BEYOND THE BRIEF
WORKSHOP # 5

READY TO FIGHT
HEALTHY AT HOME

USMC Combat Operational Stress Control (COSC)

EFFECTS OF COMBAT OPERATIONAL STRESS ON MARINES & FAMILIES

June 2008, v.1

Marine Operational Stress Training (MOST) Cycle for Deployments

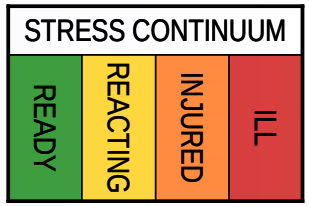
STRESS CONTINUUM

READY	REACTING	INJURED	ILL

COSC Awareness Briefs

- **Pre-Deployment**
  - Leader Preparation
  - Warrior Preparation
  - Family Pre-Deployment
- **Before Redeployment**
  - Leader Transition
  - Warrior Transition
  - Family Return & Reunion
- **Post-Deployment (60-120 days)**
  - Leader Transition II
  - Warrior Transition II
  - Family Transition II

Family COSC Training Programs
RDSTs - MCFTB



MOST
Deployment Training

Pre-Deployment Brief
Within 30 days before Deployment

Return and Reunion Workshop
Within 30-15 days of Re-Deployment

Family Transition II
60 -120 days After Return

Beyond the Brief
During Deployment

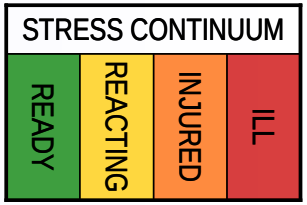
Coping With Deployment
Within 30 days after Deployment

Building Resiliency
(Under construction)

Effects of Combat Operational Stress
Within 45-30 days of Re-Deployment

v.1

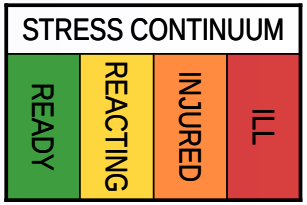
Workshop Goals



You will learn:

- To understand the deployment stress continuum and sources of deployment-related stress
- To recognize deployment-related stress in yourself and your Marine
- To understand how deployment-related stress affects your Marine and family members and how to manage it

Combat Operational Stress in USMC



- The stress of deploying to a war zone **affects all** involved, including family members
- **Force preservation and readiness** requires effective management of operational stress at every level
- Preventing, identifying and treating operational stress injuries as early as possible is essential to the **long-term health** of our Marines, families, and society
- COSC programs and policies promote **prevention, identification, and early intervention** for operational stress problems in the Marine Corps — before, during, and after deployment
- Family members play critical roles in helping to identify and manage COS

