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# MINDLINES

NAVAL CENTER FOR COMBAT & OPERATIONAL STRESS CONTROL

*This issue of **Mindlines** presents stories of three Sailors and a Marine who faced psychological health problems and acted to overcome them. NCCOSC thanks these individuals, all of whom volunteered to share their experiences so that fellow service members may benefit from them.*



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# PRESCRIPTION RX: COMMUNICATE WITH LEADERS

*By Capt. Paul S. Hammer, MC, USN*

*"I have to tell you that I disagree with your entire profession."*

The speaker stood out from the rest of the audience at the Senior Enlisted Academy far more because of his frankness than because he was an Army sergeant major in a class mostly made up of Sailors.

And his words — directed at me, a psychiatrist — were as profound as they were pointed.

The sergeant major, attending a training in Operational Stress Control, was complaining about an experience in which he sought psychiatric help for one of his soldiers.

While deployed in Iraq, his best sergeant started to have problems. He made certain this soldier was seen by mental health only to find a few days later that the sergeant's weapon had been taken from him and he was medevaced home.

The sergeant major had done exactly what we ask of our leaders only to lose one of his best soldiers — a loss compounded by a complete lack of communication from the mental health professionals he trusted. He was angry and frustrated with the system and was taking it out on me. And I don't blame him.

In the rush to stick a finger in the collective chest of our leaders to hold them accountable for reducing stigma and ensuring their people receive help, we mental health professionals often forget our own responsibility to close the loop, support those same leaders and keep them informed.

*Too often we hide behind the cloak of confidentiality in the name of our own lack of full engagement.*

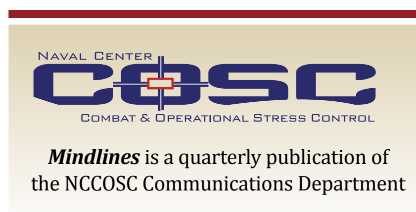
Our job as military psychiatrists, psychologists and social workers is not just to take care of our patients — it also involves taking care of our leaders.

In the fight to stamp out stigma so our warriors receive the help they need, we want active leadership like my friend, the sergeant major, demonstrated. We want leaders to take a personal interest and go the extra mile for their people. The leader who mails it in, who checks the box, who does the bare minimum isn't an engaged leader. When the crush of operational stress hits, he isn't the guy his people will turn to.

Similarly, we mental health professionals need to be engaged. Not just with our patients, but with our patients' leaders to help teach, guide and keep them informed. You aren't violating protected information rules by making a patient's leaders part of the treatment team. They *must* be part of the team.

We preach the Five Core Leadership Functions: Strengthen, Mitigate, Identify, Treat and Reintegrate. Without constructive and active commitment with our leaders, we make it so much harder on ourselves to identify, treat and reintegrate.

So the sergeant major was right to "disagree" with my whole profession if it locked him out of the process. Without engaged, involved leaders we can't manage stress, we can't assist our people and we sure can't erase the problem of a mental health stigma in today's armed forces.

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# Running for the Scarlet & Gold





## "It finally hit me. It is what it is. Let's get on with it."

With those last five words, Navy field hospital corpsman Derek McGinnis began a new life of acceptance. In the months prior, he had battled great physical pain, traumatic brain injury, doctors who thought his pain was imaginary and the emotional upheavals of post-traumatic stress.

Somehow, a switch flipped.

"I had been consumed by my brokenness and my issues, and somewhere I transferred to gratefulness," says the 32-year-old. It was at that point that I truly embraced the strategies to cope. That acceptance relieved a lot of the anxiety and frustration."

In November 2004, McGinnis was serving in Iraq with the Marines 3rd Light Armored Reconnaissance Battalion as the invasion of Fallujah began. He and another corpsman were speeding in an ambulance to treat several injured troops when a suicide driver in a car loaded with explosives hit them. The explosion severed McGinnis' left leg above the knee, caused traumatic brain injury and left shrapnel in his eye. McGinnis says his life was saved by his fellow corpsman, also injured, who applied a tourniquet.

His treatment was complicated. The brain injury required much therapy, and he had to push physicians for additional tests and procedures to reduce the pain from his amputation that he knew was all too real. A third surgery finally relieved the pain, and McGinnis was able to embark on what he had adopted as his new military mission — recovery.

The corpsman medically retired from the Navy in 2007, but he continues to serve the men and women he calls "my Marines." He is the Amputee Advocate for the American Pain Foundation and is the co-author of *Exit Wounds, A Survival Guide to Pain Management for Returning Veterans and Their Families*, which is published by the organization. He will soon complete his master's degree in social work, and he works part-time with the Modesto Vet Center in northern California, where he counsels vets who have experienced post-traumatic stress disorder, military sexual trauma and grief.

