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The bottom-line message of the new doctrine? Psychological wellness is a leadership issue — not a medical issue — and it is developed by building resilience.

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A Sea Change in Attitude

by Capt. Scott L. Johnston, Ph.D, ABPP, MSC, USN
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With our country soon to enter an eleventh year of war, it is important to re-emphasize the huge cultural shift the armed services have taken in dealing with psychological health problems arising from the protracted combat and extraordinary operational tempo.

Nowhere is this more apparent than in the newly adopted Navy and Marine Corps Doctrine on Combat and Operational Stress Control, a document more than twice the length of the one it replaces, which was published in 2000. Here is how the new doctrine describes the military's former approach to mental health:

"Whereas timely screening and treatment for injuries and illnesses have always been cornerstones of physical health protection, these same activities have historically been shunned for stress-related problems occurring in operational settings for fear of drawing attention to them and fostering epidemics of stress casualties."

This was the old go/no go model; if a warrior didn't seem "right in the head," leadership usually passed him on to the medical department. It's not surprising that stigma and a reluctance to seek help developed.

The bottom-line message of the new doctrine? Psychological wellness is a leadership issue — not a medical issue — and it is developed by building resilience. Discussions of the green and yellow zones of the Stress Continuum provide a detailed blueprint for leaders to follow; healthcare providers only enter the picture when a Sailor or Marine is in the orange or red zones. Recovery and reintegration into the fighting force are realistic goals.

The hostilities today's warriors face are different from any other time in our nation's history. As the Marine Corps and Navy have adapted their roles to reflect the new global realities so, too, have they changed their approach to mental health. The climate of stigma and reluctance is dissipating, and we can foresee that in the next few years it may well disappear.

As the principles and strategies set forth in the new doctrine continue to be applied throughout the Navy and Marine Corps, that also is a very realistic goal. ■

Leadership from the Ground Up

For more information on CSADD, see https://www.cnic.navy.mil/cnrma/Programs/CSADD/index.htm

Good ideas tend to travel fast. Such is the case of Coalition of Sailors Against Destructive Decisions (CSADD), a program launched by a small, but enterprising group of young Sailors who were instructed to come up with a safety initiative that would strike home with fellow shipmates in the 18 to 25 age range.

"We were told to break out of the boundaries," says First Class Petty Officer Tim Comerford, one of the Sailors who formed CSADD in 2009 at Commander Navy Region Mid-Atlantic. "We knew we had to come up with something besides the slide shows and safety stand downs, where there's a tendency to stop paying attention after 10 minutes."

The group's brainstorming led to the program, which provides prevention and intervention tools to show Sailors how to make quick, positive decisions in moments of high stress and peer pressure.

"We knew that to be the most successful, CSADD had to be peer driven, not leadership driven," says Comerford. "We also knew that we needed information that could be quickly transmitted using tools that are familiar to young Sailors. No more four-hour presentations."

The result was an information-packed website that includes to-the-point briefs on such topics as drinking, reckless driving, risk management and suicide prevention.

"We also came up with the 'Stop and Think Campaign,' which uses posters that emphasize that taking a few seconds to think can save you from making a bad decision that could alter your life," Comerford says.

The CSADD initiative was enthusiastically endorsed by Scott Benning, then command master chief at CNRMA, and Rear Adm. Mark Boensel, commander of the region. And it didn't take long for word of the program to spread.

What began two years ago as one group of five has grown to more than 140 CSADD chapters across the Navy. CSADD currently has 15 social networking sites, and it's estimated that the program actively involves more than 2,000 Sailors. It has been recognized as an official Navy peer-mentoring program since July 2010.

There are no set rules for a CSADD meeting, Comerford says.

"It's up to the sailor who attends to take the information that's presented and run with it," he adds. "The key element is that you get, say, E-4s or E-5s who are exposed to the campaign and they take those messages back to their peers. They can help their peers make good decisions."

Comerford says every CSADD sailor is equipped to identify behavior that could indicate a person is contemplating suicide and all know the steps to take to get help. And while CSADD does not deal with the specifics of Operational Stress Control, he believes the program's members can recognize when a shipmate is reacting to psychological stress.

"They're in a good position to help," Comerford says. "CSADD is all about wanting to help your shipmates."

When the Denial Ends

By Major Douglas R. Cullins, USMC

I had been wrestling with "issues" for many years, but I don't think anyone, including myself, was aware of how severe it was getting. What began as splitting headaches and balance problems escalated into something that eventually overcame my ability to carry on the fight as a Marine.

My symptoms began when I returned from Operation Iraqi Freedom. Ringing in the ears, light sensitivity - I didn't pay much attention and simply buried myself in work. Sure, I was involved in some firefights and had some close calls, but it was nothing extraordinary.

Fast forward a few years and I found myself in the enviable position as a company commander in 3rd Battalion, 7th Regiment. I had the honor of serving with those Marines in Ramadi and we were fortunate to make it through unscathed. I was still quietly battling my symptoms, doing my best to go unnoticed and have a successful company command tour.

My condition, though, continued to degrade. After talking to my battalion commander before our second deployment, it was agreed that I would transition from command of weapons company to headquarters and service company.

I didn't last long in Iraq and was medevaced in the first month for balance problems. I landed at Naval Medical Center San Diego and spent what I considered three utterly shameful months away from the Marines, desperately trying to convince the providers that I was fit for duty. My ruse worked and I made it back to the 3/7 to finish out the deployment.