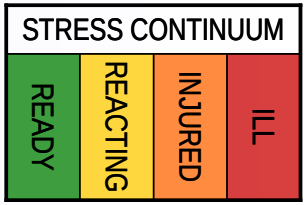
Commandant's Guidance

STRESS CONTINUUM

READY	REACTING	INJURED	ILL

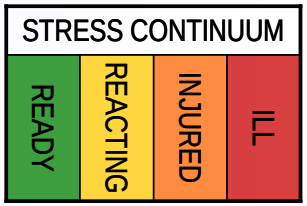
June v.1

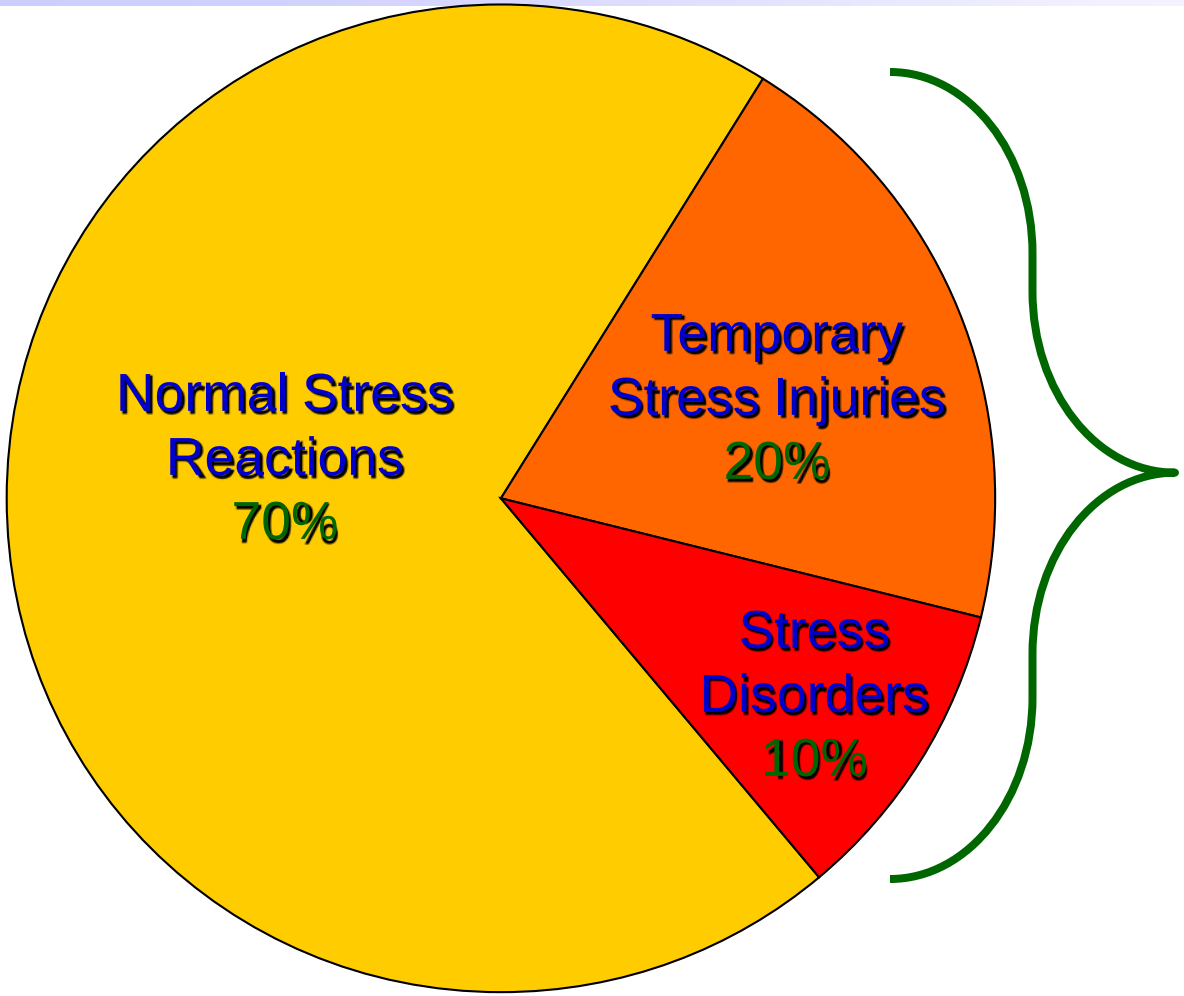
Barriers to Early Identification



- **Stress wounds are invisible unlike physical injuries**
- **Stress injuries can be subtle in their early stages**
- **Stress injuries may not be evident until return home**
- **Warfighters hide their stress wounds from us**
  - Ashamed to admit problems or appear weak
  - Want to return to combat theater with their unit

