



**NAVY MEDICINE**  
World Class Care...Anytime, Anywhere

# Navy Medicine Caregiver Occupational Stress Control: Care for Caregivers

Presented by:

CAPT Richard Westphal, NC  
Bureau of Medicine & Surgery  
Deployment Health Directorate



# Objectives

1. Describe the Navy Caregiver OSC conceptual framework
2. Identify the demands of different caregiver roles
3. Describe four sources of caregiver stress injury
4. Apply the Stress Injury Continuum Model to caregiver stress
5. Describe Caregiver Occupational Stress Control program components



# Conceptual Framework

- Grounded in USN/USMC Stress Injury Continuum Model
- Focus on “Caregivers”
- Self-care fallacy
- Naturalistic discourse
- Breaking the “Code of Silence”



# Caregiver Occupational Demands

- Caregivers have high exposure to seriously injured service members
- No “Dwell Time” between deployments
- Stress related problems are expected in caregiver roles
- Common coping strategies focus on decreasing stress reactions
- Ethical situations place caregivers between doing “what is right” versus “following the rules”
- Caregivers give so much at work that they have little left for others



# Medical Occupational Demands

- Increased work demands with decreased staff
- Unbalanced Tricare, Operational, Humanitarian, Military, and Productivity Demands
- Deployment experience differences can place internal strain on unit cohesion
- Unbalanced role strain to rewards and energizers
- Navy Medicine as an Individual Augmentee (IA) Force (split allegiance and identities)
- Prolonged stress can impact caregiver health, unit cohesion, and patient safety



# Self-Care Fallacy

- Value for Self-Sacrifice
- Intrinsic Rewards
- Extrinsic Rewards
- Early Stress Symptoms
  - Diminished Self-Awareness
  - Poor Concentration
  - Social Withdrawal
  - Irritability
  - Increased Self-Soothing Behaviors (Guilty Pleasures)



# Stress Injury Sources

## Intense or Prolonged Stress

### IMPACT

- A trauma injury
- Due to events provoking terror, helplessness, horror, shock

### WEAR AND TEAR

- A fatigue injury
- Due to the accumulation of stress over time

### LOSS

- A grief injury
- Due to loss of people who are cared about

### INNER CONFLICT

- A beliefs injury
- Due to conflict between moral/ethical beliefs and current experiences



# Stress Injury Continuum

| <b>READY</b><br>(Green)  | <b>REACTING</b><br>(Yellow)   | <b>INJURED</b><br>(Orange)   | <b>ILL</b><br>(Red)  |
|--|---|--|--|
| <ul style="list-style-type: none"> <li>• Good to go</li> <li>• Well trained</li> <li>• Prepared</li> <li>• Fit and focused</li> <li>• Cohesive units &amp; ready families</li> </ul> | <ul style="list-style-type: none"> <li>• Distress or impairment</li> <li>• Mild and transient</li> <li>• Anxious, irritable, or sad</li> <li>• Behavior change</li> </ul> | <ul style="list-style-type: none"> <li>• More severe or persistent distress or impairment</li> <li>• Leaves lasting memories, reactions, and expectations</li> </ul> | <ul style="list-style-type: none"> <li>• Stress injuries that don't heal without help</li> <li>• May include:               <ul style="list-style-type: none"> <li>• PTSD</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Substance Abuse</li> </ul> </li> </ul> |

**Unit Leader Responsibility**

**Individual, Shipmate, Family Responsibility**

**Medical & Chaplain Responsibility**



# Caregiver Occupational Stress Control Program

- Introduce core concepts to all caregivers
  - COSC for Caregivers
  - “Rule Number Two” lecture series for leaders
- Develop Staff OSC Teams
  - PMH APRN, LCSW, CPE Chaplain, Psych Techs
  - Train to educate and intervene
  - Provide up to 6 individual stress and coping sessions
- Follow-on training by Staff OSC Teams
  - Leaders, work-centers, other caregiver groups
- Systematic assessment of the care environment in the domains of impact, wear and tear, loss, and inner conflict
  - Assessment
  - Caregiver Feedback
  - Command Feedback



# Caregiver OSC Tools

- OSCAR Communication
- After Action Reviews
- Five C's of COS First Aid
- Self-Modulation Skills
- Core Leader Functions
- Stress Injury Decision Matrix



# Operational Stress Control Assessment & Response

## Observe:

Actively observe behaviors; look for patterns.

## State Observations:

All attention to the behaviors; just the facts without interpretations or judgments.

## Clarify Role:

State why you are concerned about the behavior. Validates why you are addressing the issue.

## Ask Why:

Seek clarification; try to understand the other person's perception of the behaviors.

