Naval Center for Combat & Operational Stress Control

MINDLINES

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Meeting the Challenge

By Navy Capt. Paul S. Hammer, M.D.

The unique challenges posed by the wars in Afghanistan and Iraq – coupled with lessons learned from the Vietnam conflict – have led every military branch to adopt programs that prevent, identify and treat psychological injuries caused by combat or other operations. We at the newly established Naval Center for Combat & Operational Stress Control are exceptionally proud to be part of this most-worthy effort.

Posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) are called the signature wounds of the current conflicts. With an unprecedented all-volunteer force and a sizeable percentage of troops making multiple and often longer deployments, the war on terror is different from previous hostilities. (*Cont'd p. 7)*

A New Psychological 'Plan of the Day'

"United States sea power will be globally postured to secure our homeland and citizens from direct attack and to advance our interests around the world."
Navy Maritime Strategy since 2007

The 21st century Navy is charged with protecting the vital interests of the United States in an increasingly unpredictable and dangerous world. Sailors and Marines face new challenges that carry new levels of operational stress – combat deployment, support missions, peacekeeping and humanitarian missions, disaster relief and homeland security. These stresses translate to military families, too, as they adapt to the service member's changing role.

Short-term stress is often good because it leads to quick, clear thinking and heightened energy. It's a normal and expected response to demanding circumstances, and it usually diminishes as situations subside. But when a challenge is too severe or stress too long-lasting, a normal reaction can become an abnormal stress injury for some individuals. The result might be anything from poor job performance to serious mental-health problems to substance abuse to full-blown family crises. (*Cont'd p. 2)*

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New 'Plan of the Day'

(Cont'd from p.1)

The old Navy way treated operational stress problems as failures to "be tough enough." "Suck it up and carry on" was the unwritten motto – one that didn't work many times. The stress problem never went away and often festered to become an even worse problem later on. Now, as the Navy's role has changed to reflect new global realities so, too, has its approach to mental health.

The new "plan of the day" emphasizes building psychological resilience to manage stress properly. Prompt identification of problems is emphasized, as is encouragement to seek help – from family, a buddy, a chaplain, medical personnel or a counselor.

Strong, supportive leadership to back this plan is critical. To this end, the Navy is developing a series of programs to teach Sailors how to recognize stress symptoms in themselves and in others. By the end of 2008, several hundred prospective commanding officers, executive officers and senior enlisted leaders had received training on Operational Stress Control at the Command Leadership School and the Senior Enlisted Academy in Newport, Rhode Island.

The training uses the Operational Stress Continuum, which reflects an individual's stress response in one of four different categories – Ready, Reacting, Injured and Ill. Each category contains lists that help identify and define characteristics of stress and methods of handling it. A similar continuum also provides a model for helping family members deal with their home-bound anxieties in a positive manner.

A Big Picture View

The Naval Center for Combat & Operational Stress Control focuses on stress training and stress recognition throughout a Sailor's or Marine's military career.

"We want to help not only those in distress, but to promote good stress management for everyone that lasts from boot camp to war college," says Navy Capt. Paul Hammer, M.D., NCCOSC director. "We must get past just dealing with people in crisis and instead promote a system that increases our ability to cope so that we rarely get into a crisis mode."

He added that the routine stress that Sailors and Marines undergo on a regular basis – not counting when they are in a combat zone – is extremely dangerous at times and requires that leaders manage stress well.

One of the center's missions is to determine where line leaders might have the most impact to help educate Sailors and Marines, such as in the curriculum they are taught in military training, Hammer says.

"One of the things I like to look at when people are training and they go through drills is, 'How can we incorporate stress training so that they are more aware of when they are dealing with stress?'" he adds.

With more than thousands of Sailors and Marines currently serving as individual augmentees around the world in combat areas, learning how to recognize operational stress is important for everyone's well-being.

"When we talk about operational stress, we're talking about that unique set of circumstances that people have when they are deployed or when they are in the jobs that they do," Hammer says. "Somebody who works on the deck of an aircraft carrier has a much different level of stress than someone who is a civilian and works in an office building downtown."

Resilience
the Bounce Back Factor

Think of emotional resilience as armor for the mind, push-ups for the brain.

Emotional resilience helps to protect a person from the debilitating effects of trauma and high-stress situations. Some people may seem more naturally resilient than others, but resilience can be developed and strengthened.

While many traits are associated with mental hardiness, researchers – backed by studies involving brain chemistry measurements – have identified **six factors that are consistently identified as resiliency builders and stress resisters.** It's also been found that bolstering one resilience factor usually has the positive effect of boosting other resilience factors.

An **active coping style** – basically, learning to face fears – promotes emotional well-being. Active coping involves working to solve the problem and accepting the emotions that stress brings.

