Naval Center COSC Combat & Operational Stress Control

MINDLINES

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The Positive Power of Resilience

By Capt. Scott L. Johnston, Ph.D., ABPP, MSC, USN
Director, NCCOSC

Resilience is the most popular word in any current discussion about combat and operational stress control, and rightfully so. This is a concept that really has no downside.

There are many definitions of psychological resilience, but one of the most simple to articulate to our Sailors is "armor for the mind" — a mental flak jacket that helps a person to withstand the effects of a trauma or an adversity. When a stress-induced reaction does occur, resilience also gives us the ability to recover quickly and fully from it.

Recent studies have highlighted the protective factors of psychological resilience, associating it with a lower incidence of post-traumatic stress disorder, less depression, decreased suicide ideation, less severe alcohol problems and fewer overall health complaints. It's easy to understand why resilience is listed as the ultimate goal set out in the newly adopted Department of the Navy's Combat and Operational Stress Control Doctrine. Simply put, it's always better to prevent a stress injury than to treat one.

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With our Sailors facing multiple deployments and increasingly stressful workloads — often coupled with more demanding family challenges at home — the need to build and maintain resilience has never been more pressing.

Science suggests that people can learn to be resilient. They can increase their ability to be flexible in their thinking, find creative solutions to a problem, find meaning in their experiences and become optimistic. These are just some of the important resilience-building skills that can be learned.

Since we know that individuals can learn resilience, we now need to determine the best way to teach it. The Navy Bureau of Medicine and Surgery recently asked NCCOSC to evaluate a number of resilience training programs and to make recommendations about the content of a program that possibly would be implemented Navy-wide. It's an assignment that the center is enthusiastically undertaking.

Teaching resilience across the fleet signals another important step in the Navy's evolving mindset toward mental health. It shows we are moving from a medical approach

that *treats* stress injuries and illnesses to a resilience model that *enhances* an individual's level of functioning.

Like any enterprise activity, resilience training would require support at all levels. I am optimistic that leaders will provide that support because they are committed to our Sailors' well-being and they recognize that a resilient force is a ready force.

I'm equally optimistic that the concept of resilience also will be endorsed by the deckplate. When psychological health is presented as a means to ensure optimum performance, there is more acceptance of it.

NCCOSC Supports Navy Mobile Care Team for IAs

When members of the Navy's Mobile Care Team 4 (MCT) arrived in Afghanistan this summer, they had just completed some important training provided by NCCOSC that they immediately began to use to assist Sailors serving as Individual Augmentees (IAs) with preventive psychological care.

"We were able to give them practical, just-in-time training before going in country," says Patrick Nardulli, an outreach speaker and curriculum developer for NCCOSC.

"Our transition into theater has been much easier by the hands-on training and briefs provided by NCCOSC," says Cmdr. Alan Nordholm, a research psychologist and Team 4's officer in charge. "NCCOSC gave us the right cards to start the discussion and make the best recommendations to leadership."

Nardulli, a retired chief petty officer and a corpsman, said training included in-depth discussions about the MCT philosophy and applying Navy OSC tools to identify behaviors that indicate a Sailor may be adversely reacting to stress. Practices that contribute to building psychological resilience to thwart stress injuries were presented, as well as real-life scenarios to help illustrate the challenges IAs often face on deployment.

MCTs were established by the Navy Bureau of Medicine and Surgery to present a blend of psychological assessment and prevention services to support IAs. Members of the team conduct behavior health surveys and focus groups from multiple Navy units while on their seven-month mission.

Some data are analyzed on site to provide command leadership with a quick psychological look at a unit, with a more in-depth analysis available shortly thereafter. Team members also meet individually and in small groups with Navy personnel to provide education in combat and operational stress control.

