



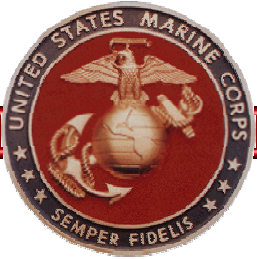
# **Brief Overview of Combat Stress Group Intensive 6-Week Model**

**Michael Castellana, LCSW**

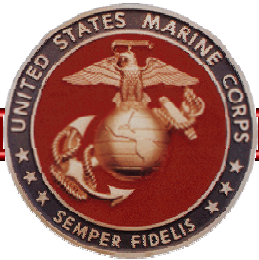
**Deployment Health Clinic**

**MCB – Camp Pendleton, CA**

# Background

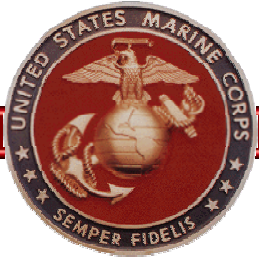


- **Developed initially in 2005**
- **Was part of “Evidence-Based Treatments” training at MCAS-Cherry Point in 2006**
  - **Along with EMDR and Prolonged Exposure**



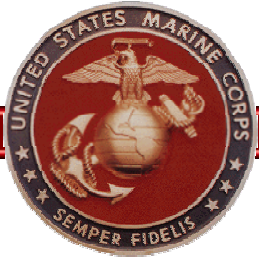
# Main Focus of This Model

- **Framework for processing individual traumatic experiences in a group setting**
  - **Lessen the severity of combat/operational stress reactions (COSRs)**
  - **Promote adaptive coping and resilience**
- **Mission: Force Preservation**
  - **Active Duty troops**
  - **Some will likely re-deploy**



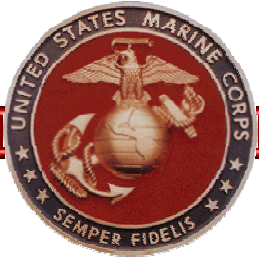
# Program is Available

- **Manualized**
- **Easy to Follow**
- **Designed to address combat/operational stress reactions (COSRs)**
- **Re-introduction of model to hopefully get more data**



# Rationale for Intensive Model

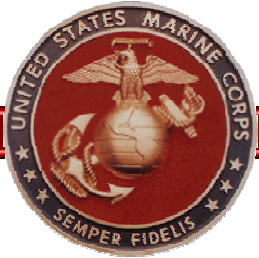
- **Better Fit with command/garrison demands**
- **Structured short-term model**
  - **Closed, time-limited group**
  - **Intensive experience fosters member 'buy-in'; community**
  - **Provides comprehensive service when need is high**
- **Focused skills acquisition process**



## Definition: Intensive Model

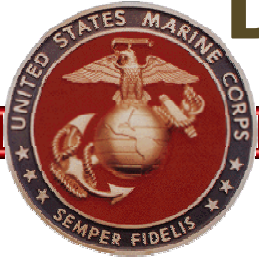
- 2x per week
- 1.5 hours per session
- 6 weeks
- Trauma/Symptom Mgmt Focus
- 18 hour involvement

**GOAL:** Significant symptom reduction & behavioral change in a short time



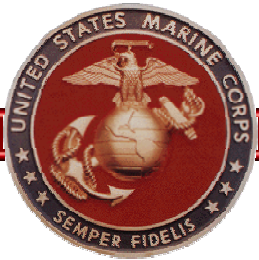
# What are COSRs like for Marines?

- **Re-Experiencing**: Brain keeps reliving the event(s)
- Experience can make a service member (SM) feel out of control
- **Avoidance** and **Arousal** are desperate attempts on the part of the Marine or Corpsman to regain control...by any means at their disposal



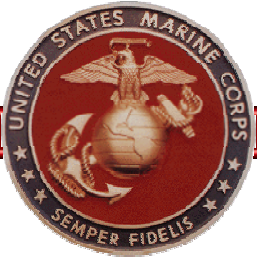
# Disruption in Beliefs about the World

- Trauma is principally a fracture in an individual's capacity to **trust** ...
  - In oneself
  - In one's initial assessment of the safety and predictability of their environment
  - In one's capacity to relate to others in an authentic way



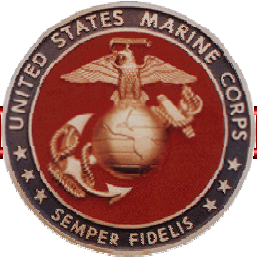
# Underlying Assumptions

- **The best outcomes for resolution of traumatic reactions come when:**
  - **The traumatized person is reassured that their symptoms are natural reactions to the event(s) in combat**
  - **They believe that healing is possible and help is available**



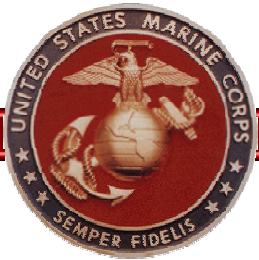
# "Suck it up, Marine!"