## Respond:

Clarify concern if indicated. Discuss desired behaviors. State options in behavioral terms.



# After Action Reviews (AAR)

- **Small group meeting after significant action or training**
- **Led by leaders at unit level** (squad, platoon, or company)
- **Not “therapy”** — no one forced to speak
- **Review of events for:**
  - Understanding of **what** happened and **why**
  - Understanding of the event **meaning**
- **Anticipate / address problems:**
  - Loss of confidence in self, peers, leaders, mission...
  - Excessive self-blame or over-confidence
- **Assess health and readiness of unit and members**
- **Goals:**
  - Support unit cohesion
  - Enhance shipmate and buddy dialog
  - Create an opportunity for future healing if needed



# After Action Reviews (AAR)

## **Sustained Stress Exposure Strategy**

- Integrate into unit culture
- In the past (time frame) what were your greatest
  - Challenges, frustrations, hassles
  - Successes, rewards, triumphs
- What do the events of the last month mean to the work we do?



# Five C's of Combat & Operational Stress First Aid (COSFA)

## CONFIDENCE:

Restore hope and trust in self and others

## COVER:

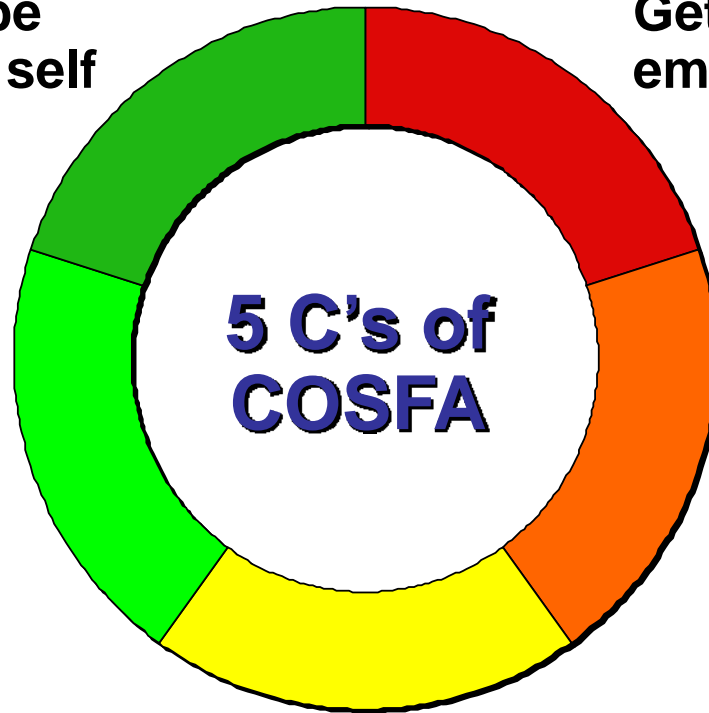
Get to physical and emotional safety

## CAPACITY:

Mentor back to full function and efficacy

## CALMING:

Reduce physical & emotional arousal

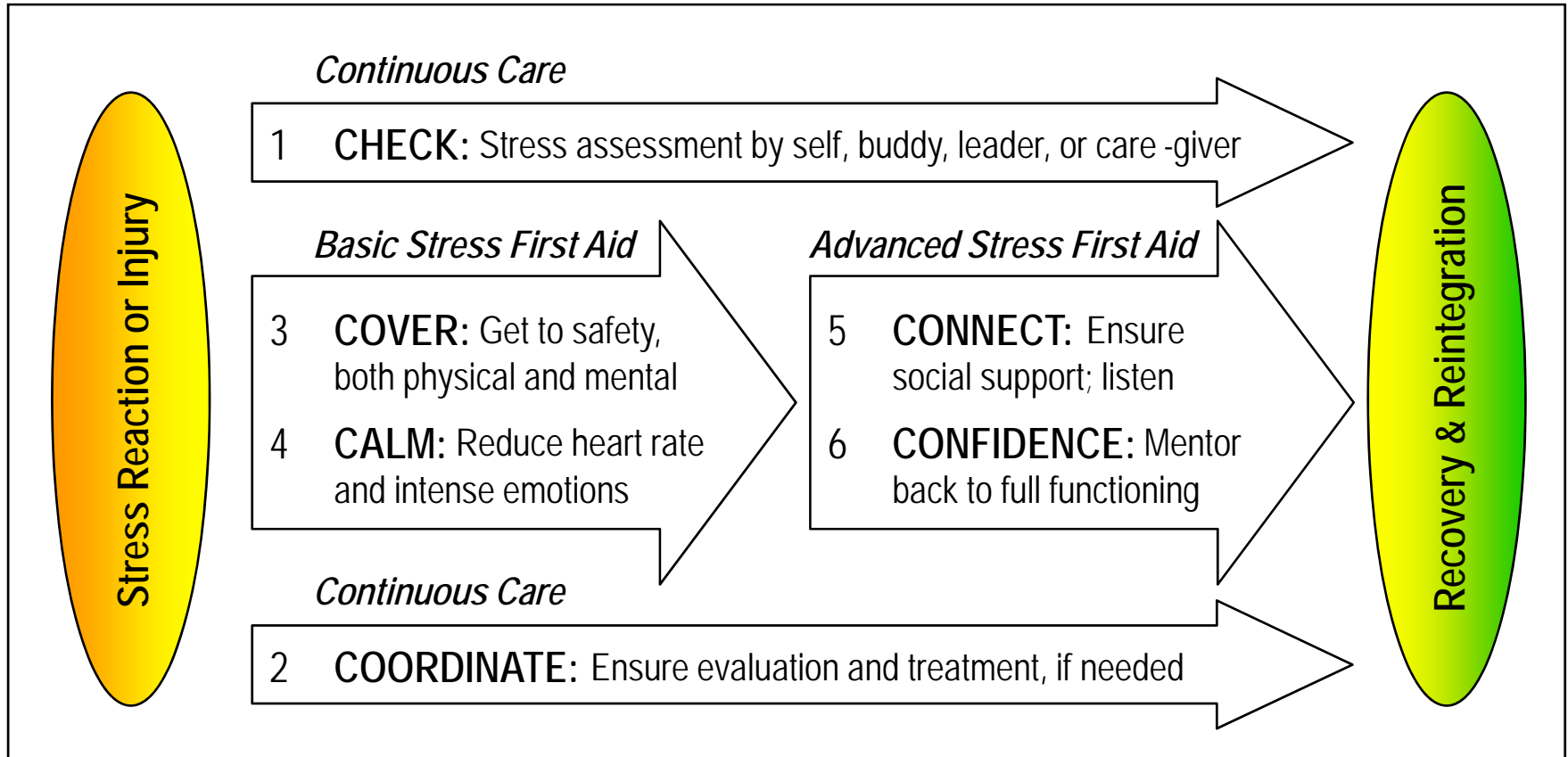


## CONNECTEDNESS:

Maximize social support and unit cohesion



# Combat Operational Stress First-Aid (COSFA)





# Subjective Units of Disturbance Scale (SUDS)

A scale of 0 to 10 for measuring the subjective intensity of distress