While in Iraq, I was diagnosed with a minor traumatic brain injury and the specialist thought it was the reason for my ailments. The doc and I agreed that I would get through the deployment and seek treatment upon return.

I received orders to report to Expeditionary Warfare School and serve on the faculty. I was promoted a year later, but my physical and mental problems were getting worse. I did try to get back into the treatment pipeline several times but to no avail.

By summer 2010, I was on the brink of disaster, mentally and physically. It seemed my world had been turned upside down. I was a Marine in distress. Denying treatment was no longer an option. My health now critical, my career and family life hung in the balance.

Through the actions and concern of some close friends and my leadership, I was taken offline and the wagons were circled around me. My leadership, from reporting senior to the commanding general, had a vested interest in my recovery. I will forever remember what my brothers have done for me and my family.

After months of appointments with frustratingly little progress, I was offered a spot at the new National Intrepid Center of Excellence at Bethesda, a state-of-the-art facility designed to study, diagnose and treat TBI and PTSD.

I was finally receiving the close attention that I had required for years. I was diagnosed with minor TBI, PTSD and some stress-related chronic illnesses. Moreover, treatment was actually improving my condition. Through physical and balance therapy, as well as virtual reality treatment, I was set back on the tracks.

I am back at EWS, having a firm grasp—and acceptance—of my condition and armed with the knowledge that it is treatable. I know I will be healed; it's only a factor of time. The journey has not been an easy one, nor is it complete. My mission is to continue healing and apply the lessons I've learned as a combat leader and a wounded Marine.

Lessons Learned:

- There are many fissures in our treatment pipeline. If it was as difficult for me to get treatment as a persistent and well-resourced major, how many lance corporals are getting the runaround?
- PTSD is real and officers are not immune. I am not a weak Marine, but it nearly got the best of me. There is still stigma associated with it, despite recent attempts at educating our force. Many will say it's nonsense, and they're entitled to their opinion. The fact is the burdens we carry as Marines (taking enemy lives and having Marines killed) is nothing new. PTSD is nothing new. How we deal with it is.
- Families can and do play a critical role in a Marine's recovery. Ensure they are involved in the treatment process.
- Identifying the problem and preventing a Marine from reaching his tipping point is our charge. Sometimes "good enough" isn't.
- Keep Marines in the fight. Wounded Marines can't be allowed to sit alone on the sideline or threatened to be pushed out of the service. Several providers seemed determined to end my active-duty career, which had the effect of me clamming up and continuing to ignore my problems.
- If your Marine is struggling, get personally involved in his treatment and hold him and the providers accountable. Keep him in the fight at work and don't let him feel sidelined.
- Share your story. It might help someone who needs help to get it.

SPRINT: Support After a Crisis

By Cmdr. Brice Goodwin, MSC, USN
Naval Branch Health Clinic Bahrain

Background: *In September 2010, the USS Winston S. Churchill (DDG 81) was providing assistance to a skiff stranded in the Gulf of Aden with 85 people on board. As the Navy crew transferred humanitarian supplies to the boat, the passengers rushed to one side. The skiff quickly took on water, capsized and sank, leaving all passengers in the water.*

The Churchill crew responded without hesitation to rescue as many as possible. As a result of the ship's decisive actions and heroic efforts 61 passengers were saved. Thirteen drowned, and eight were never found. Navy Medicine's Special Psychiatric Rapid Intervention Team (SPRINT) was called in to support crew members coping with the tragedy. Commander Goodwin, a psychologist, is a member of the team.

As is so often the case in these types of situations, I am always humbled by the level of heroism and willingness of Sailors to support each other in whatever way they can. *Churchill* crew members, sensitive to other shipmates' reactions, stepped in to relieve those who were struggling with the enormity of the event, reassigning them to new roles that were less taxing but no less critical. Senior-enlisted members stepped forward to perform the somber and difficult task of preparing the deceased for transfer, knowing that junior personnel may be more vulnerable to the aftereffects of such duty.

Events like this have the potential to leave strong visual impacts on first-responders — and may produce emotional problems in the future. Our mission is to provide individuals with educational and supportive services in group and individual settings that are designed to facilitate the normal recovery process and reduce the likelihood for future problems that can impact operational readiness.

SPRINT has been Navy Medicine's primary emergency response support service for nearly 30 years. Its goal is to provide short-term support to personnel following operational mishaps and critical events that frequently result in loss of lives. These events tend to be rare but intense, affecting an entire unit or even command.

The SPRINT conceptual framework is important: We operate from the assumption that personnel are normal individuals experiencing normal reactions to abnormal situations. Consistent with the newly approved Maritime Combat Operational Stress Control (COSC) Doctrine, SPRINT teams are incorporating Navy and Marine Corps stress continuum principles designed to bolster resilience and early detection of debilitating stress injuries among shipmates at all levels.

USS Winston S. Churchill (DDG 81)

SPRINT is not considered psychological health as the term is traditionally used, although teams are comprised of mental health professionals who have education and training in the spectrum of normal and abnormal human behavior. This training assists members in identifying normal recovery reactions from complicated ones and allows us to provide additional support to any individuals exhibiting such symptoms.

In my experience on the *Churchill*, we helped Sailors work through their reactions within a context that focused on normalcy, provided them with tools and skills to improve their overall well-being, and mitigated the negative effects that the tragic event might have had on personal and professional lives and mission achievement.

We are a resilient group of Sailors and when the time comes, we stand up for one another and work together as a group and as a family, to protect each other, support each other and assist each other. ■

Churchill crew perform rescue operations. *Photos courtesy Navy.mil*

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