And he runs and runs and runs. A high school athlete in track, McGinnis knew that exercise would be a critical component of his recovery. While under treatment for his injuries at Bethesda Naval Medical Center, he was visited by representatives of the Injured Marines Semper Fi Fund. The men and women challenged him to run with them in a marathon.

"This put a goal in my head," says McGinnis. "There was no way I was going to let those Marines down. Running would be a way for me to tell them I care."

McGinnis says one of the most difficult aspects of his recovery was the reaction of others to his injuries. "A lot of people looked at me as disabled, and some doctors would tell me, 'You're not going to be able to do this; you're not going to be able to do that.' 'Disabled' became a label that I just wouldn't accept."

McGinnis completed the Marine Corps Marathon 10K in 2006, and he continues to participate with Team Semper Fi in longer and more challenging runs. With a different prosthetic for each sport, he also bikes, swims, surfs and plays soccer. "I stay busy and I know there is euphoria in accomplishments."

McGinnis says he is a blessed man. He praises his wife, Andrea, who was pregnant with their first child, a son, when he was injured, and his parents for providing great emotional support through his ordeal.

"In those early days in the hospital, the staff would play me recordings of my son's heartbeat," McGinnis says. "I really believe that kept me going. After he was born, my son became my inspiration. I knew I had to get my stuff squared away so I could be a father to him like my dad was to me."

The birth in 2005 of the son McGinnis calls "Super" Sean was followed by the arrival of "Radical" Ryan in 2006. A third son, Kyle, nickname to be determined, is due this summer. ■



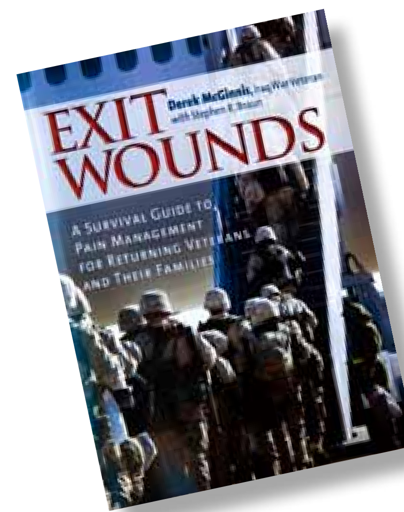
At the Modesto Vet Center near his home in northern California, Derek McGinnis counsels veterans who experience the emotional wounds of war. These are injuries that McGinnis also knows from his service in Iraq, where he lost a leg and suffered a traumatic brain injury in a vehicle explosion.

"There were times when I had thoughts of suicide, but then I figured something out," he says. "If I did that, then the enemy wins. You can't let that happen."

In addition to treatment for his many physical injuries, McGinnis underwent individual counseling and group therapy for depression and post-traumatic stress disorder. He says he learned a lot about PTSD by reading research that discussed chemical changes the brain can undergo as a result of trauma. Talking with other vets also helped, he adds.

McGinnis counsels vets not to feel emotionally broken as a result of their war experiences. "I tell them to look at it like this. You are giving others the privilege of not having problems because of you and the military service you performed. Feel empowered by your experience and learn from it."

## Words from a Survivor




In his book, *Exit Wounds*, McGinnis says he is still bothered by survivor's guilt. He does not understand why he is still alive and others are not. He writes:

*I deal with survivor guilt by living my life as a tribute to those who no longer can. I reflect that if those who died in battle were given a chance to come back for a month, they would do all they could to enjoy everything possible on Earth. They would finish their goals, run triathlons, influence their children, help other like-minded service members find peace and solace. I was given a second chance at life as a survivor and am trying to fulfill what others who died cannot.*

— *Derek McGinnis*

# A Life Given Back

A moral injury is a stress injury "about which medical and psychological scientists know the least, even though it has been part of human experience for as long as humans have existed."* It is caused by events that violate deeply held beliefs — especially moral codes regarding right and wrong — and it can be as mentally painful and debilitating as the stress arising from a threat to life.

Can such profound events be forgotten? Perhaps not, but the stress injuries they cause can be successfully treated to relieve a person's anguish. For Marine Sgt. Joshua Deeds, the treatment known as Virtual Reality has given him back his life.

Growing up in West Virginia, Deeds always wanted to become a police officer, and it was the career he would find in the Marine Corps. "From the minute I got off the bus at boot camp in 1999, I wanted to do 20," he recalls. "I loved everything about the Corps, especially its structure. I needed the structured life it gave me."