A person with a passive coping style, on the other hand, denies feelings, "gives in" to the problem and often will abuse alcohol or other drugs to cover up feelings.

Physical exercise builds mind health as well as body health. It releases endorphins and other so-called happy hormones that lift moods and apparently increase the brain's ability to learn from, and adapt to, stressful situations.

Maintaining a **positive outlook and keeping a sense of humor** go a long way toward emotional resilience. A depressed person tends to view problems as all-encompassing and permanent. A positive thinker puts negative events into perspective and recognizes that hardships are temporary.

Religious beliefs or **spirituality** can provide a moral compass that is strongly associated with emotional resilience, especially if they lead to altruism – finding fulfillment by helping others.

Resilient individuals have **strong social support systems** that help increase feelings of self-worth and keep problems in perspective. It's also beneficial to find a role model who is resilient and to learn from that person.

Finding the good in the bad demonstrates what scientists call **"cognitive flexibility"** and is considered a critical component to resilience. Individuals who successfully overcome a crisis and don't become depressed usually find that the negative event had some purpose.

The Naval Center for Combat & Operational Stress Control is collaborating on a first-of-its-kind study that follows troops as they experience wartime conditions. Known as the Marine Resiliency Study, the project looks at what factors might predict who adapts well to the challenges of combat duty.

"We hope to identify factors that promote resiliency and incorporate them into treatment," says Dr. Chris Johnson, Ph.D, head of the NCCOSC Research Facilitation Department.

NCCOSC
Getting to Know Us

NCCOSC includes divisions whose specific functions support the overall goal of improving the mental health of Navy and Marine Corps forces and helping warriors' families best adapt to the new lives that combat service brings.

Research Facilitation studies all aspects of the most pertinent issues in the field of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI). Its staff compiles and distributes science-based evidence to aid in the accurate diagnosis and most effective treatment of PTSD and other combat-related stress disorders. Research related to resiliency training to prevent such disorders also is a major focus.

"We want to ensure that all mental-health assessments and treatments are the most up-to-date, reliable and valid," says Dr. Chris Johnson, the clinical psychologist who heads the division. Another main function of the division, he adds, is to support military and civilian clinicians who lack the time, experience or the funding to explore new methods of care and to aid in the analysis, writing and publishing of results.

"We also will be partnering with a number of military and academic investigators to engage in original research projects that we believe are needed," Johnson says.

Findings from Research Facilitation are used by the center's **Programs** division to tackle one of the biggest challenges in the field of PTSD – assuring uniform standards for the treatment and evaluation of patients.

"With the variations and complexities among PTSD patients, there is no one-size-fits-all treatment," says Dr. John Clapp, clinical psychologist and project coordinator for the division.

Using the department's guidelines, for example, the PTSD patient who abuses alcohol or who has serious family problems would be referred to a different treatment track than the so-called standard PTSD patient. "We want to make certain that each patient receives comprehensive care in a way that makes the most sense," Clapp says.

STRENGTH THROUGH PSYCHOLOGICAL WELL-BEING

The Programs division also is designing training materials for PTSD case managers, who will oversee a patient's treatment plan, in addition to curriculum in psychology education classes to which some PTSD patients will be referred.

Presenting information to a variety of audiences interested in military psychological health is the primary function of the **Communications** division. Staff members publish ***Mindlines***, edit the center's website, **www.nccosc.navy.mil,** and prepare other topic-specific and general-interest publications – all with an eye to ensuring that the complex issues under study at the center are presented in easy-to-understand terms. Contributors include family therapists and social workers to provide important information and resources for military families and loved ones.

"We're also actively involved in helping to 'de-stigmatize' PTSD and related disorders,"

says Kathleen Onofrio, acting director for the division. "As part of this, the center will soon launch a speaker's bureau to better inform military and community groups about mental-health issues affecting the Navy and Marines."

Supporting all functions of the center is what's known as the **Knowledge Management** division, a high-tech hub for data collection, analysis and databases. The division also provides an information clearinghouse that can be accessed through the center's website, **www.nccosc.navy.mi**l.

"OK, I'll go to treatment. Now what?"

Combat-related PTSD is treatable through relatively simple and straightforward steps. As with any medical condition, getting professional help early greatly increases the chances for an effective and lasting recovery.

PTSD is almost always treated on an outpatient basis and involves meeting with a mental health professional, who could be a psychiatrist, psychologist or a specially trained clinician. Group sessions with other military members also diagnosed with PTSD might later be recommended.

Before treatment begins, the service member describes the symptoms he or she is experiencing and the problems they are causing. The mental health professional uses this information to design a specific course of treatment, taking into account the approach that makes the patient most comfortable.

To date, the most effective treatments for PTSD are known as **Cognitive Behavioral Therapies (CBT):**

- **Exposure Therapy** helps a person learn new, more adaptive responses to trauma reminders. It's called exposure therapy because individuals are systematically and gradually exposed to cues associated with their trauma experience.