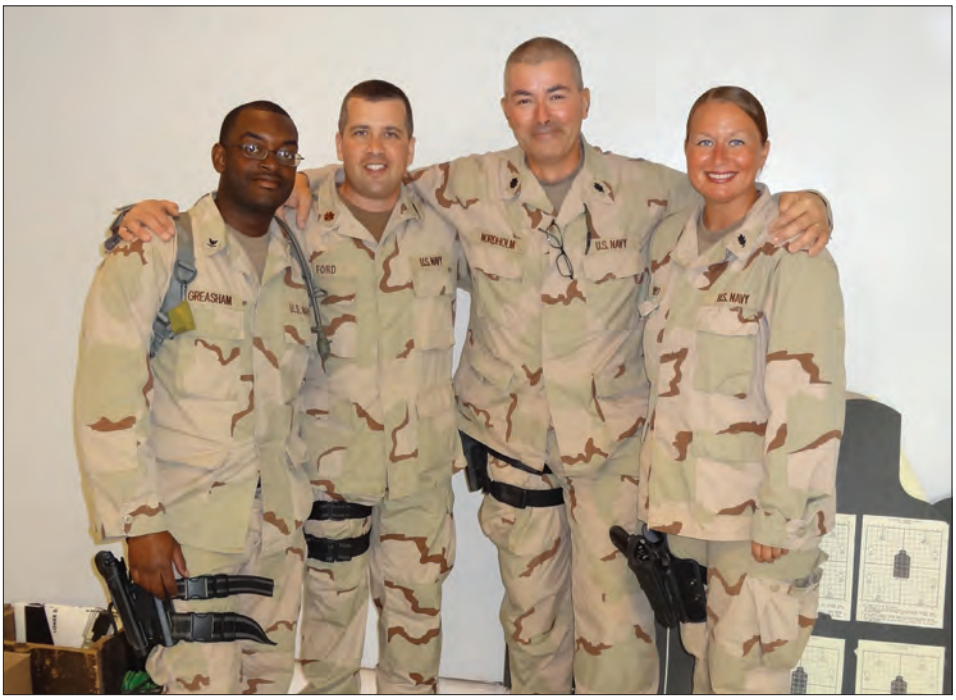
"We don't serve in the typical mental healthcare role, but primarily act as a consultant to leadership," Nordholm says. Other members of the team are clinical social workers Lt. Cmdr. John Ford and Lt. Marlo Narro and hospital corpsman Elisha Greasham, a behavior health technician.

"We're able to get a handle on such things as whether a unit is having sleep problems or if a number of Sailors are going through some rough family times," adds Nordholm. "We also suggest resources for leaders to use to prevent psych problems."

Nordholm's team is the fourth MCT to be deployed to Afghanistan, but the first to have received training from NCCOSC.

Capt. Scott L. Johnston, director of NCCOSC, says the training provided to the MCT is a good example of the collaborative role the center plays in providing education to diverse Navy communities.

"The MCTs have direct contact with service members in theater, and we're able to tailor the training to best serve these warfighters," Johnston said.



MCT-4 in Afghanistan *From left, HM3 Elisha Greasham, Lt. Cmdr. John Ford, Cmdr. Alan Nordholm and Lt. Marlo Narro.*

