Naval Center for Combat & Operational Stress Control

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Inside



New Meaning for an Old Word

By Capt. John A. Rothacker, NC, USN, assistant director of NCCOSC

The concept of caregiver has expanded and that, I believe, is a good thing.

Traditionally, the term was applied to people in the medical profession who work to prevent, identify or treat an illness or disability. In recent years, the role of a caregiver was expanded to encompass any provider — often a family member — who assists a physically or psychologically challenged person with the day-to-day business of living.

For the military community, now is the time to enlarge the definition even further by singling out the caregiver responsibilities each of us has in looking out for our fellow service members — especially in relation to the stress injuries brought on by unrelenting high-tempo operations at sea and on land. Left unrecognized and unmanaged, the accumulation of these invisible injuries can lead to such serious stress illnesses as post-traumatic stress disorder (PTSD), major depression or a host of anxiety ailments.

You don't have to have a mental illness to see a mental-health professional. A marriage and family therapist, a clinical social worker, a psychologist, a corpsman — all are trained to help individuals sort through problems and consider healthy, adaptive solutions.

In the Navy and Marine Corps, all leaders are learning they must be ever vigilant in recognizing signs of stress. Is someone consistently coming in late? Looking disheveled? Acting out? Starting to pull away from the unit and just isolate? These and other signs can be indications that a subordinate or buddy is in need of care because of a buildup of stress on or off the job.

The kind of care required is another area where definitions are expanding. People tend to automatically assume that a psychological health problem means "I'll have to see a shrink." They should instead ask, "Who's the most appropriate person for me to see?" The answer could easily be a chaplain, a nurse, your spouse or significant other or a trusted friend who will serve as a good sounding board.

Conversely, you don't have to have a mental illness to see a mental-health professional. A marriage and family therapist, a clinical social worker, a psychologist, a corpsman — all are trained to help individuals sort through problems and consider healthy, adaptive solutions.

Family is a big part of the caregiver picture, and members often have to assume new roles after a service member returns with a stress illness, a traumatic brain injury or a combination of the two. The many frustrations that familes often experience as a result of their intense (and sometimes around-the-clock) responsibilities can cause great emotional distress.

Help is there for the asking. There are many, many resources available, and there is no reason for anyone — Sailor, Marine or family member — to have to stand alone.

Effective February 2010, Capt. Rothacker is the new director for TRICARE Area Office Pacific, based in Okinawa, Japan. Fair winds and following seas, Captain!

CONTACT US:

NAVAL CENTER FOR COMBAT & OPERATIONAL STRESS CONTROL (NCCOSC)

Naval Medical Center San Diego
34960 Bob Wilson Drive, Suite 400
San Diego, CA 92134-6400

www.nccosc.navy.mil

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It was the hardest, most stressful and demanding deployment that I have experienced, yet I would do it all over again because it was the most rewarding of all. I learned a lot about myself in every spectrum. Unfortunately, there is a price to pay.

MA1 Glen Bednarz,
a recently returned Navy Individual Augmentee (IA)

Navy.mil photo

The Rehabilitation *of* Reaching Out

A Navy IA Wants to Help Others

Glen Bednarz is a stress success story. The 40-year-old Master-at-Arms First Class, now based at the Navy Expeditionary Combat Command in Norfolk, Va., rates his psychological well-being on a scale of one to 10. "I was a 10 prior to deployment to Iraq," he says. When he returned from his IA duty in April 2009, he was "maybe a two." Today, he says, he's an eight or nine "and happy to keep it there. A 10 isn't possible because I'll always have memories."

Since September 11, 2001, more than 78,000 Sailors, both active duty and reserve, have served on IA tours in support of global conflicts. They are used to fill shortages in other branches of the military when an individual with specialized knowledge or skill is required. There are special challenges inherent in the tours: An IA is plucked from his or her parent command, must adapt to a different military culture and is away from his or her traditional command support system.

Bednarz' IA assignment was supervising 25 other Sailors of various ratings working as detainee guards and flight escorts for a Joint Special Operations Task Force in several locations in Iraq. It was a 315-day deployment, 270 of which were boots on the ground.

He shares his story with *Mindlines* with the hope that it will help other Sailors on an IA deployment.

"Never did I or any Sailor I served with in Iraq believe we would experience mortar attacks, aerial small-arms fire and firsthand stories of combat-related death from both enemy and coalition forces," Bednarz says, "but we did and some experienced worse than others."