In early 2003, Deeds deployed to the Mideast as a military police officer with the 1st Marine Division, one of the first units to roll across Iraq when the war began. He witnessed two horrific events that tore him apart. One of his Marines had to shoot a young Iraqi girl in the moment before she detonated an anti-tank grenade around her waist as she neared their patrol of nine men. He also raided a brothel where enemy soldiers sexually abused women and young boys they had restrained.

"It's a cop's job to fight against the abuse of people being taken advantage of," Deeds says. "I couldn't understand how anyone could do something so horrible to children. I tried to push (the memories) down as far as possible, but it didn't work."

Deeds returned to Camp Pendleton after his tour in Iraq and the nightmares, he says, began immediately. He guesses he never slept more than three hours a night. His behavior became increasingly reckless, including driving at very high speeds and picking fights.

He refused to talk to anyone about his experience, especially his wife, who was begging him to get help. He wouldn't go to a restaurant, movie or visit with friends. He became obsessed with playing violent and graphic computer war games and would only leave the house to go to work.

*From the draft version of the joint Navy-Marine Corps Combat and Operational Stress Control Doctrine.*

After seven years of anger, nightmares and isolation, Deeds went to his master gunnery sergeant last December and told him, "I'm not here in the head, and I need help."

It was a hard moment for the 32-year-old police officer, but one he has not regretted. The step led him to psychological healthcare providers at Naval Medical Center San Diego and a diagnosis of severe PTSD.

Deeds was enrolled in the hospital's Virtual Reality (VR) treatment program, a method of psychotherapy for war veterans that uses elaborate computer constructions to re-create the sights, sounds and even smells of scenarios that caused trauma in a patient. During carefully monitored sessions, a patient retells the trauma over and over, with the goal that the repeated exposure will reduce the traumatic stress responses.

Deeds has completed the first phase of VR treatment, attending two sessions a week for 10 weeks and doing "homework" that required him to listen to his retelling of events on tape.

He refused to talk to anyone about his experience, especially his wife, who was begging him to get help. He wouldn't go to a restaurant, movie or visit with friends. He became obsessed with playing violent and graphic computer war games and would only leave the house to go to work.

He says the results have been remarkable, and he ticks off the good changes. He seldom has nightmares and doesn't start fights. He is no longer obsessed by video games and has taken up golf. He goes to church and enjoys shopping with his wife. Moreover, the couple's three young children no longer know their father as just an angry man.

"VR is very difficult," Deeds says. "If you're not in it to win it, don't do it."

Deeds knows he's winning and he plans to enter a second phase of the treatment that will be as demanding as the first.

"I've never quit anything in my life and I'm not going to quit this." He adds, "If I'm this much better after three months, I can only imagine how far along I'll be after the next."

## A Postscript

Sgt. Joshua Deeds is currently a military police officer posted at Marine Corps Air Station Miramar in San Diego. As part of his treatment for post-traumatic stress disorder, he is on anti-depression medication prescribed by his military physician. Because of this, he is not allowed to carry a firearm and his security clearance is on hold. He is assigned to the military police supply section on base.

Deeds does not know if his treatment for PTSD will harm his Marine Corps career. He knows it is the official policy of all branches of the military to end stigma concerning mental health issues and encourage service members who need treatment to seek it. He also knows stigma still persists.

"Despite all that's being said, I have heard of and seen Marines who have lost their careers because they came forward," Deeds says.

The sergeant is thankful for the support he has received, especially from several Marines in the enlisted ranks above him. ■

# Compassion in Combat

## A Navy psychologist shares lessons of two Iraq deployments

A framed photo atop a cabinet in the office of Cmdr. Shannon Johnson captures a heartbreaking memory for the Navy psychologist. It is a reproduction of a newspaper front page honoring 48 soldiers of the 3rd Stryker Brigade Combat Team, 2nd Infantry Division who were killed during the Iraq surge of 2007. The young men in the memorial photo and others who served with them were, says Johnson, "like my sons."

Johnson was embedded as an Individual Augmentee with the Army from January through September 2007 in Al Anbar province. She and two Army sergeants, both mental health specialists, traveled as a combat stress-control unit to assist troops dealing with mounting numbers of fatalities and causalities that Johnson says occurred in "the most grotesque and awful ways."

"It was one constant critical incident," Johnson recalls. "Many of the soldiers had been in Iraq for 15 months, some on their second or third deployment. They often had anger and rage toward their leaders that they just couldn't describe." Maintaining unit cohesion was a top priority, she adds.