- 10** = Feels unbearably bad, beside yourself, out of control as in a nervous breakdown, overwhelmed, at the end of your rope. You may feel so upset that you don't want to talk because you can't imagine how anyone could possibly understand your agitation.
- 9** = Feeling desperate. What most people call a 10 is actually a 9. Feeling extremely freaked out to the point that it almost feels unbearable and you are getting scared of what you might do. Feeling very, very bad, losing control of your emotions.
- 8** = Freaking out. The beginning of alienation.
- 7** = Starting to freak out, on the edge of some definitely bad feelings. You can maintain control with difficulty.
- 6** = Feeling bad to the point that you begin to think something ought to be done about the way you feel.
- 5** = Moderately upset, uncomfortable. Unpleasant feelings are still manageable with some effort.
- 4** = Somewhat upset to the point that you cannot easily ignore an unpleasant thought. You can handle it OK but don't feel good.
- 3** = Mildly upset. Worried, bothered to the point that you notice it.
- 2** = A little bit upset, but not noticeable unless you took care to pay attention to your feelings and then realize, "yes" there is something bothering me.
- 1** = No acute distress and feeling basically good. If you took special effort you might feel something unpleasant but not much.
- 0** = Peace, serenity, total relief. No more bad feelings of any kind about any particular issue.



