessment forms in use. Forms to determine a patient's progress vary, too.

"We now have new programs and increased access to care but we don't always know what's being done treatment-wise, who it's being done to and how effective it is," Hammer says. "PHP will help reduce the fragmentation and confusion and give us a clearer picture to better help patients."

PHP is not a one-size-fits-all approach, its architects say. It is designed as a flexible process that's tailored to meet the treatment needs of individual service members while working within the resources available at any military treatment facility. It also provides a Care Management Registry, a Web-based tracking system, so that patients do not get lost in the system if they deploy or change duty stations.

PHP will help ensure that Sailors and Marines who require psychological health care receive comprehensive and standardized evaluations. It is envisioned that case managers, healthcare providers and the service member will collaborate to determine the best treatment for the individual.

NCCOSC staff members are working with military healthcare leadership to fine tune and evaluate all aspects of the process.

"PHP is designed to be an interactive process," says Bart Jarvis, a clinical psychologist at NCCOSC. "It does not set down rules, but rather includes guidelines for the most effective approach no matter where the Sailor or Marine enters the mental healthcare system."

Pilot programs to introduce PHP are under way at Naval Medical Center San Diego and Naval Hospital Camp Pendleton. NCCOSC's Shannon Lelakes, who is working closely with both facilities, is encouraged that providers recognize the need for the standardized approach.

PHP, she says, will be phased in as resources become available.

"When PHP is fully implemented, patients will be better able to navigate through the system, and this means they will be more likely to stay in treatment until they recover," Lelakes adds. "Providers also will see that case management services allow them to better focus their energy on treatment." ■



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Can a simple computer program added to standard treatments for post-traumatic stress disorder (PTSD) help reduce a patient's symptoms? Do antidepressant medications affect a patient's ability to think and react quickly and appropriately in a combat situation?

The Naval Center for Combat & Operational Stress Control (NCCOSC) is assisting in research studies that address these questions, both of which have broad implications for Sailors and Marines who have PTSD or depression.

The first study involves what's called attention retraining. Veterans of the Iraq and Afghanistan wars who have been diagnosed with PTSD often undergo treatment that involves confronting memories of their traumas. The treatments are known to be effective, but some patients find it difficult to stick with them because they avoid trauma memories. They risk dropping out of treatment before their symptoms are resolved.

With attention retraining, study participants augment their regular treatment with a simple computer-based task that directs their attention to words not associated with traumatic memories. Patients can do the retraining at home because the program doesn't require a therapist to administer it.

"If effective, this program can enhance treatments that exist and perhaps make it easier for people to stay in treatment," says Dr. Nader Amir, a psychologist with San Diego State University who is a collaborator on the study.

The second study involves antidepressant medications and is particularly pertinent because the Navy does not allow service members taking antidepressants to carry a firearm or deploy to an operational zone in which they would be expected to carry firearms, unless they obtain a waiver from their provider.

Study participants play a small-firearms simulation video game, during which they are tested for their reaction times, judgment calls and decision-making abilities. The performance of the participants on antidepressants then is compared to the performance of other participants who are not taking antidepressants.

"We hope to show that treating such conditions as depression and PTSD with appropriate medications actually improves functioning and performance in the military setting," says Lt. Cmdr. Heather Kurera, a psychiatrist at Naval Medical Center San Diego who leads the study.

Researchers for both studies are continuing to recruit participants. For more information, email NCCOSC at nmcsd.nccosc@med.navy.mil. ■

INQUIRING MINDS WANT TO KNOW

- Through its Research Facilitation Department, NCCOSC collaborates with Navy clinicians and other leaders in the field of psychological health on a wide range of studies that investigate PTSD, traumatic brain injury and other combat-related stress disorders. More than 20 studies currently are in progress, in addition to dozens of research papers on the most relevant topics involving stress injuries.
- The department also publishes the *Combat & Operational Stress Research Quarterly*, a concise compilation of recent studies to help busy healthcare providers stay current with findings.
- It is available online at www.nccosc.navy.mil.



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