"What they experienced in losses was horrible, and you try not to delude them that these events were not awful," Johnson says. The psychologist knew it was her job to give hope to troops needing help and create a foundation for them to seek psychological treatment when they returned home.

But Johnson began to feel that she should be doing more. Looking back, she believes she had too much empathy for the soldiers she treated. She wanted to "fix" as many as she could, as fast as she could.

She approached her work as a sprint, rather than a marathon, and Johnson says she learned an important lesson.

"There are some things you can't make okay. You have to be able to forgive yourself for not being able to undo all the bad."

Johnson was one week away from extending her deployment when she recognized the signs of compassion fatigue setting in. "Everything had been so full-force, so much adrenalin and then I hit a wall. I stopped being able to process the trauma, and this was my cue that I should go home as scheduled."

Compassion fatigue, experienced by individuals helping others in great distress, is a state of high tension and preoccupation with those being helped. It can involve depression, poor self-care and extreme self-sacrifice. Research suggests caregivers may be especially vulnerable to it if they are going through an event at the same time as the people they are treating.

The psychologist knew it was her job to give hope to troops needing help and create a foundation for them to seek psychological treatment when they returned home.



Johnson again deployed to Iraq in 2008, this time with the Marines, and she realized she needed to incorporate emotional lessons learned from her first tour. "I knew I had to put more effort into staying aware of how I was doing on a day-to-day basis. That was my responsibility so it did not affect my clinical duties."

The second deployment was, however, more stressful for her than the first. "There was so much change and chaos, with the mission always changing," she says. Physical conditions — especially harsh weather, filth and mice infestations — also impacted her.

"I was anxious and agitated," Johnson says. "My feelings were muted, which was foreign to me. I didn't have a feeling of 'sons.' These Marines were my patients."

Johnson says her best strategy for stress management was exercise.

"I'm a distance runner and no matter what, I was always up at the crack of dawn to run. It saved me and provided balance. That was the time I could take to really process all that was going on."

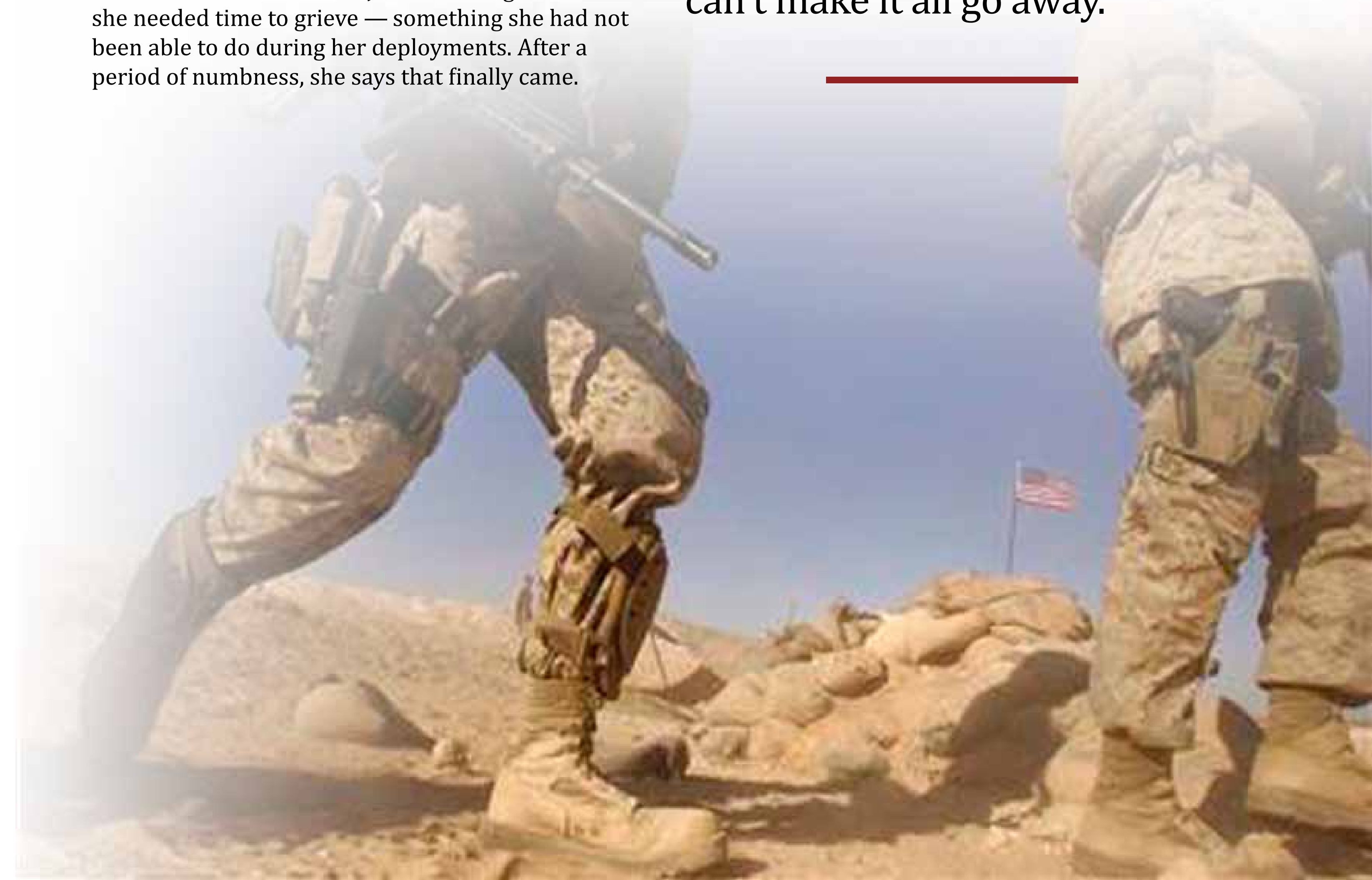
When she returned home, Johnson recognized that she needed time to grieve — something she had not been able to do during her deployments. After a period of numbness, she says that finally came.

