

NAVAL CENTER FOR COMBAT
& OPERATIONAL STRESS CONTROL



MINDLINES

A QUARTERLY PUBLICATION / SUMMER 2009

TEACHING THE THREE Rs RESILIENCE, RESILIENCE, RESILIENCE

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Much of our work at NCCOSC focuses on resilience, the cornerstone of Operational Stress Control to promote and preserve psychological health. Resilience is that powerful ability to prepare for — and recover from — prolonged stress, adversity and trauma. It allows us to successfully adjust to whatever life propels our way.

Resilience is no longer viewed as an either-you-have-it-or-you-don't phenomenon. Research may eventually determine if there is a genetic component to this emotional hardiness, but we know

now that resilience can be learned. And since it can be learned, it can be taught.

The military knows all about teaching physical resilience but how do we teach psychological resilience? One highly effective way is to involve our Sailors and Marines in *actively* managing their own stress.

This gives an individual a greater sense of self-efficacy, an awareness that he or she is being effective in reaching a goal. It is that good, self-confident feeling of being in control and knowing you can cope. It offers the possibility of thriving under stress rather than deteriorating because of it.

Here is where the widely disseminated Stress Continuum earns its stripes. Developed in 2007 by a team led by Navy Medicine and the Marine Corps, it is an evidence-based model to help pinpoint behaviors that can lead to debilitating stress injuries and illness. Using the continuum's color-coded stages — Green (ready), Yellow (reacting), Orange (injured) and Red (ill) — stressors can be identified and recovery facilitated.

Junior leaders, in particular, need to be aware of how important their actions are in encouraging stress management as a tool to build resilience. They are usually the first to recognize a Sailor's or Marine's level of stress, and because they're usually in the same age range as their troops — let's face it — they carry more credibility than some of us more crusty types when it comes to promotion of a solid psychological health program. Their buy-in to the program is a stellar endorsement for the Sailors and Marines they lead.

The best way to promote psychological health is to practice it. Be the leader who knows how to recognize stress in your own life, and be the leader who uses healthy coping strategies to deal with it. Be the leader who, if in need of help, isn't reluctant or "ashamed" to ask for it.

Leaders, whether junior or senior, often are very influential role models. They can project attitudes and behaviors that troops want to emulate. Imitation — as flattering as it might be — is also a powerful way of learning.



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Views expressed in this publication are not necessarily those of the Department of Defense



Mindlines is written and produced by the NCCOSC Communications Department.

Armor for the Mind

A new study is the first to show that psychological resilience, along with unit support during deployment and social support after deployment, seem to protect troops returning from Operations Enduring Freedom and Iraqi Freedom from developing post-traumatic stress disorder (PTSD) and depression.

Co-authored by Dr. Chris Johnson, Ph.D, head of the NCCOSC Research Facilitation Department, the study* identifies two

characteristics of resilience that appear to be especially significant—a sense of increased personal control and a positive acceptance of change.

“Personal control not only relates to how much an individual feels in control of his or her life, it also means knowing where to turn for help and having a sense of purpose in life,” Johnson says.

(Cont'd. page 4)

*Pietrzak, R.H., et al., *Depression and Anxiety* 0:1-7 (2009)

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THE SLEEP STRUGGLE

“Without enough sleep we all become tall two-year-olds.”

—Dirt Farmer Wisdom

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Sleep problems are the No. 1 complaint for service members returning from deployment. It's a simple enough statement for a complex problem that can be a symptom of post-traumatic stress disorder, depression and other psychological and physical maladies.

The short-term problems of no sleep or several bad nights of shuteye are well known. Irritability, fuzzy thinking and memory problems are the unpleasant upshots for someone who has spent a few nights tossing and turning. Long-term effects, though, might be quite serious, with some research showing insomnia linked to such diseases as diabetes and heart disease.

Insomnia May Foretell PTSD

At a minimum, chronic insomnia — defined as sleep disturbances occurring at least three nights a

week for a month or longer— leads to reduced coping skills for handling stressful situations and a heightened susceptibility to stress illnesses.

A roundup of studies recently compiled by the NCCOSC Research Facilitation Department shows these findings:

- Sleep disturbances affect about 70 percent of patients with PTSD.
- Nightmares, thrashing movements during sleep and recurrent awakenings—often with a startled or panicked feeling—are the most-reported sleep problems in combat veterans with PTSD.
- Forty percent of service members participating in a military study reported struggling with sleep a year after their deployment.

Dr. Rob McLay, a physician at Naval Medical Center San Diego (NMCS D) who operates an insomnia clinic at the hospital, says insomnia is the most commonly reported symptom of PTSD of service members returning from deployment.

“We’re also finding that patients with insomnia are more likely to report PTSD symptoms three to six months after the initial complaint about sleep,” he says.

McLay recently completed a study of nearly 2,000 individuals at NMCS D, mostly Sailors and Marines, who had completed a post-deployment military version of a checklist of PTSD symptoms. The hospital is the main receiving facility on the West Coast for injured service members being medically evacuated from theater, and the facility regularly deploys Navy healthcare providers to ships and in ground combat support of Marine Corps operations.

On first returning from deployment, 33 percent of service members reported some degree of insomnia — a number that did not decrease after a three-month follow-up report, McLay found. While the insomnia was often reported as mild, individuals with this complaint had more PTSD symptoms at a three-month follow-up.

“Although both insomnia complaints and overall PTSD scores were higher in service members deployed to Iraq and Afghanistan, the association between early complaints of insomnia and elevated PTSD scores at follow-up held up in both service members deployed to those areas and those deployed to other locations,” McLay says.

The bottom line: “Complaints of insomnia may be a particularly good indication for post-traumatic symptoms,” says McLay. It could also mean that successful treatment of sleep disorders may prevent an individual from developing a more wide range of PTSD symptoms, he adds.