The goal is not to relive the trauma, but rather to relearn positive associations that don't produce cues that lead to negative responses and avoidance. This technique has the strongest evidence backing it as a significantly beneficial treatment.

- **Cognitive Restructuring** helps a person relearn thoughts and beliefs generated from a traumatic event by focusing on changing distorted thoughts. These distortions are usually centered on two erroneous beliefs: 1) an overestimation of the impact and duration of the event and 2) an underestimation of a person's ability to cope and endure.

Examples of these types of thoughts are, "This event is going to haunt me forever" and "I am completely dysfunctional." With a therapist's help, such destructive thoughts can be transformed into more accurate beliefs by questioning the evidence, putting things in perspective and generating alternative explanations.

- **Cognitive Processing Therapy (CPT)** combines certain aspects of cognitive restructuring and exposure therapy. The exposure typically involves writing an account of the traumatic event and then restructuring thoughts and beliefs about that event.

- **Anxiety Management Training** teaches a person a variety of skills to help cope with the emotions related to PTSD. This might include relaxation training, communication skills and assertiveness training.

- **Psychoeducation** helps people understand the nature and effects of PTSD so they are better able to deal with the disorder. Avoiding relapse is also stressed by emphasizing a person's own strengths, resources and coping skills. By broadening a person's view of the illness and becoming more informed, the less helpless he or she is likely to feel.

Prescription antidepressants can be helpful and are sometimes used along with psychotherapy to treat PTSD. One class of drugs in particular, selective serotonin reuptake inhibitors (SSRIs), has been beneficial to many patients, and two SSRIs – sertraline (Zoloft) and paroxetine (Paxil) – are approved by the FDA for treatment of PTSD.

The right treatment – coupled with a person's desire and determination to improve – can lead to recovery from PTSD or, at the least, a marked improvement in symptoms.

PTSD
THEN AND NOW

From ancient Greek dramatists to Shakespeare to modern-day screenwriters, the lingering and incapacitating mental hardships faced by some warriors have been vividly portrayed for audiences who have never been in combat.

Labels attached to these afflictions have changed through the eras, but society has always recorded the symptoms that now define combat-related posttraumatic stress disorder – terrifying flashbacks and nightmares, avoiding people and places, and excessive emotions.

Psychological injuries experienced by Civil War soldiers were called "soldier's heart" or "nostalgia." A World War I soldier who lost his will to fight was described as having "shell shock" or "hysteria," and "combat fatigue" was the term in World War II and the Korean War. During the Vietnam War, physicians were treating what was then called "gross stress reaction."

Because the disorders dealt with injuries to the mind and often no physical wounds, society tended to attach a stigma to the terms, which were wrongly associated with mental or moral weakness or even "faking it" to avoid further combat duty.

It was the aftermath of Vietnam that led to the designation "post-traumatic stress disorder (PTSD)" and its inclusion in 1980 in the *Diagnostic and Statistical Manual of Mental Disorders*, the bible of the American Psychiatric Association that is used by all clinicians for diagnosis and treatment.

Large-scale studies of mental-health issues involving combat began in earnest after Vietnam, and some experts now say as many as one-third of all U.S. troops who served in that conflict developed PTSD.

To better distinguish how combat-related PTSD differs from other forms of the disorder, the Department of Defense in recent years uses the term "combat and operational stress reaction."

As medical science has increased its knowledge of the physical and psychological factors that contribute to PTSD, myths surrounding the disorder are beginning to disappear. More information and more willingness of society to talk openly about mental-health issues in general are helping to erase the long-held stigmas.

Gen. James T. Conway, commandant of the Marine Corps, succinctly summarizes the Corps' approach to treating mental-health issues in a video available to all service members. (View it at **www.usmc-mccs.org/cosc/.**)

"As Marines, we don't like to show weakness of any kind; that's just not part of our culture," Conway says. "But make no mistake: Getting treatment for a stress injury is not a sign of weakness. It's no different than getting treated for a shrapnel or gunshot wound."

Q&A

Q: I'm getting out of the Navy soon, and I want to go into law enforcement. I've had some treatments for PTSD. Does that disqualify me?

A: Questions about PTSD and future employment are common, especially on online forums, and you see a lot of anonymous advice that suggests many employers have a "don't ask/don't tell" policy. To better understand the hiring policies of law enforcement, the NCCOSC Research Facilitation division surveyed 12 large agencies across the country.

