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A Checklist for Resilience

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Global uncertainties, multiple deployments, increasing workloads, the need to do more with fewer available resources. Clearly, these are very challenging and stressful times for our Sailors and Marines.

And, equally clearly, this is why resilience has become the watchword of the day for all branches of the armed forces. Psychological resilience translates into increased readiness, and readiness is the military's primary responsibility.

Through its teaching of the Operational Stress Control (OSC) program, the Navy recognizes a continuum of stress responses ranging from optimal wellness to diagnos-

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able illness, and it teaches leaders at all levels to be aware of stress reactions in their shipmates. Resilience, however, is more than OSC.

Resilience not only helps to protect a person from the debilitating effects of trauma and high-stress situations, it promotes positive responses that will increase an individual's overall well-being.

Here are some specific factors that research has shown will build resilience to help an individual resist the harmful effects of emotional stress and to build positive, healthy responses.

An active coping style – basically, learning to face fears – promotes emotional well-being. It involves working to solve the problem and accepting the emotions that stress

brings. A person with a passive coping style, on the other hand, denies feelings, “gives in” to the problem and may abuse alcohol or other drugs to cover up feelings.

Physical exercise builds mind health as well as body health. It releases endorphins and other so-called “happy hormones” that lift moods and apparently increase the brain's ability to learn from, and adapt to, stressful situations.

Maintaining a positive outlook, looking for that proverbial silver lining, and keeping a sense of humor also go a long way toward increasing resilience. A depressed person tends to view problems as all-encompassing and permanent, while a positive thinker puts negative events into perspective and recognizes that hardships are temporary. You may not be able to change a problem, but you can change the way you react to it.

Religious beliefs or spirituality can provide a moral compass that is strongly associated with emotional resilience, especially if it leads to altruism – finding fulfillment by helping others.

Resilient individuals have strong social support systems that help increase feelings of self-worth and keep problems in perspective. It's also beneficial to find a role model who is resilient and to learn from that person.

Finding the good in the bad demonstrates what scientists call “cognitive flexibility” and is considered a critical component to resilience. Individuals who successfully overcome a crisis and don't become depressed usually find that the negative event had some purpose.

One more key fact about resilience: Bolstering one resilience factor has the positive effect of boosting the other factors. So give it a go – the more you practice these strategies, the easier it gets! 📧

A Doggone Good Tail

BJ can't walk more than a few steps without being accosted by delighted passersby. Everyone wants a piece of his time, and he graciously gives it. He's not a celebrity – not in the traditional sense. He's not an actor or a professional athlete or even a flag officer. He's a big, black, loveable Lab.

More formally known as Beetlejuice, BJ is one of five therapy dogs at Naval Medical Center San Diego, where he visits the patient wards with his handler, Colleen Demling, a volunteer with the Armed Services YMCA, which runs the therapy dog* program at NMCS D.