- The culture of the USMC unintentionally exacerbates the problem
  - "Secondary Wounding" (Matsakis 1994)
- In order to maintain the best fighting force
  - Denies the SM's reality, thus further isolating them
  - Causes the SM to question the veracity of the impact of their experience and their reaction to it
  - Induces shame and self-doubt for the SM reacting in **any** substantive way to their experience(s)



# Stigma Management

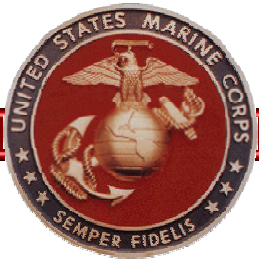
- “I would be seen as weak” 66% (Hoge study)
- **Graduate** returns to share/model success
- Groups held at various sites across the base, away from mental health settings
- Getting various commands to host Combat Stress Groups (CSG)
  - Subliminal marketing
  - Acknowledges the problem
  - Commands become part of the solution
  - Normalizes existence of CSGs and combat stress



# Why Use a Group?

**“..healing from trauma  
depends upon the  
communalization of the  
trauma...”**

Jonathan Shay, M.D., Ph.D., Achilles in Vietnam: Combat Trauma and the Undoing of Character

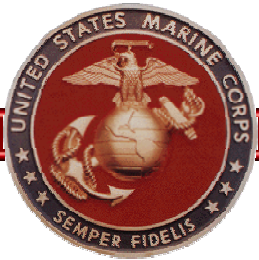


# Correcting Worldview Distortions

- Peer groups help to correct distortions
- Bond between buddies is very strong, supportive
- Burdens addressed in a group
  - Blame
  - Shame
  - Guilt
  - Grief
  - Irrational beliefs about the world, safety, order

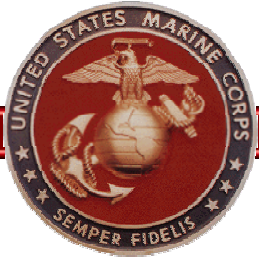


# Program Content



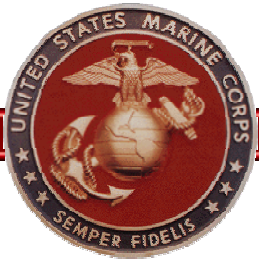
# Program Content

- Conducted in a **specific order**
- A short-term treatment model
  - Psycho-Educational
  - Cognitive-Behavioral
  - Process/Dynamic
- Model has a three-fold purpose which is **cumulative** in nature
  - Educational
  - Supportive
  - Transformative



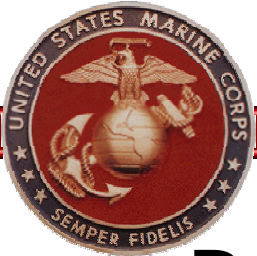
# Educational Element

- **To educate SMs about combat/operational stress reactions & symptom management**
  - **Not psychologically sophisticated**
  - **Little, if any, understanding of why what is happening to them is happening to them**
  - **To provide information within the context of a busy active duty garrison life**



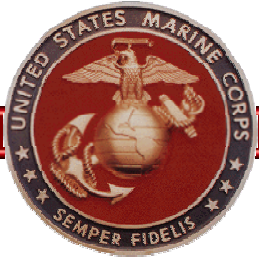
# Supportive Element

- **Providing a safe forum for them to acknowledge that they are not alone in being affected by their combat experience**
  - Restoring basic trust
  - Normalizing their invisible injuries
    - Other Marines/Corpsmen affected similarly
  - Coping skills acquisition
  - Supportive environment
    - Camaraderie/membership
    - Fun



# Transformative Element

- **Promote self-efficacy**
  - To help SMs develop competence at symptom management
    - Guided imagery, relaxation, deep breathing
    - Grounding techniques
    - Cognitive reframing, correcting distortions
    - PT for your head!
  - Help to make their symptoms less distressing
- **To treat COSRs/PTSD**
  - Decrease severity of their symptoms



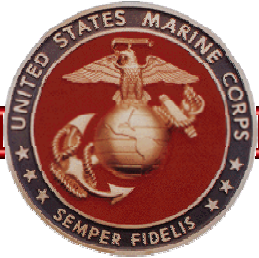
## Transformative Element – cont'd

- Furthering SM's progress toward a more adaptive balance in their lives
  - Promoting resilience & adaptation
- Documenting **measurable** change
  - Pre/Post assessments
    - PTSD Checklist (PCL-M)
    - Mississippi Scale



