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20/20 Vision

IDENTIFYING THE SIGNS OF STRESS

By Lt. Col. Mike Grice, USMC (ret.)

One of the most insidious aspects to combat and operational stress and post-traumatic stress disorder is that those affected are usually the last to acknowledge it. Their families, friends and peers are much more likely to recognize the changes in behavior that signal the deleterious effects of acute or chronic stress. The sufferers often can't — or won't — see it until it is too late.

This is not a new problem, and it is not unique to those affected by stress injury. Substance abusers invariably believe they can “handle” their addiction, and people who are chronically depressed often view their unhappiness as their normal way of life. Fortunately, society has become more aware of these and other “invisible” problems in recent decades.

More than 60 years ago, psychologists Roy Swank and Walter Marchand conducted a seminal study on the effects of chronic combat stress, examining how sustained exposure to ground combat affected soldiers who crossed the beaches in Normandy on D-Day. Among a host of other

facets of performance under extreme stress, they found that after a period of time soldier performance began to fall due to the effects of stress, but

FIVE CORE LEADER FUNCTIONS



Identify

- Know Crew Stress Load
- Recognize Reactions, Injuries and Illness

the warriors failed to recognize it because they had become overconfident in themselves and their abilities. This overconfidence masked their plummeting efficiency, which, if left

unchecked, resulted in emotional exhaustion.

Combat exhaustion in the 1940s is the combat and operational stress of today. Although Marines and Sailors arguably have not been fighting as intensely as the amphibious assaults of World War II, they have been fighting counterinsurgent wars for more than a decade. Many have served multiple tours and the cumulative effects of deployed time to combat zones result in similar effects on psychological and emotional health.

This leads to what I would consider the most important interpersonal element of the **Five Core Leader Functions: Identification**. It is the duty of a leader to ensure the health and well-being of his or her subordinates. This includes ensuring that those who have suffered operational stress injuries receive the treatment and care they need to be able to perform their duties to the best of their abilities. Leaders must not only be on the lookout for symptoms among their Sailors and Marines, they also must encourage openness and access to

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High-Tech Therapy

A “virtual” world, which is becoming increasingly familiar in our everyday lives, also is showing successful results in treating chronic cases of post-traumatic stress disorder, particularly in combat veterans.

In virtual reality exposure therapy (VRET), a software program recreates the environments and situations at the root of an individual’s PTSD — the sights, sounds and smells of traumatic incidents — and re-exposes the patient to those events over and over again in an attempt to reduce the anxiety and stress associated with the trauma.

According to key findings of a recently published study conducted by researchers at Naval Medical Center San Diego and Marine Corps Base Camp Pendleton, 75 percent of patients who completed treatments saw at least a 50 percent reduction in PTSD symptoms and no longer met the criteria for PTSD treatment. The study, aided by NCCOSC, looked at 42 active-duty Soldiers and Marines with existing diagnoses of chronic PTSD related to combat.

The VRET software features multiple templates that recreate traumatic events common to deployments in Iraq and Afghanistan. Though not fully customizable, the predetermined templates are

The study and others like it have helped to popularize VRET as an effective therapy for PTSD

close enough to what the patients experienced to sufficiently allow therapists to keep the patients thoughts and emotions within the area needed to successfully use prolonged exposure.


The study and others like it have helped to popularize VRET as an effective therapy for PTSD, and research on the approach continues.

Another VRET study, also supported by NCCOSC, seeks to determine the degree to which VRET’s past favorability among patients was due to what’s called a “technology halo”: Were patients reporting better results from VRET than traditional talk therapy because they *liked* it better, or would the results remain strong regardless

of the therapy options?

For the current study, results compare treatment from two different groups — patients with PTSD who repeatedly discuss their traumatic experiences while

looking at static images on a computer screen, and PTSD patients who are immersed in simulations created by the VRET program.

Researchers say early results have shown that both groups of patients have shown improved symptoms, but the VRET group seems to improve more quickly and has longer lasting effects. 

The pilot phase of a NCCOSC program to improve the consistency and continuity of patient care is now under way at selected mental health clinics at Navy Medical Center San Diego and Naval Hospital Camp Pendleton.

Known as PHP, for Psychological Health Pathways, the program standardizes a number of core clinical and care management processes. It also includes a Web-based registry and tracking tool for providers to easily access information about a patient’s care and progress in treatment.

NCCOSC was tasked to design the program by the Navy Bureau of Medicine and Surgery.



Photo illustration by Joe Griffin

Closing the Communication Gap

The military has come a long way in recent years in changing its approach to psychological health treatment, and the old attitude of “suck it up and carry on” is no longer acceptable.

While the mental wellness and readiness of Sailors and Marines has become as important as their physical well-being, stigma still lingers and it can keep a service member from seeking help.

Sometimes the stigma is rooted in a distrust of mental health professionals. The skepticism usually arises because the line leadership and its medical personnel don't always understand the needs and limitations of the other.

Here are two typical situations:

- A line leader is reluctant to refer a Sailor to psychological health because the Sailor's absence for evaluation and follow-up appointments would put a strain on his work unit. Schedules and a slew of other details would have to be rearranged and it can be viewed as a lot of trouble to accommodate just one person whose problems — the leader may decide — may not be all that serious.
- A mental health provider doesn't communicate with a Sailor's chain of command about the service member's status once he or she is in the care system. Rather than risk what might be perceived as releasing health information, a provider doesn't keep the patient's leadership informed at all.

“Sometimes the fleet doesn't know how to interact with medical,” says Capt. Scott L. Johnston, director of NCCOSC and a clinical psychologist: “It may be that there's a lack of understanding about

Service members may consider stress as a test of their personal stamina.

mental health or an assumption that the medical side doesn't understand the needs of the fleet.”