With each of the eight agencies that responded, a psychological evaluation of the applicant was required, but a separate evaluation for PTSD was not typically administered. The majority said a history of PTSD would not result in automatic disqualification. Other important findings:

- Several agencies, including the Seattle Police Department and California Department of Forestry, said individuals with histories of PTSD have been hired.
- Most agencies don't have policies that prohibit prescribed medications.
- Seeking treatment for PTSD was viewed by the agencies as very positive, and medical records were typically obtained to confirm an applicant had stuck to his or her treatment plan.
- All agencies said individual circumstances and PTSD diagnoses were evaluated on a case-by-case basis to determine if symptoms interfered with job requirements.
- The underlying message is that if an applicant is not experiencing debilitating PTSD symptoms, he or she will be considered as equally as any applicant without a history of PTSD.

Read the full report at www.nccosc.navy.mil.

The invisible injuries of war are every bit as real as the physical ones, and there should be no stigma attached to them. A major focus of our mission is to erase any barrier to mental health.

Meeting the Challenge

(Cont'd from p. 1)

Some studies say as many as 20 percent of combat troops have PTSD or a major depressive disorder; more than 300,000 have experienced a probable TBI. These numbers are shocking and foretell untold costs in broken lives and families, as well as an extraordinary toll on military and civilian health care systems.

Psychological combat injuries can be successfully treated. Moreover, many can be prevented or curtailed through leadership awareness and resiliency training. The key is knowledge, understanding and – perhaps most importantly – acceptance. The invisible injuries of war are every bit as real as the physical ones, and there should be no stigma attached to them. A major focus of our mission is to erase any barrier to mental health.

No one goes into combat and returns home unchanged. Stress is not easily left in the war zone, and all service members experience a wide range of emotions and adjustments post-deployment.

For most, the unpleasant and unsettling feelings will fade and a healthy transition is made. For others, it's more difficult. At NCCOSC, we focus on what is scientifically known about stress disorders in the military, what important research is under way regarding diagnoses and treatment and how best to train for resiliency to avoid mental-health crises. We also provide service members and their families with practical suggestions to relieve stress and improve psychological health.

We hope you enjoy this first issue of ***Mindlines***, which will be published quarterly. Visit our website, **www.nccosc.navy.mil**, where you'll find in-depth information on current news topics, research results, success stories, mental-health tips and a variety of interactive features.

And please let us hear from you. Your comments and feedback are always welcome. Our Sailors, Marines and their families are the strongest assets of our military, and we strive to best serve your mental-health needs.

Briefings

Shrink-in-a-Box?

Investigators for a NASA project that uses an interactive computer to provide self-guided treatment for depression and anxiety among astronauts on long-haul flights are meeting with NCCOSC to discuss how "computer therapy" could be useful to the military.

Navy Capt. Paul Hammer, NCCOSC director, is enthusiastic about the possibilities. "It has huge potential for removing barriers to care," he says, "and it could be tailored to every branch of the military."

The program, which includes video segments with professional therapists and a variety of problem-solving exercises, is private and portable.

NCCOSC take: *The NASA-inspired program could help anyone who can't meet with a therapist in person because of cost or remoteness of location.*

Scary Fact

Nearly 60 percent of military members who have served in a war zone since 2001 say they are "somewhat" or "not at all" knowledgeable about the warning signs of metal-health problems arising from such service. Two-thirds of military spouses agree. Most surveyed said they have rarely or never spoken about mental-health issues – even to family or friends.

The findings were reported by the American Psychiatric Association following an online survey last year of a small sample of troops and military spouses. Read more at www.psych.org.

NCCOSC take: *Still more reasons to get educated about recognizing and dealing with stress.*

The Family & Friends Plan

Service members who are experiencing psychological problems are most likely to seek help if family and friends "strongly encourage" them to do so, according to a survey published last year in *Military Medicine.*

NCCOSC take: *You often see the stress in your spouse or friend before they do. Give them some "tough love" and make certain they get some help!*

And the Survey Continues…

Another important factor, according to the anonymous survey of more than 2,600 deploying soldiers: Setting up programs and systems that allow soldiers "guaranteed time off to get care without negative consequence from the unit."

NCCOSC take: *Time off now is an investment that pays dividends later.*

Problems South of the Border

"Between 63 percent and 80 percent of combat veterans with PTSD have sexual problems, according to studies from the Vietnam era through the Iraq war. Combat troops with PTSD are far more likely than other men to have erection difficulties, suggest studies….The causes may be biological or emotional. Some [vets] don't even sleep in the same rooms as their spouses because of nightmares." *– USA Today*

NCCOSC take: *You're still looking for reasons to get treatment?*

Illustration by Ellen Duris

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Fiction:

Antidepression medications change your personality.

Fact:

Antidepressants do affect brain chemistry, but they are designed to change only certain chemicals that can trigger depression. They do not change an individual's personality.

Stressbuster #1

Exercise! It lowers tension, improves sleep and elevates self-esteem…and it does it almost immediately.

Stressbuster #2

Breathe! Take a deep breath in on a count of three and let it out slowly on a count of three.

Stressbuster #3

Smile! Use humor as your flak jacket.