The Continuum: Frequencies

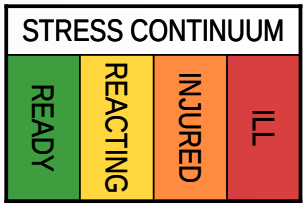


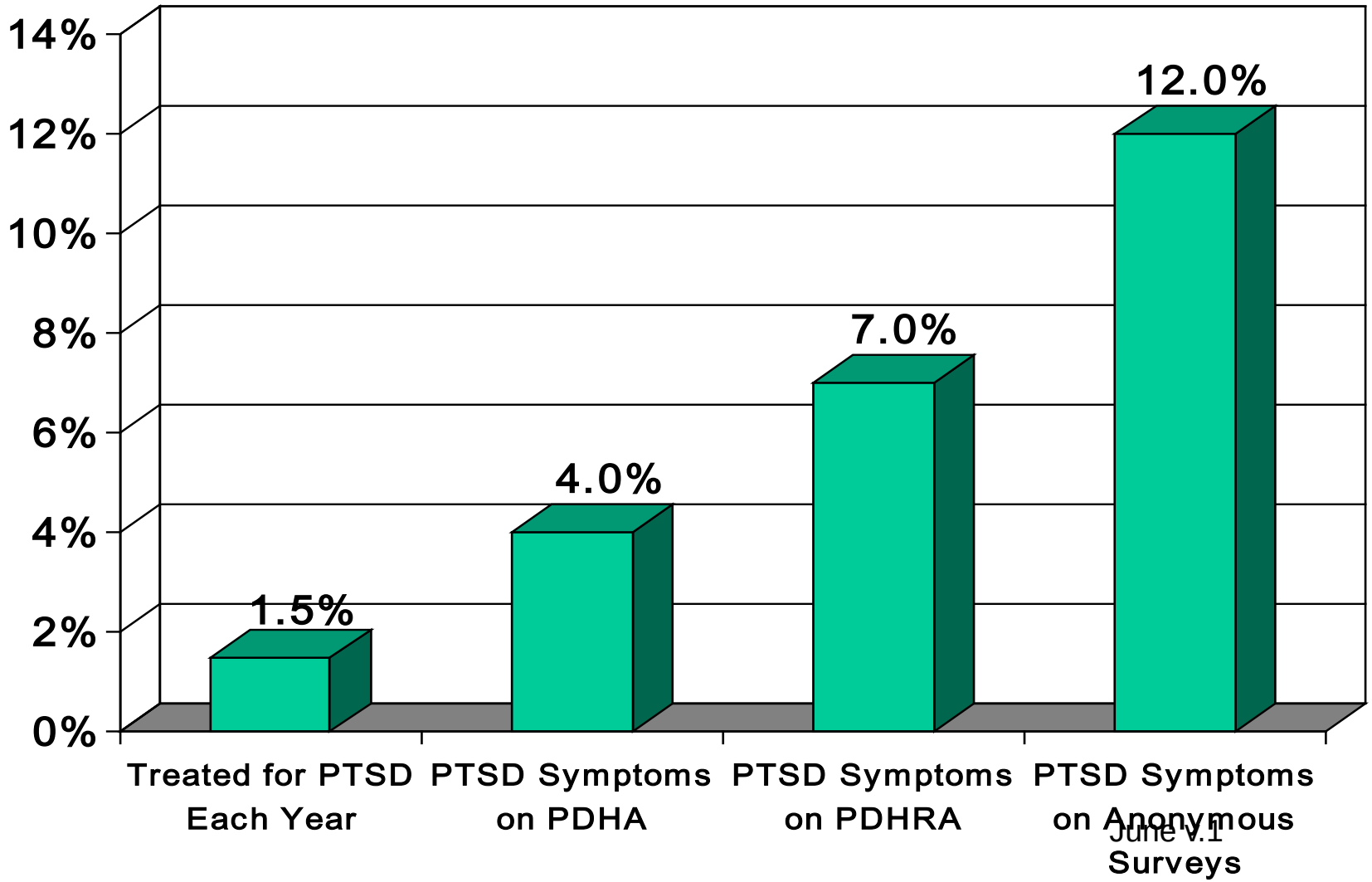


Our goal must be to prevent these when we can, and quickly identify and treat them when we can't.

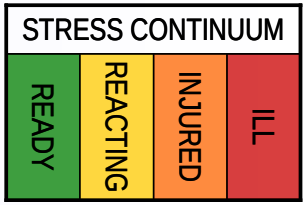
Percentages are approximate, based on Army, VA, and Navy data.