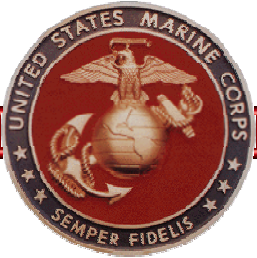
# Model Structure

How the Group is Organized



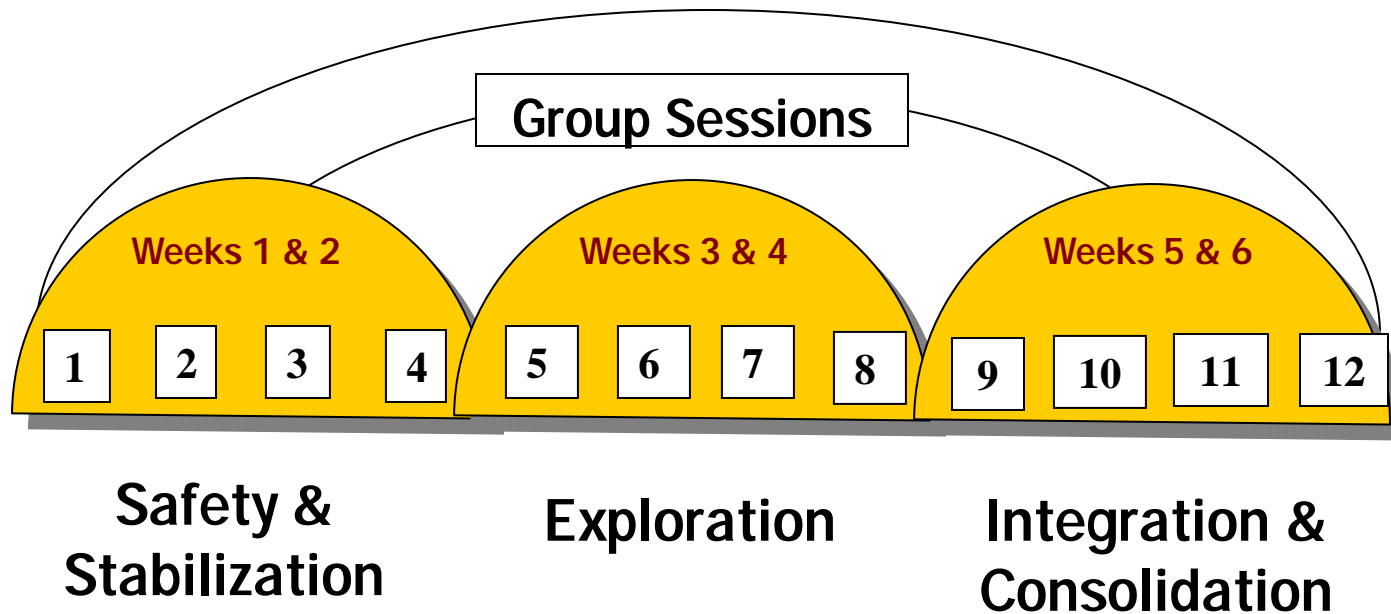
# Model Structure

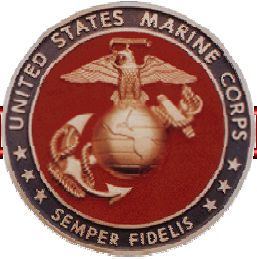
- **Assessment/Group Preparation**
- **Sessions 1-4: Safety & Stabilization**
- **Sessions 5-8: Exploration**
- **Sessions 9-12: Integration & Consolidation**