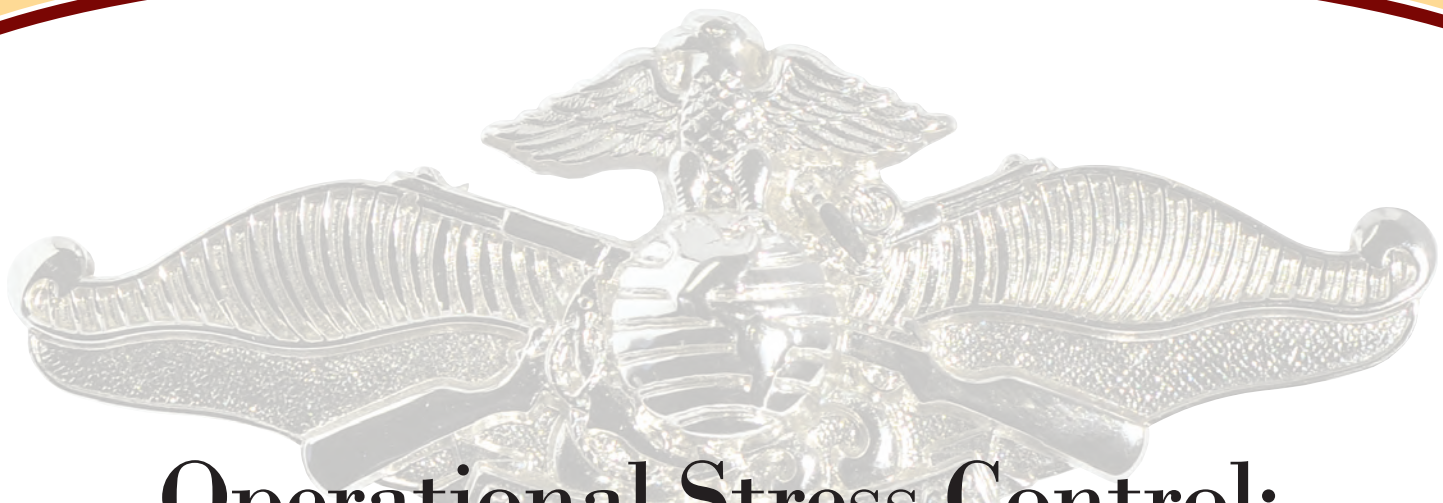
A Hearty Thank You…

…to the nearly 1,100 military leaders, healthcare providers, researchers and military family members who attended the Navy and Marine Corps Combat & Operational Stress Control Conference 2011. By all accounts, it was a successful, information-packed three days and the strong attendance assured its vibrancy.

Videos of each day's plenary session and audio slide presentations of all break-out sessions are available on the NCCOSC website, www.nccosc.navy.mil. Please check out these valuable resources for today's warfighters.

Details will soon be available for the 2012 COSC Conference, which again will be held in San Diego. Information will be posted on the NCCOSC website, so check back often.

As always, we welcome your comments or suggestions at nmcsd.nccosc@med.navy.mil.



Operational Stress Control:
Up Close and Very Personal

Editor's Note: Wonder what Operational Stress Control looks like in a combat zone? Hospital Corpsman Michael Pilati served in Helmond Province, Afghanistan, from January to September 2010 and shares one of his experiences with Mindlines.

By HM3 (FMF) Michael V. Pilati
Behavioral Health Technician
Naval Medical Center Portsmouth

A patient comes in, special forces fellow, a 20-year-old USMC. He's a linguist, works for intel – real smart. He's detached from reality. Sees dead bodies everywhere, blood, constant vivid nightmares. Why?

He has seen and done quite a bit. When he went home on R&R, he discovered the body of his cousin, who had committed suicide. He returns to Afghanistan and goes out on a mission where he watches two of his best friends die. Bled out. No air.

Pain. Hate. Regret. Numb. Disconnected. Empty. No affect and no emotion.

Doc tells me, "He needs temp, vitals, meds, then bring him back here."

From pharmacy to vitals then back to our tent I spoke with this Marine for 12 minutes.

I sat him down and drew a stick figure on paper with a large cloud above it. I wrote along the perimeter of the cloud "relationship problems," "depression" and "self- esteem."

"What can you add to this?" I asked. Hate, numb, regret, he said. All written along the perimeter of the cloud leaving the inside blank.

"What's the one thing that has you down – the most weight that bears on you?" I asked. "Empty," he said.

In the center of the cloud I wrote "empty emotions."

I then explained how it all ties in: Regret so you hate, which makes you angry, which affects your self-esteem and makes you depressed, which causes problems with relationships, family, friends and co-workers. All because you weren't there to help save, to react faster, so you feel… "empty and numb."

This made an impact, and I then asked him about coping skills. He said he liked music and writing, and told me he played guitar.

"Do you want to play now?" I asked.

"Yes," he replied.

I went to get a guitar that had been sent in a USO box.

He began to play and I knew that for those moments, he forgot about his buddies dying before him, his cousin's suicide, his abuse as a child.

I went to the provider's office and waved him out. "Sir, you have to see this. Check out your guy."

"What did you do to get him to play?" the doc asked me later as he shook my hand. I explained what I did from the pharmacy tent to the guitar.

"Strong work." Then he said, "Do know what I did after I saw him play? I went to my office and sat down and cried."

He began to play and I knew that for those moments, he forgot about his buddies dying before him.