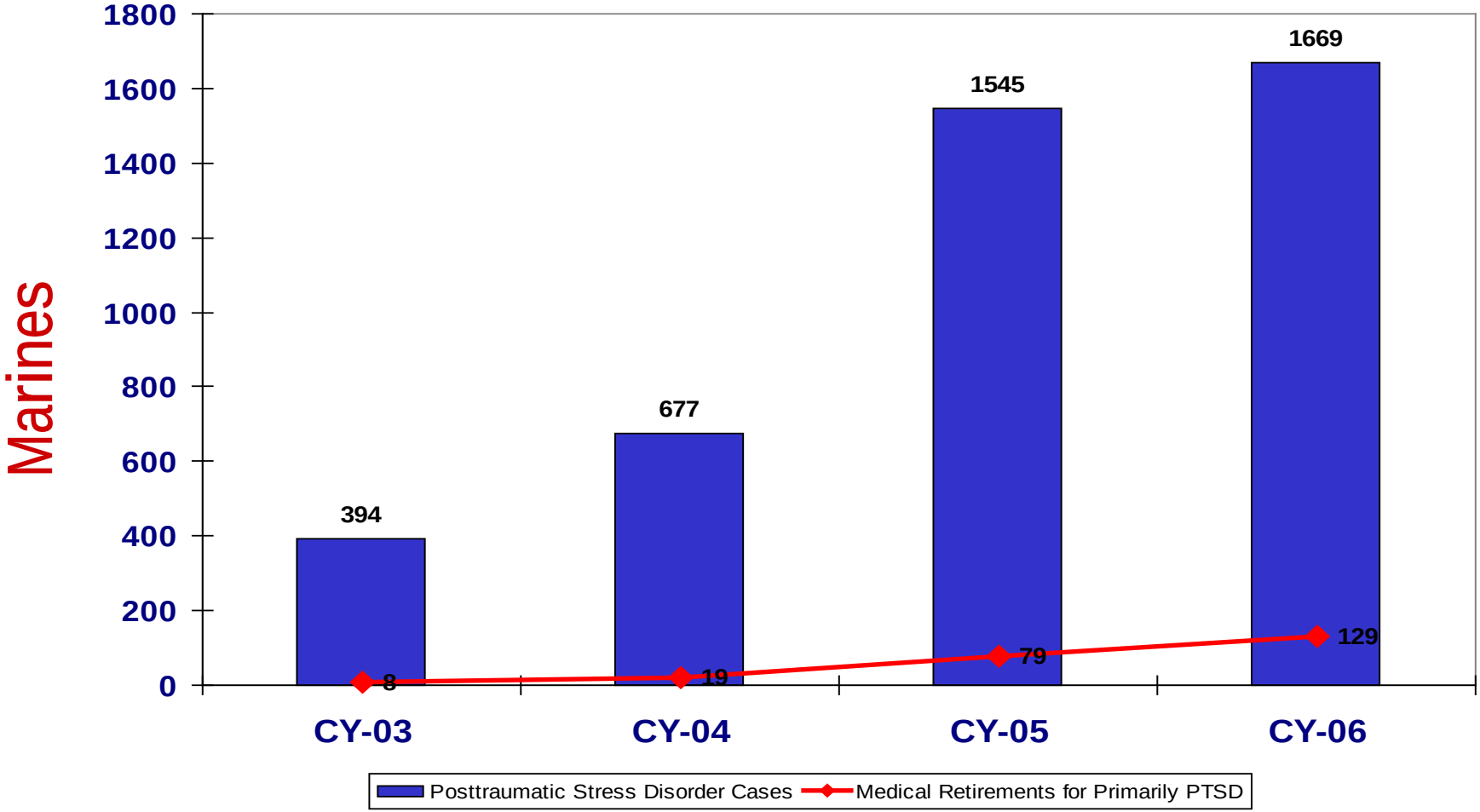
Post-deployment PTSD Symptoms in Marines





Over 90% of Marines Diagnosed with PTSD Return to Duty





Sources: - BUMED M2 Direct Care SADR Detail Reports & M2 Purchased Care DHP Non-Inst Detail for new primary and secondary PTSD diagnoses, 17 Apr 07
- MCTFS TFDW Deployments and Medical Retirements for primarily PTSD, 15 Jun 07

June v.1

Stress Reactions vs. Stress Injuries

STRESS CONTINUUM

READY | REACTING | INJURED | ILL

Stress Reactions

- Adaptive or maladaptive coping responses
- Unconscious choices
- "Normal reactions to abnormal events"

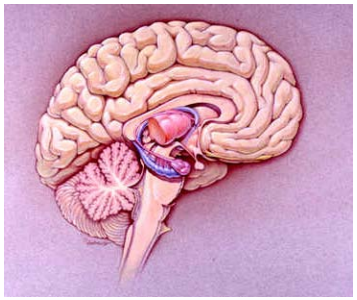
Stress Injuries

- Symptoms of damage to mind and brain
- Not chosen
- Cannot be undone (though usually heal)

Mechanisms of Stress Injury

STRESS CONTINUUM

READY	REACTING	INJURED	ILL



Biological

Memory problems: Damage to memory center
Overreaction: Lowered threshold for fear response
Hypervigilance: Neurotransmitters on overdrive
Depression/anxiety: Neurotransmitters get used up
Personality change: Diminished control of emotion and impulses

Psychological

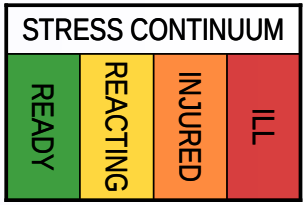
Trouble making sense of fragmented memories
Lost sense of safety in the world
Severe self-blame or guilt
Grief over lost friends and acquaintances
Feeling out of control

Social

No answers to the big questions anymore
- ✓ What is important anymore?
- ✓ How do I forgive myself and others?
- ✓ Who can I trust?