Mental health providers, by the same token, have a responsibility to communicate with leadership to the extent regulations allow. “We have to be engaged not just with our patients, but with our patients' leaders to help teach, guide and keep them informed,” Johnston says. “It is often in the best interest of the patient to get leadership involved.”

The medical and line communities may also view stress differently. For leaders, stress can be an effective training and resilience-building tool. Service members may also consider stress as a test of their personal stamina.

Johnston believes the gap between the two communities is narrowing.

“There is a growing awareness that there is a toxic side to stress and that it is the role of leadership at all levels to identify and mitigate adverse stress reactions,” Johnston says.

“It's the responsibility of the medical side to educate leaders about the negative effects of stress and to provide them with the tools for effective stress management. This includes strategies to manage stress at the lowest possible level to help minimize disruptions that occur when a Sailor or Marine is absent from the unit.”

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non-attributional treatment and counseling opportunities.

The leader is not the only one responsible, however. It is also critical for peers and friends to be able to identify the signs of trouble when they arise without fear of insult or attribution. A leader should encourage an environment where these problems can be addressed and solved within the command. Good leadership enables shipmates to help each other when they are in trouble. A poor leader, however, can create a toxic and mistrustful environment that not just makes such help impossible, but actually makes the problems associated with stress injury even worse.

Stress is a part of being in the military, just as physical injury is a part of playing sports. Unfortunately, there still exists a stigma against recognizing that stress can cause injury and that such injuries can be treated just as successfully as a broken bone.

It is the duty of leaders at all levels to create an environment where healing for



Lt. Col. Mike Grice, USMC (ret.)

all injuries, whether seen or not, can flourish. Not to do so is a failure of leadership and will ultimately impact a unit's ability to accomplish its mission. 🇺🇸

Grice retired Jan. 1, 2012, from the Marine Corps after more than 27 years of enlisted and commissioned service.

The Big Talk: *You Gotta Have It*

One of the biggest mistakes a Sailor or Marine can make prior to deployment? Not making time for at least one family meeting to discuss expectations and a communication plan during the service member's time away.

Deployment brings new demands to even the most resilient of families, and family roles and duties often change. With some advance planning, families can maintain strong ties and minimize problems that develop — and the stress that goes with them.

Here are some tips from FOCUS, a Navy Medicine program that helps families develop skills in problem solving, goal setting, communication and emotional regulation.

- Discuss each family member's expectations and what their jobs will be during deployment. Talk about how each of you will manage during the time apart. It's not a good idea to give a specific date the deployment is to end because much can change.
- Create opportunities for your children and spouse to express their feelings. This will help them feel more in control of their emotions and possibly prevent future issues from arising. While some children may be outspoken, don't expect kids to take the lead. Parents should

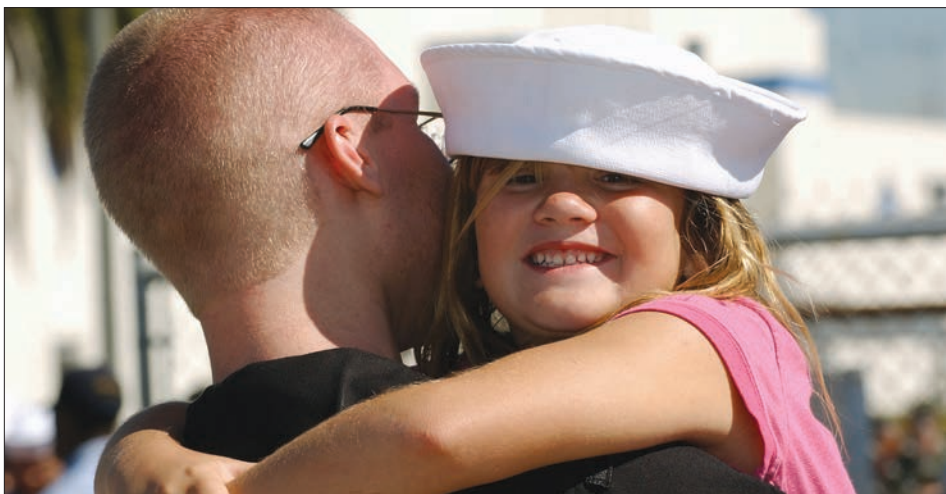
assume that responsibility by initiating conversation and making it comfortable for kids to talk about the upcoming separation.

- Make a family communication plan to discuss the ways you will be able to stay in touch. Be sure your family understands there will be times when you can't phone or email so they will not be overly stressed when it's not possible to keep up the usual routine. Also let them know that calls and emails may have to end abruptly and it doesn't necessarily mean that something is wrong.
- Before deploying, create several small "I love you" notes that your spouse can slip inside your child's lunchbox or jacket while you're away. Mark a calendar with the important events you will miss while on deployment and plan a way to recognize those days. You might, for example, make a video or voice recording ahead for playing on the special day.
- Make "paper-hugs" — hands connected by yarn — and leave them with each other so kids can feel hugged when they miss their parent.
- Youngsters worry about the parent who is deploying, so be sure to carefully explain all the safety measures

that Sailors and Marines take. Show them your safety gear and talk about how Sailors and Marines have a buddy system.

- It's normal for a teenager to feel aloof about the deployment. Don't say something like, "you're now going to be the man of the house." That's too much of an emotional role; a kid is not expected to be a parent. 📞

Use *FOCUS World* (www.focusworld.org) to stay connected as a family. It's an interactive, online tool designed to teach resiliency skills and it allows family members to post messages to each other. For more information about the program, see www.focusproject.org.



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