# Arc of 6-Week Intensive Model

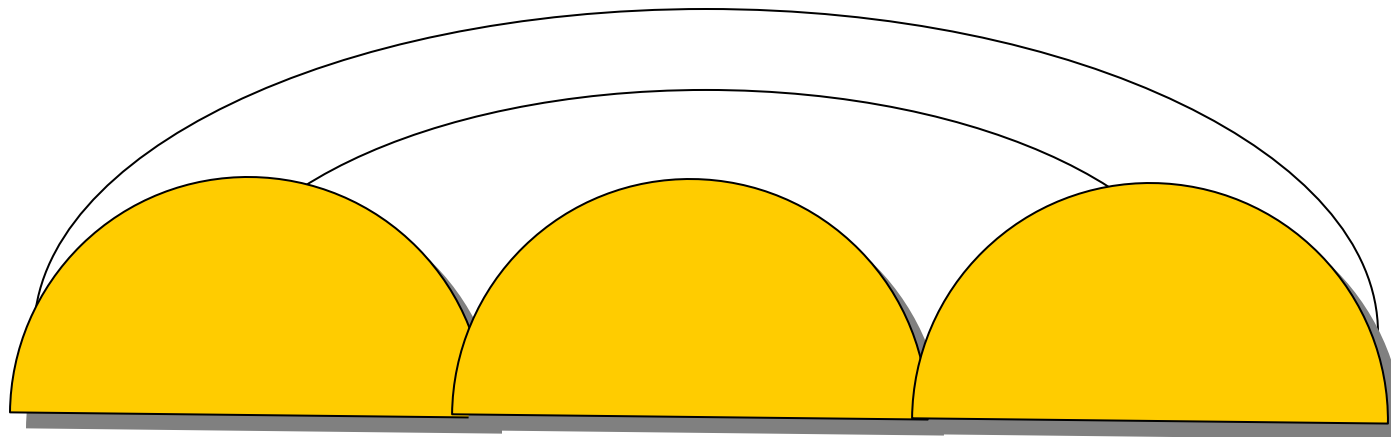
## 6-Week Group Program





# Arc of Individual Group Session

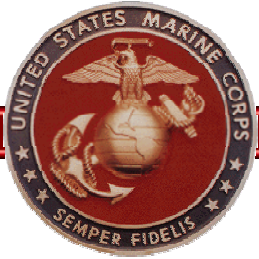
## Each Group Session



**Safety &  
Stabilization**

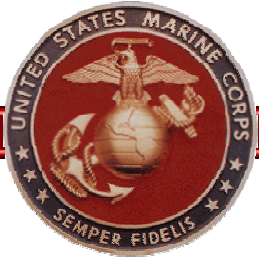
**Exploration**

**Integration &  
Consolidation**



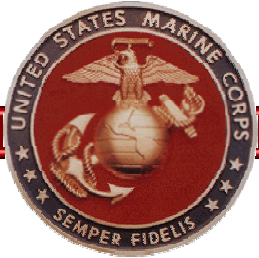
# Feeling Out of Control

- Trauma robs the SM of a sense of power and control
- The guiding principle of recovery is to **restore** a sense of power and control to the SM



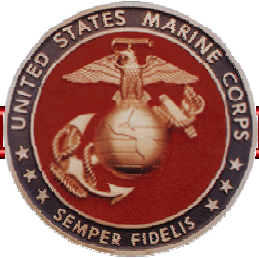
# The Ritual: Restoring Order

- Each session should have the **same** structure
- It subconsciously restores predictability, order and control
- By following the same pattern, you are
  - Helping to foster a sense that everything is not necessarily chaotic and out of control in their lives
  - Communicating that, at least, some things are 'predictable enough'
    - Consistency is important, not perfection



# Group Preparation

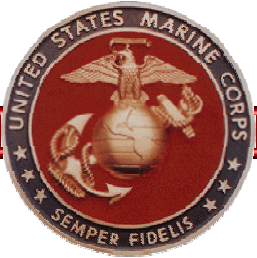
- Most SMs will not choose to be in a group
  - Shame, Marine Corps bearing, etc.
  - 'Training Seminar'
  - Ideal size: 6-8 Marines/Corpsmen
- All group members need good preparation
- Groups for trauma inherently **hazardous**
- Risk for re-traumatization and vicarious traumatization is HIGH
- Careful evaluation is critical



# Program Goals

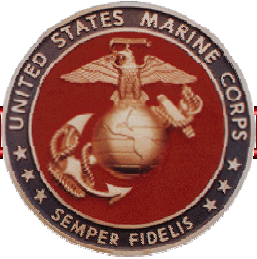
- **Restore basic trust in self; environment**
- **Make symptoms more less distressing**
- **Install/restore sense of self-efficacy**
  - **Empower the individual to take control of their symptoms**
  - **Move the locus of control closer to the self**

# Conclusion



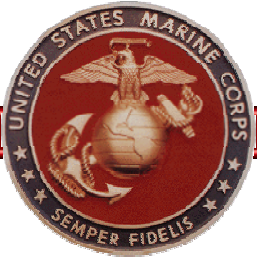
- **Group has a basic structure**
  - Detailed in manual
  - 3-part process
  - Pattern of each session is predictable
- **Process is simple to follow**
- **Sessions conducted in a specific order**
- **Cumulative process**

# Conclusion



- Strives to restore sense of safety and order
- Promotes skill building and self-efficacy
- New level of 'normal' functioning
- Just the **FIRST STEP** in recovery

# Questions?



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