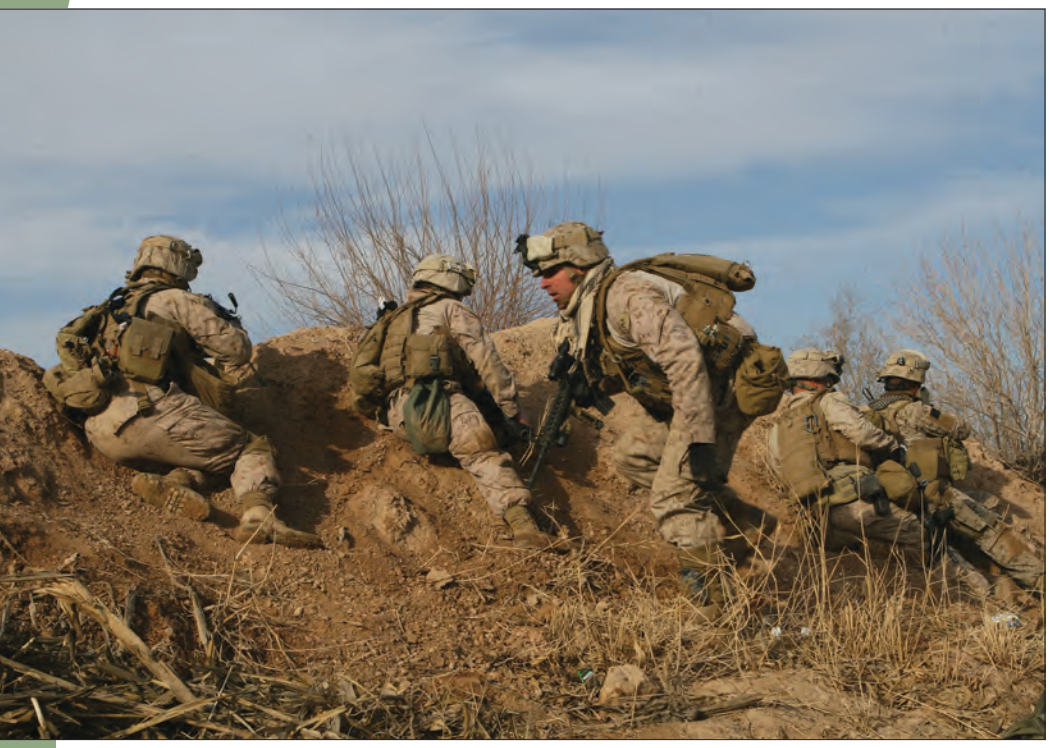
"You're joking, pulling my leg, sir." I smiled.

As tears began slowly descending from his eyes, he said, "No, I sat there and cried."

So I got my notebook and I wrote:

"The patient was medivaced to us for suicidal ideations with firm concern that he would make an attempt. We did medivac the patient stateside to receive further care that could not be obtained at the present time in theater. No psych-related patients died on our watch. Hoorah."

Pilati also gave a powerful presentation at this year's COSC Conference.



Who Gets PTSD and Why?

NCCOSC Assists with a Major Study

Combat actions over the last decade in Afghanistan and Iraq have highlighted the prevalence of post-traumatic stress disorder (PTSD) among service members and the growing need for successful treatment of the condition. A major multi-year study involving thousands of Marines – perhaps the most ambitious of its kind – enters its fourth year in August.

The Marine Resilience Study (MRS), a collaborative effort among the Marine Corps, Veteran Affairs and Navy Medicine, aims to determine what factors predict risk and what factors predict resilience for combat stress injuries and illnesses.

While significant research on stress illnesses exists, the MRS is the first effort to study combat Marines before, during and after deployment. The researchers hope that by studying the entire deployment experience of these Marines — and combining the data with genetic, psychological, social and environmental factors — the causes of PTSD will become clearer, leading to more comprehensive and effective prevention and treatment.

NCCOSC is a collaborator on this important study and assists with collection of some of the data.

"Our hope is that by conducting such a comprehensive and inclusive study, we will be able to significantly mitigate pre-existing risk in an effort to prevent stress illness," said Dewleen Baker, a psychiatrist with the VA San Diego Healthcare System and one of three principal investigators for the MRS.

"Teaming with organizations like NCCOSC and others ensures that the MRS leverages best practices available in the field, ultimately driving optimal results that will benefit the warfighter for years to come."

Attention Providers

Free training for cognitive behavioral therapy (CBT) and Cognitive Processing Therapy (CPT) is available online to Navy medicine providers through the Wounded, Ill and Injured program of the Navy Bureau of Medicine and Surgery.

Continuing education credits for the training are funded by BUMED. For more information, see www.nccosc.navy.mil.

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