Loss of social support

Four Sources of Stress Injury



Intense or Prolonged Combat or Operational Stress

LIFE THREAT

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

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

WEAR AND TEAR

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

Combat Operational Stress Continuum for Marines

STRESS CONTINUUM

READY | REACTING | INJURED | ILL

READY	REACTING	INJURED	ILL
• Good to go • Well trained • Prepared • Fit and tough • Cohesive units, ready families	• Distress or impairment • Mild, transient • Anxious or irritable • Behavior change	• More severe or persistent distress or impairment • Leaves lasting evidence (personality change)	• Stress injuries that don't heal without intervention • Diagnosible • PTSD • Depression • Anxiety • Addictive Disorder

Leader Responsibility

Individual Responsibility

Chaplain and Medical Responsibility

Sources of Operational Stress for Families

STRESS CONTINUUM

READY | REACTING | INJURED | ILL

PHYSICAL	•
MENTAL	•
EMOTIONAL	•
SOCIAL	•
SPIRITUAL	•

Sources of Operational Stress for Families

STRESS CONTINUUM

READY | REACTING | INJURED | ILL

PHYSICAL	• Fatigue from increased responsibilities • Illnesses in the family • Money
MENTAL	• Lack of information • Helplessness • Conflicting values or beliefs
EMOTIONAL	• Fear • Grief from losses • Anger toward civilians or military
SOCIAL	• Isolation, loneliness • Lack of support • Dealing with extended family
SPIRITUAL	• Life doesn't make sense any more • Loss of faith • Loss of purpose

Combat Operational Stress Continuum for Families

STRESS CONTINUUM

READY | REACTING | INJURED | ILL

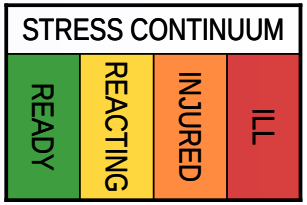
READY	REACTING	INJURED	ILL
• Good to go • Prepared for deployment • Functioning OK socially, emotionally, vocationally, academically	• Mild or transient distress or impairment • Anxious or irritable • Behavior change	• More serious distress or impairment that can change personality • Can't sleep, disruptive nightmares • Panic attacks, rage • Addictive behaviors	• Severe stress injuries that impact your job or relationships (Depression, Anxiety, Addictive Disorders, PTSD) • Requires professional help to heal • May get worse without early intervention

Leader Responsibility

Individual Responsibility

Chaplain and Medical Responsibility

Challenges of Homecoming for Spouses



Marital Relationship Issues

- Your Marine spouse has changed
- You have changed
- Getting to know (and trust) each other again
- Difficulty getting the relationship back to where it was
- Disillusionment when the reunion doesn't go so well
- Sadness & fear that the marriage will never be the same
- Bitterness over not being appreciated

All compounded by stress problems in either of you!

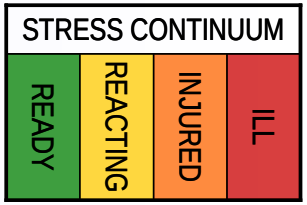
Communication Issues

- Marine spouse wanting to spend time with buddies
- How much should you ask? How much can you listen?
- Anger that military spouse is communicating (or not communicating) with children inappropriately

Home Management Issues

- Fitting Marine spouse back into family routines
- Money problems: "Where did it all go?"