While a number of research studies show that service members are reluctant to seek treatment for PTSD and other psychological injuries brought on by combat and operational stress, McLay believes that getting treatment for a sleep problem may be more acceptable to them.

“This is important in reducing the stigma service members often attach to psychological issues,” he says. “They may be a lot more comfortable discussing sleep problems than the mental-health aspects of stress illnesses.”

Dr. McLay’s study has been submitted for publication.

10 Top Tips for Tip-Top Sleep

(or at least a better slumber number)

One of the best remedies for stress is a good night's sleep. Unfortunately, one of the most common side effects of any stress disorder is the inability to get a good night's sleep.

The following suggestions are collectively known as **sleep hygiene**. They are the first line of treatment for a restful night.

- **Keep a regular schedule.**
Wake up and go to bed at the same time every day, including weekends.
- **Create a restful environment.**
Keep the bedroom temperature comfortable and make certain the room is dark enough.
- **Use your bed only for sleep and sexual activity.**
If you have a TV in your bedroom, watch it from a chair.
- **Set up a “wind-down” period before bedtime to help clear your mind.** Stop any activity that energizes you 30 to 60 minutes before bed. This includes watching TV, using a computer or playing video games. Instead, try a hot shower or warm bath, reading, listening to mood music, meditation or deep-breathing exercises.
- **Avoid caffeine (a stimulant) six hours before bedtime.** This includes sports drinks, energy drinks, coffee, tea, soda, diet supplements and pain relievers that contain caffeine.

- **Don't use alcohol, non-prescribed drugs or nicotine.** Alcohol may initially help you get to sleep, but it prevents the healthy, restful stages of sleep we need. Over-the-counter sleep aids lead to grogginess. Smoking can cause light sleep, with early-morning wakeups due to nicotine withdrawal.
- **Exercise regularly and stay active during the day.** But do not exercise three hours or less before bedtime.
- **Don't go to bed on a full stomach or hungry.** If you're hungry near bedtime, try a light snack of cheese, turkey or crackers with a glass of milk.
- **Stop watching the clock.** It will just make you more anxious.
- **Get up if you can't sleep.** After 30 minutes of tossing and turning, get up and go to another room. Try reading to make you drowsy or deep-breathing exercises; concentrate on relaxing your shoulder muscles.

If after one week you still have serious sleeping problems, see your doctor or treatment provider. There may be physical reasons why you are unable to sleep, and these should be discussed with a professional.



Navy photo

“

A ruffled mind makes a restless pillow.

”

– Charlotte Brontë

TREATMENTS *for* BETTER SLEEP

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Meds are Only One Option

*A good laugh and a long sleep
are the best cures in the doctor's book.*

~Irish Proverb

Great advice unless, of course, you can't get a good night's sleep or even an okay night's rest.

Popping a sleeping pill might be a quick fix for getting to sleep, but medications — both prescribed and over the counter — have their drawbacks. They have varying degrees of effectiveness, may cause such side effects as grogginess and unsteadiness and can lead to dependence if used beyond the short term.

Unless you're talking about warm milk*, drinking to fall asleep is an especially poor choice. Alcohol, a depressant, causes sleep disturbances and definitely can lead to dependence.

Interesting bit: According to a 2008 Army report, Soldiers in Operation Iraqi Freedom reported an average of 5.6 hours of sleep, "too few to maintain optimal performance." The findings were based on an anonymous survey of troops conducted by the Army's Mental Health Advisory Team.

Non-drug options are worth considering. One that shows promising results for chronic insomnia is cognitive-behavior therapy (CBT), which focuses on changing a person's thoughts about sleep, as well as actions that impair the ability to sleep. Numerous studies have shown that CBT not only is effective for a large percentage of insomniacs, its benefits last a long time.

CBT targets maladaptive behaviors around sleep, excessive worrying about lack of sleep, lifestyle choices, physical tension and aroused thinking. It aims to change anxiety-producing thoughts — "Without eight hours sleep, I can't function!" — and reinforces good-sleep habits, such as exercising during the day and not staying in bed when you can't fall asleep.

Typically, a person undergoing CBT for insomnia sees a therapist or counselor who specializes in the treatment for several weeks. The American Academy of Sleep

*Actually, no food has been proven to induce sleep, but warm milk is always a better nightcap than a cold beer.

Medicine has developed a standardized process and certification for behavioral sleep therapists, and you can locate a practitioner through its website.

More bits:

- Sleep research is a very active field. To learn what studies are under way and which ones are recruiting participants, see www.clinicaltrials.gov.

- Valerian, an herb sold as a dietary supplement, is a common ingredient in over-the-counter products promoted as sleep aids. Evidence that it is helpful in treating insomnia is inconclusive, according to the Mayo Clinic.

- Anticonvulsants and blood pressure medications are being tested, and in some cases, used to treat sleep problems associated with PTSD.

- Some studies show that regular exercise improves sleep as effectively as some anti-anxiety medications.

- Enjoy quizzes? Help put yourself to sleep with one offered through the National Center on Sleep Disorders Research, www.nhlbi.nih.gov/about/ncsdr/research/research.htm. Click on "Patient and Public Information."

Armor for the Mind (Cont'd. from page 1)

Resilience & Support Protect Against PTSD, Depression

To measure unit support, study participants were asked to agree or disagree with such statements as "My unit was like family to me," and "I could go to most people in my unit for help when I had a personal problem."

Post-deployment social support was gauged by rating such statements as "I am carefully listened to and understood by family members or friends," and "The American people made me feel at home when I returned."

"A strong finding of this study," says Johnson, "suggests that efforts to enhance social support and help Marines and Sailors learn how to seek out social support may be effective in reducing the negative impact of traumatic stress."