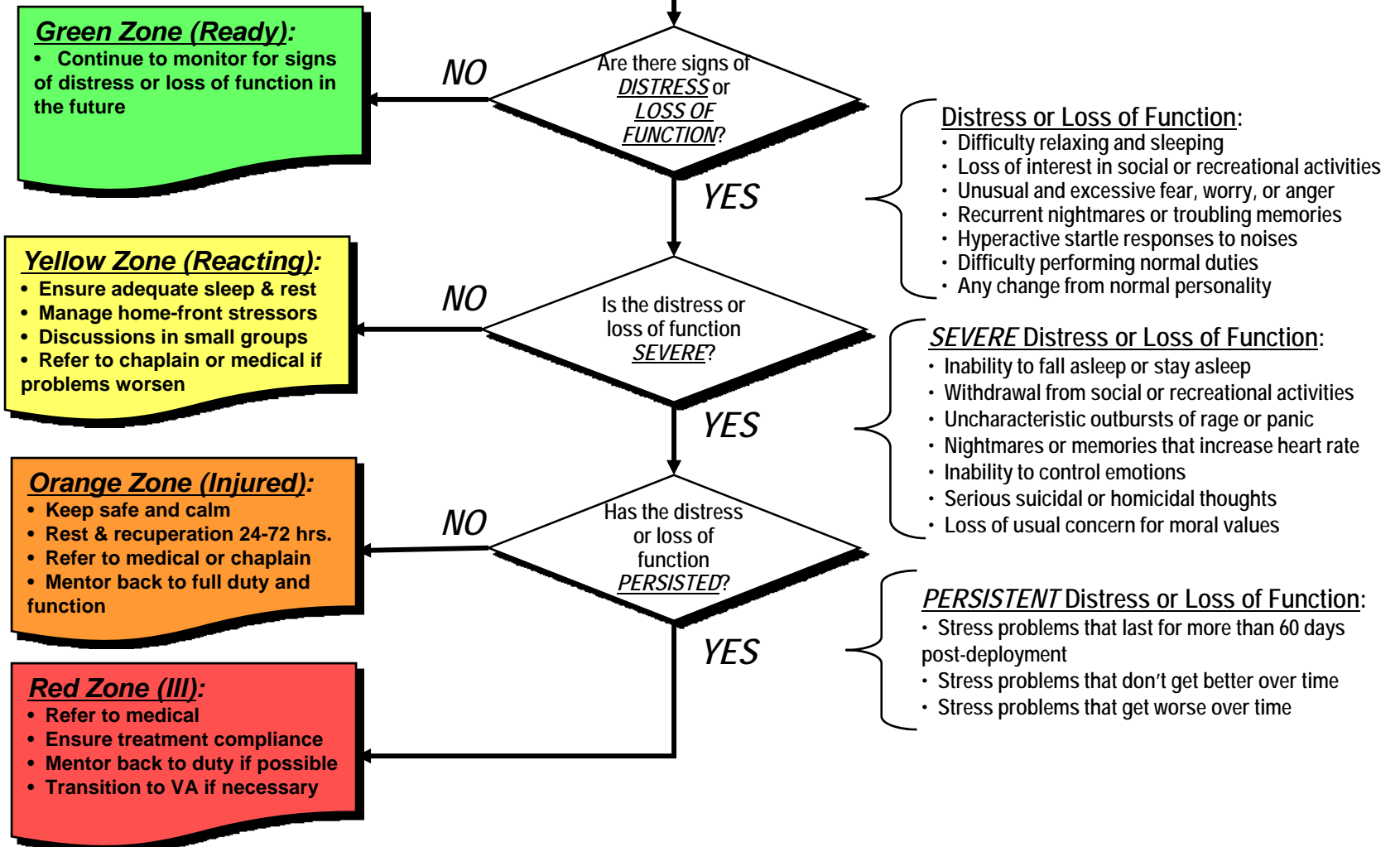
# Core Leader Functions

- **Strengthen**
  - Create confidence/ forewarn
  - Inoculate to extreme stress
  - Foster unit cohesion
- **Identify**
  - Know crew stress load
  - Recognize reactions, injuries, illnesses
- **Mitigate**
  - Remove unnecessary stressors
  - Ensure adequate sleep and rest
  - After-Action Reviews (AARs) in small groups
- **Treat**
  - Rest and Restoration (24-72 hours)
  - Chaplain
  - Medical
- **Reintegrate**
  - Keep with unit if at all possible
  - Expect return to full duty
  - Don't allow retribution or harassment
  - Continuously assess fitness
  - Communicate with treating professionals (both ways)



# Operational Stress Control Decision Matrix

## Sailor or Marine Under Stress





# Way Ahead

- Leaders to **clearly articulate** that psychological health is a mission relevant issue and set the tone for use of psychological health services
- **Educate all staff** in the core concepts of stress adaptation and response that is consistent with the maritime stress control doctrine
- **Incorporate** After Action Reviews (AAR) and OSCAR communication into existing patterns
  - Unit and Shift Reports
  - TEAM STEPS or other patient communication strategies
  - Staff Meetings
- **Develop** non-stigmatizing processes that conserve caregivers who are temporarily non-mission ready



# Operational Stress Control

## Questions or Comments

POC: CAPT Richard J. Westphal, NC  
Ph.D., APRN-BC

Psychological Wellness Programs Coordinator  
Deployment Health Directorate  
Bureau of Medicine and Surgery  
[Richard.Westphal@med.navy.mil](mailto:Richard.Westphal@med.navy.mil)