The tour took its toll on the MA1. His detainee ops assignment required him to constantly maintain a tough, unemotional demeanor in front of aggressive and often panicked prisoners. But the traits that served him well in Iraq became a serious liability when he returned home from deployment to his wife and two sons. The great happiness of his much-anticipated homecoming lasted only one day.

"My wife and kids would hug and kiss me, but I had difficulty showing any emotion. I was completely desensitized," says Bednarz. Other problems quickly arose, too. He and his wife argued constantly, his kids annoyed him no end, and he was plagued by nightmares — when he could sleep.

Following his mandatory Post-deployment Health Assessment, Bednarz was referred to a psychologist. He went, but he was discouraged by the amount of paper work he was asked to fill out and he left. "I just wanted a few questions answered and have somebody tell me how long these feelings would last," he says. Because his IA assignment was classified, he knew he would not be able to disclose much information with military medical personnel. "I figured I was just going to have to do things for myself."

Bednarz contacted several of the Sailors with whom he had worked in Iraq. He found that most were experiencing the same problems — lack of patience, insomnia, nightmares, anger, depression, feeling late for work upon waking, and wanting to go back to the "comfort zone" of the war.

"My wife and kids would hug and kiss me, but I had difficulty showing any emotion. I was completely desensitized."

He and his wife also spent time talking to his command's master chief hospital corpsman and a licensed clinical social worker. "They have been the most help to us," Bednarz says. "It would be very wrong to keep my wife out of this because my stress is her stress, too."

Bednarz does not believe he has post-traumatic stress disorder (PTSD). "My situation is not affecting my relationships like it used to," he says. "The memories (of Iraq) are still there, but that's all they are — just memories. The nightmares are about gone, but I still have trouble sleeping at night. My wife and I have some communication problems but now we have a round-table discussion once a week to talk things over."

He is concerned about fellow IAs who do not reach out for assistance when they return from deployment. "You've got to ask yourself, 'Do I need help?' If you do, get it. Talk to someone, get some communication going. The key thing is not to keep your feelings to yourself because you can end up really hurting yourself."

Bednarz says he would volunteer for another IA assignment "if I was single. Otherwise, my wife would kill me." As it is, he hopes to be assigned to a riverine squadron, the Navy's brown-water patrols.

Lessons Learned

MA1 Glen Bednarz, who recently returned from Iraq on an Individual Augmentee posting in detainee operations, shares advice for Sailors on an IA assignment to lessen the high stress level often associated with the nontraditional deployment.