COSC Priorities for USMC Spouses

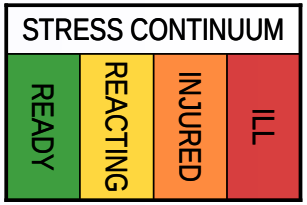


- **Self Care**
  - Preparing yourself for each phase of deployment cycle
  - Protecting and restoring your own psychological health (PH)

- **Family Care**
  - Preparing your children for each deployment cycle phase
  - Protecting and restoring the PH of your children
  - Protecting and restoring the PH of your spouse

- **Buddy Care**
  - Supporting other spouses/families throughout deployments
  - Providing leadership for spouse and family communities

COSC Skills for Spouses



- **Recognizing stress injuries in your Marine**
  - Personality changes (emotional regulation, temperament, over-reaction, withdrawal)
  - Problems with sleep, nightmares, hyper vigilance
  - Increased destructive, dangerous, or addictive behavior
- **Knowing when to get professional help for stress injuries**
  - Affecting sleep, motivation, judgment, etc
  - Affecting ability to function socially or on the job
- **Helping them understand that a stress injury is an <u>injury</u>**
  - Deserves to be fixed like any physical injury
  - Incurred in dedicated service, deserves to feel better
  - Needs to get back on track for self, buddies, family
- **Recognizing secondary traumatic stress in the family**

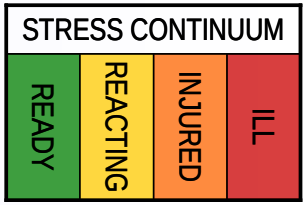
Symptoms of Persistent Traumatic Stress Injury

STRESS CONTINUUM

READY | REACTING | INJURED | ILL

- **Re-experiencing**
  - Severe (repetitive) nightmares
  - Flashbacks or intrusive memories or mental images
- **Avoidance**
  - Avoidance of reminders of the traumatic experience
  - Phobia of returning to combat
  - Emotional numbing
    - Feeling “cold”, hard, distant
    - Detachment from close relationships
- **Increased arousal or agitation**
  - Can’t calm down or relax, can’t get to sleep or stay asleep
  - Anxiety (panic) attacks or anger (rage) outbursts

Secondary Traumatic Stress in Family Members



- **Related to living with survivor's symptoms after deployment**
  - Irritability, hostility, aggression
  - Reduced trust, intimacy, safety
  - Problems sustaining employment
- **Can affect spouse and children**
- **Signs of secondary traumatic stress:**
  - Increased sensitivity, aches and pains caused by stress (somatization), sleep problems, acting out
  - Depression, anxiety
  - Loneliness, isolation, distance
  - Marital dissatisfaction, conflict, reduced trust and intimacy

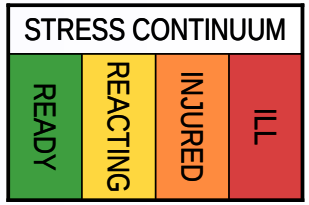
Workshop Summary

STRESS CONTINUUM

READY | REACTING | INJURED | ILL

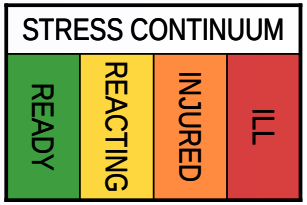
You have learned:

- To understand the stress continuum and sources of deployment-related stress
- To recognize deployment-related stress in yourself and your Marine
- To understand how deployment-related stress affects your Marine and family members and how to manage it



QUESTIONS?

Helping Yourself When Your Spouse has Combat Stress



DO:

Think of your spouse as courageous in battle.
Think of yourself as a competent companion.
Remember your spouse needs you to be strong.
Remember the good times.
Accept that you can't take away your spouse's grief, stop their pain, or make them change, but you can help them decide to get help.
Protect your safety.
Be calm and patient.
Use relaxation exercises.
Think of others as willing to help and let others help you.
Find someone safe to talk to (friend, family, chaplain).
Talk to others in your situation – find out you're not alone.
Consider a support group.
Open up at your own pace and comfort level.
Learn about PTSD and other disorders.
Stay resilient – get adequate sleep, exercise, nutrition.
Engage in positive distracting activities (work, recreation, helping others, hobbies).
Remember there is no wrong or right way to feel.
Know your resources and use them.
Get additional help when things are not getting better.

DON'T:

Don't keep everything to yourself.
Don't expect things to change quickly.
Don't blame yourself or your spouse for past decisions and actions leading up to the present situation.
Don't think your spouse can just decide to get better.
Don't think that your spouse's distance or irritability is your fault.
Don't think your spouse wants or likes to feel this way.
Don't tolerate abusive behavior.
Don't turn to addictive substances or behaviors yourself (reduces your options).
Don't just keep hoping things will get better if they are getting worse.