She had a strong support network of family and friends. "I was very direct and honest with them," she says. "I knew I was in a process, and I knew it was important for me to articulate it."

Johnson says her deployments have increased her emotional resilience and will guide her on what she expects to be a third deployment — to Afghanistan. Her best advice to herself and other caregivers?

"Have realistic expectations. Come to terms with the fact that there are limits to what any type of doctor can do in combat to heal physical and emotional injuries.

"We can't prevent people from suffering. We can do a lot to mitigate the suffering and ensure that a person doesn't go through it alone, but we can't make it all go away."



At 19, Holly Libbey joined the Navy so she would have medical benefits for her 5-month-old son.

"To me, it was an easy fix," says the Houston native. "I made the commitment for my son, and I knew I had the drive and that I could succeed. Once I got in, I saw that the Navy could give me a career where I could really make something of myself and a life for my son."

What she didn't see, she says, was the stress her decision would bring with the separation from her little boy.

"Boot camp was the hardest thing I'd ever done, being without him," Libbey says. "There were many times where I just cried and cried. I was pretty naïve and I didn't have close friends or family." Her civilian husband, though, was supportive, "and I just had faith it would work out."

She missed her son's first birthday and only was able to see him take his first steps on a social media website. "Things like that made me very sad but at least I had the security of knowing I was doing something good for his future," she says.

Now 23, Libbey is a boatswain's mate third class stationed aboard the USS Milius (DDG-69), an Aegis guided-missile destroyer based in San Diego. She has had two deployments and is preparing for a third.

She and her husband separated right before her first deployment. The couple are divorcing and there are child custody issues to resolve. It's been a lot of change and readjustment for the young Sailor, but she is learning to cope.

Libbey says she loves the culture and the people of the Navy, and she appreciates that the Navy is helping her to mature in ways she had not imagined.

"I'm learning to keep the little things in perspective, both on and off the ship," she says. "And to keep my sanity, I take care of little things. I've learned that if you take care of them then over time, you learn to take care of the big things. You can't worry about the things you can't control."

As for her future, Libbey wants to attend college and become a nurse. "I'd like to have the GI Bill so I can pass on the education benefits to my son and get him set up," she says, adding, "I could easily do 20." ■

# When Mommy Deploys

## *A Young Sailor Struggles with Missing Her Child*

Her first attempt to handle the stress, she now realizes, was the most maladaptive. "I literally tasked myself with as many things as I could," Libbey remembers. "At one point I was up for three days. My game plan was to just make myself exhausted so I'd keep my mind off my problems."

She was afraid her son would not recognize her when she returned from deployment. She sought out a hospital corpsman and vented her feelings to him. "He understood and told me to slow down, not think the worst," Libbey says.

At another low point, Libbey reached out to a chaplain who had come on board Milius. "I'm non-denominational but he didn't press any beliefs on me. He just suggested I start making lists and check off items as they were done so I didn't feel so overwhelmed. He got me thinking about everything."