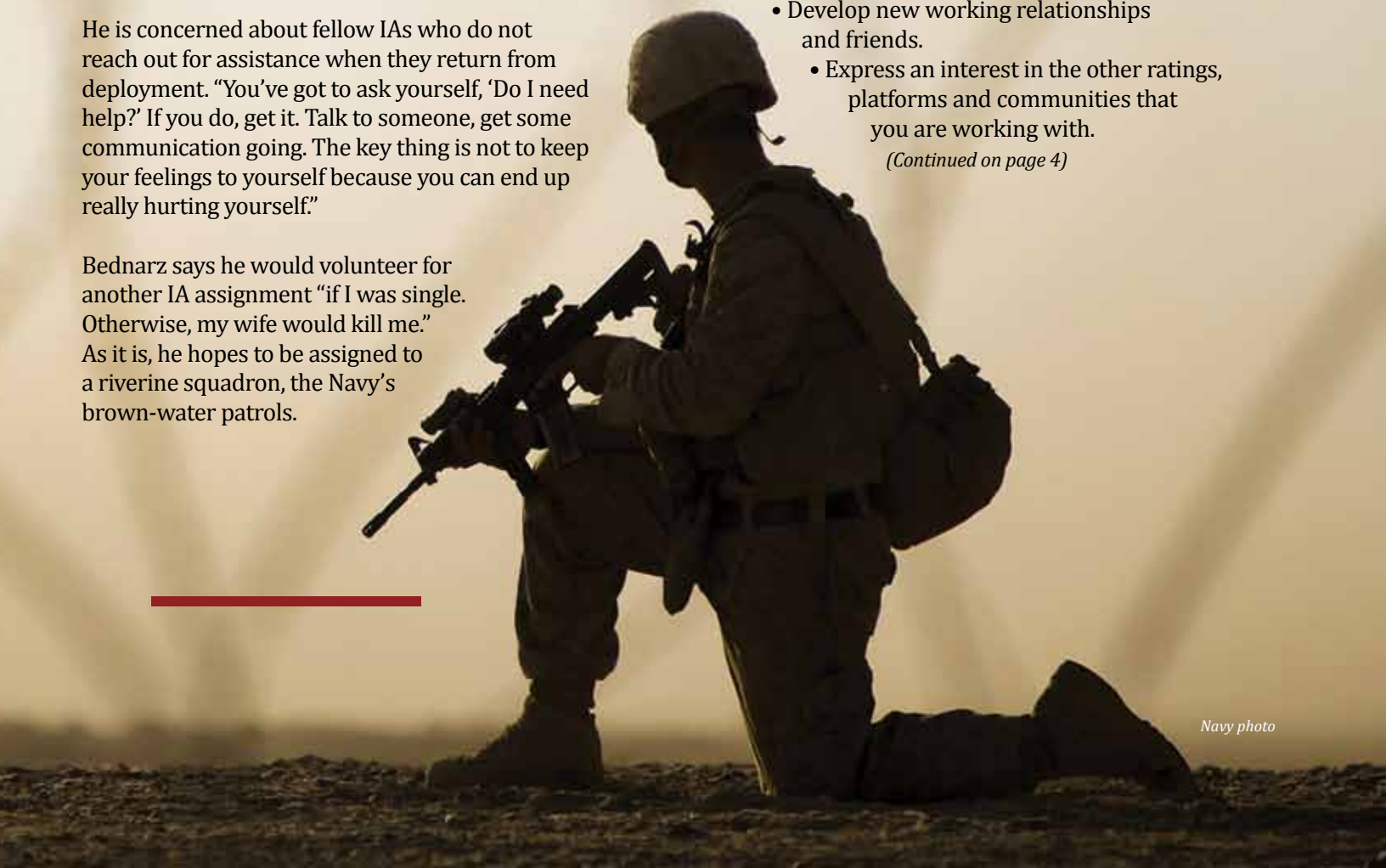
Pre-Deployment

- Ask your command ombudsman to personally contact your spouse at least once a month. Even if the spouse declines, at least the assistance has been offered.
- Have at least three points of contact from your command.
- Become familiar with the rank structure of the Army, Air Force and Marines.
- Keep a positive attitude. "Leaving under negative conditions can be an eval, fitrep or career killer," says Bednarz. "It's not worth it."

During Deployment

- View the IA assignment as an opportunity to build up your people skills.
- Develop new working relationships and friends.
- Express an interest in the other ratings, platforms and communities that you are working with.

(Continued on page 4)



Navy photo

Lessons Learned (continued from p. 3)

During Deployment (cont'd)

- Make the best effort to accept that you are on assignment for the duration of the tour and "stand out" among your peers.
- Keep an open mind because it is an ever-changing environment for operations and duties.
- Don't keep negative thoughts bottled up. Talk to someone you trust.
- Don't say, "This is how we do it at my command."

Preparing for Post-Deployment

- Gather contact information of the fellow troops with whom you've served so you can stay in touch after you are home.
- Get contact information from a trustworthy staff member of the unit to which you were attached.
- While every Sailor anticipates a happy homecoming, realize it may take weeks or months for life to seem "normal" again. Once home, it's not unusual to experience any of the following: nightmares, lack of sleep, irritability and anxiousness, anger, hyper-alertness or a suspicion of people in public.

How the Parent Command Can Help

- Sailors are very appreciative when commands are actively engaged with IAs and their families, and they are grateful for a "job well done" acknowledgement during a command event.
- Ask the Sailor how he or she is. Watch the Sailor who says he or she cannot talk about the deployment job, and look for signs of irritability, depression or frustration.
- *Always* be available to talk to the Sailor.
- Don't talk to the Sailor as if he or she is a "patient." IAs who experience a difficult, but "normal" adjustment period can be too easily labeled as having post-traumatic stress disorder.
- Recommend the IA keep in touch with service members with whom he or she served on deployment.