ISSUES:

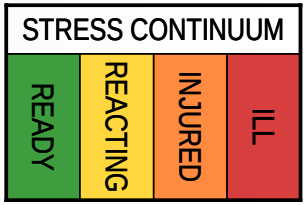
How to know if things are not getting better:

- Relationship problems
- Impaired function on the job or at home
- Depression/anxiety not improving
- Self-medicating with alcohol or drugs
- Abuse or violence

Adapted from: National Center for PTSD (2007)

June v.1

Helping Other Persons in Distress



DO:

Be accessible without pushing.
Be calm and patient.
Show genuine concern and caring.
Help them relax and engage in conversation.
Ask how things are going for them.
Listen if they wish to share their emotions.
Focus on their feelings and show that you understand.
Use “active listening” techniques.
Remember there is no wrong or right way to feel.
Accept that you can’t take away their grief or stop their pain.
Ask if they want suggestions or for you just to listen.
Ask if there is anything you can do to help.
Help problem-solve when they are ready.
Know your resources.
Be friendly and compassionate even if they are being difficult.
Be safe to talk to.
Follow up.

DON’T:

Don’t force them to talk.
Don’t be afraid of silence or tears.
Don’t give simple reassurances or advice like “everything will be ok” or “you shouldn’t feel that way”.
Don’t’ talk about yourself unless asked, then answer briefly and refocus on them.
Don’t judge or show shock or outrage.
Don’t tell people what you think they should be feeling, thinking or doing now.
Don’t tell people they have suffered due to something they have done or thought.
Don’t impose your own religious beliefs on them
Don’t try to problem-solve until invited.
Don’t criticize existing services or activities.

ISSUES:

Confidentiality
When the person does not get better

Adapted from: Disaster Response Education and Training Project, USUHS Center for the Study of Traumatic Stress (2005) ; and Army Leader’s Guide to Trauma in the Unit (2004)

June v.1

READY TO FIGHT
HEALTHY AT HOME
Combat Operational Stress Control

Marine or Sailor Under Stress

STRESS CONTINUUM

READY	REACTING	INJURED	ILL

Are there signs of *DISTRESS* or *LOSS OF FUNCTION*?

NO → **Green Zone (Ready):**
- Continue to monitor for signs of distress or loss of function in the future

YES ↓

Distress or Loss of Function:
- Difficulty relaxing and sleeping
- Loss of interest in social or recreational activities
- Unusual and excessive fear, worry, or anger
- Recurrent nightmares or troubling memories
- Hyperactive startle responses to noises
- Difficulty performing normal duties
- Any change from normal personality

Is the distress or loss of function *SEVERE*?

NO → **Yellow Zone (Reacting):**
- Ensure adequate sleep & rest
- Manage home-front stressors
- Discussions in small units
- Refer to chaplain or medical if problems worsen

YES ↓

SEVERE Distress or Loss of Function:
- Inability to fall asleep or stay asleep
- Withdrawal from social or recreational activities
- Uncharacteristic outbursts of rage or panic
- Nightmares or memories that increase heart rate
- Inability to control emotions
- Serious suicidal or homicidal thoughts
- Loss of usual concern for moral values

Has the distress or loss of function *PERSISTED*?

NO → **Orange Zone (Injured):**
- Keep safe and calm
- Rest & recuperation 24-72 hrs.
- Refer to medical or chaplain
- Mentor back to full duty and function

YES ↓

PERSISTENT Distress or Loss of Function:
- Stress problems that last for more than 3 months post-deployment
- Stress problems that don't get better over time
- Stress problems that get worse over time

→ **Red Zone (Ill):**
- Refer to medical
- Ensure treatment compliance
- Mentor back to duty if possible
- Transition to VA if necessary

Combat Operational Stress Decision Matrix

Combat Operational Stress Continuum for Families

STRESS CONTINUUM

READY | REACTING | INJURED | ILL

READY	REACTING	INJURED	ILL
• Good to go • Prepared for deployment • Functioning OK socially, emotionally, vocationally, academically	• Mild or transient distress or impairment • Anxious or irritable • Behavior change	• More serious distress or impairment that can change personality • Can't sleep, disruptive nightmares • Panic attacks, rage • Addictive behaviors	• Severe stress injuries that impact your job or relationships (Depression, Anxiety, Addictive Disorders, PTSD) • Requires professional help to heal • May get worse without early intervention

Leader Responsibility

Individual Responsibility

Chaplain and Medical Responsibility

READY TO FIGHT HEALTHY AT HOME

Combat Operational Stress Control

Family Member Under Stress

STRESS CONTINUUM

READY	REACTING	INJURED	ILL

Are there signs of *DISTRESS* or *LOSS OF FUNCTION*?