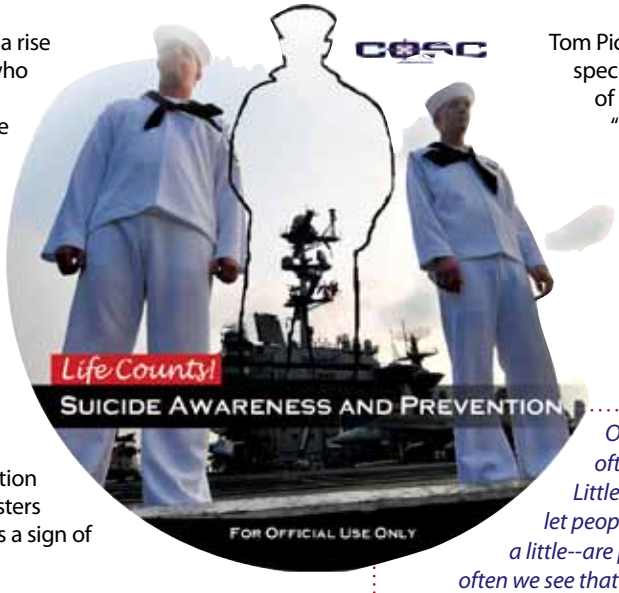
Suicide Awareness & Prevention: A New Approach

A new program is under way at the Naval Center for Combat & Operational Stress Control, in collaboration with the Navy Behavioral Health Program and the Navy's Suicide Cross Functional Team, to revamp the way suicide awareness and prevention is presented to Sailors.

"We're focusing on a more interactive manner to get critical information across rather than a strictly instructional program with a lot of clinical data and statistics," says Capt. Paul S. Hammer, MC, director of NCCOSC.

The Department of Defense has seen a rise in the numbers of service members who take their own lives. From January through October 2009, and with some investigations still pending, 41 Sailors died by suicide--as many as in all of calendar year 2008.

A "suicide prevention kit," designed as a CD, is being developed by the NCCOSC Programs Department that will soon be distributed to command suicide prevention coordinators. It will include an interactive PowerPoint presentation that incorporates videos and music, pocket-sized reference cards, information for plan-of-the-day messages and posters to raise awareness that seeking help is a sign of strength, not weakness.



"It's more than knowing what to do to help a shipmate in need," says LCDR Bonnie Chavez, MSC, OPNAV N135 behavioral health program manager. "We need to have a chance to practice how to help. The peer-to-peer training combines multimedia with discussion and exercises to raise the skills and confidence that Sailors want to help avoid a tragedy."

Initial presentations of the material have been well received by the Navy's line and medical sectors, says Dr. Bart Jarvis, a clinical psychologist who heads up the Programs Department.

"We have a great talent pool of subject-matter experts at NCCOSC who understand the deckplate and know what it takes to reach the youngest Sailor to the most senior leaders," Jarvis says.

Tom Pickel, a retired Navy corpsman with a sub-specialty in neuropsychiatry, has written most of the material for the suicide prevention kit. "We're taking a topic that is not pleasant, making it more palatable and presenting it in a captivating manner," he says.

"Our overall goal is to create a positive environment, where individuals feel comfortable asking for help and where personal resilience, positive leadership and the availability of resources are well understood."

One big thing about suicide that people often neglect is the power of little things. Little things that foster human connection, let people know that someone cares--even just a little--are powerful suicide prevention actions. So often we see that many people later recount that they were dissuaded from hurting themselves by someone who made a very minor gesture that turned out to be huge when seen by the suicidal person. -- Capt. Paul S. Hammer, NCCOSC director.

2010 COSC Conference

May 18 - 20 , 2010
San Diego, CA

Contact: nmcsd.nccosc@med.navy.mil or fax, 619-532-7503.

Chief of Naval Operations, Admiral Gary Roughead, will be a keynote speaker at the **Navy and Marine Corps Combat & Operational Stress Control Conference 2010**, set for May 18-20 in San Diego at the Town & Country Resort & Convention Center.

"Taking Action, Measuring Results" is the theme of the event, which is expected to draw about 2,000 attendees. Other prominent speakers will include psychological health experts from the U.S. military, Veterans Affairs and noted civilian organizations.

Four conference tracks are available: leadership, family programs, clinical best practices and research. The deadline for submission of abstracts is Jan. 15, and complete information is available at: **www.nccosc.navy.mil** or by email at: **nmcsd.nccosc@med.navy.mil.**