NO → ***Green Zone (Ready)***:
- Good to go, but monitor if there is cause for concern

YES →

Distress or Loss of Function:
- Difficulty relaxing and sleeping
- Loss of interest in social or recreational activities
- Unusual and excessive fear, worry, or anger
- Recurrent nightmares or troubling memories
- Difficulty performing normal duties
- Any change from normal personality

Is the distress or loss of function *SEVERE*?

NO → ***Yellow Zone (Reacting)***:
- Ensure adequate sleep and rest
- Manage home-front stressors
- Social support
- Refer for help if problems worsen

YES →

SEVERE Distress or Loss of Function:
- Inability to fall asleep or stay asleep
- Withdrawal from social or recreational activities
- Uncharacteristic outbursts or panic attacks
- Nightmares or memories that increase heart rate
- Inability to control emotions
- Loss of usual concern for moral values

Has the distress or loss of function *PERSISTED*?

NO → ***Orange Zone (Injured)***:
- Keep safe and calm
- Encourage them to get help
- Provide social support

YES →

PERSISTENT Distress or Loss of Function:
- Stress problems that last for more than several weeks
- Stress problems that don't get better over time
- Stress problems that get worse over time
- Serious suicidal or homicidal behavior

Red Zone (Ill):
- Refer for medical help
- Assist treatment compliance
- Provide social support

Deployment-Related Stress Decision Flowchart

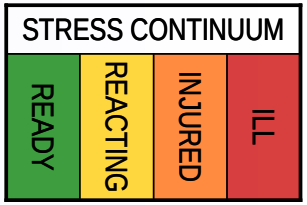
READY TO FIGHT HEALTHY AT HOME
Combat Operational Stress Control

Resources

STRESS CONTINUUM
READY | REACTING | INJURED | ILL

- **Marine and Family Services**
  - Counseling Centers
  - Substance Abuse Programs
- **Chaplains**
  - Unit or Base
- **Military One Source**
  - Confidential assistance by phone or online, confidential face-to-face counseling and referral for COS issues
  - 1-800-869-0278 or www.militaryonesource.com
- **Military Treatment Facilities**
  - Primary Care
  - Mental Health
  - Deployment Health Clinics
- **Veterans Administration Readjustment Counseling Services**
  - Help for campaign vets, no time limits, experienced vets as counselors
  - www.va.gov/rcs
- **DoD Deployment Health Support Directorate**
  - Coordinating office for deployment-related issues across services
  - deploymentlink.osd.mil
- **National Center for PTSD**
  - Part of the Veterans Administration
  - Information, research, videos, etc
  - www.ncptsd.org
- **National Suicide Prevention Hotline**
  - 24/7 federally-funded, with over 100 crisis centers nationwide
  - 1-800-273-8255

Educational Resources



- **Leaders Guide for Managing Marines in Distress**
  - Quick reference for leaders at all levels
  - Online, downloadable, and pocket reference
  - Covers 16 problem areas, including
    - Deployment, Family, Finances, Legal issues
    - Emotional, Substance Abuse, Harassment issues
  - Tells what to look for, what to do, what not to do, regs, and resources
  - See www.usmc-mccs.org/LeadersGuide/index.htm

- **Army Leader's Guide to Trauma in the Unit**
  - Quick reference for spouses on helping families suffering losses
  - See www.carlisle.army.mil/usawc/dclm/docs/traumapdf.pdf

- **HQMC Combat/Operational Stress Control Program**
  - Doctrine, policy, research, data, education, training, program management and coordination
  - Located at HQMC Manpower and Reserve Affairs, Quantico, VA
  - Head: Tom Gaskin, Ph.D., GS-14, 703-432-9260 or thomas.gaskin@usmc.mil

- **Marine Corps COSC Websites**
  - Briefs, brochures, and other information
  - www.manpower.usmc.mil/cosc
  - www.usmc-mccs.org/cosc

TRAINING

- **Marine Corps Family Team Building**
  - http://www.usmc-mccs.org/mcftb/rds.cfm?sid=fl&smid=4