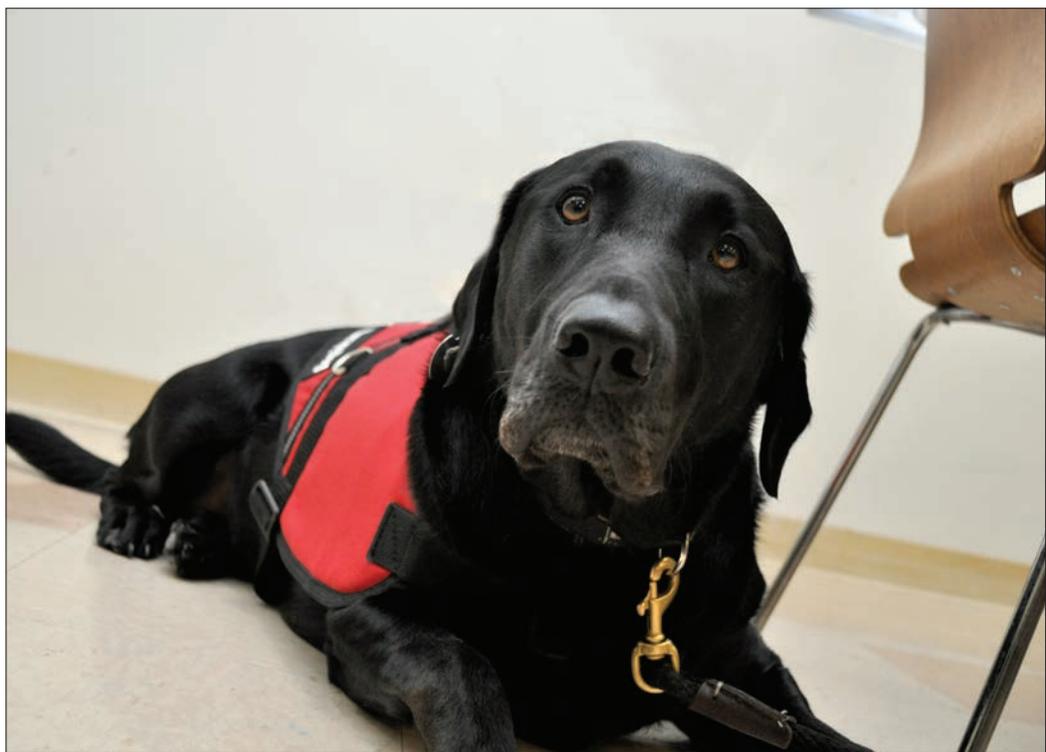
"The program is very popular," says Demling, a professional dog trainer. "People just light up when one of our dogs comes through. It gives patients a chance to talk about something other than their health or medical condition."

The program began in 1988 and is manned by a host of volunteers and their canine colleagues. Dogs must be at least two years old, pass a canine "good citizen test" – an exam that ensures good public manners – and have had at least a year of therapy experience at another institution. There are no breed restrictions. "Anything from a Chihuahua to a pit bull can be a therapy dog," says Demling.

Though BJ's demeanor is calm far beyond his two years, his presence elicits excitement from his people encounters. Nurses pose for pictures, administrators go in for a head pat. But BJ is here to see the patients, and his first stop on this day is the room of Senior Chief Joel Wifler, United States Coast Guard. Wifler and BJ immediately connect. "I've never seen him bond so quickly," says Demling.

As Wifler speaks, BJ sits quietly at his side. "I grew up with terriers and Labs, so seeing him brings back a lot of memories," he says. "It really is a blessing. When you're lying in bed all day with your feet propped up, feeling stressed and depressed, and a four-legged friend comes in without a care in the world, you can't help but feel better

"I think it's instinctual for them," he adds. "They



Top: BJ just being himself. **Above, left:** While making his rounds on the hospital floor, therapy dog Beetlejuice (BJ), gets some affection from Senior Chief Joel Wifler, USCG. **Right:** BJ and Colleen Demling, volunteer dog handler with the Armed Services YMCA, take a break from their busy schedule at Naval Medical Center San Diego. Photos by Joe Griffin.

know when we need help and are alert enough to appreciate that we need their service.”

It’s easy to see why the therapy program is so popular – people, for the most part, just love dogs. Lest you have any doubt,

“People just light up when one of our dogs comes through. It gives patients a chance to talk about something other than their condition.”

consider that Americans last year spent an estimated \$55 billion on their critter companions.

But does it actually work? Are patients benefitting medically from interactions with therapy dogs? Research on animal-assisted therapy (AAT) suggests they are. It’s been shown that human-animal interaction is associated with lower levels of cholesterol, blood pressure and heart rate.

AAT also appears to be linked with better self-esteem, lower stress and improved behavior. Other benefits include better physical health and reduced stress for the elderly and improvement in cognitive functioning, mental health and relationships for younger persons.

Additional research on the subject is ongoing as the military seeks to determine the effectiveness of such alternative therapies. But Demling has a simpler explanation for the program’s effectiveness. “It’s the unconditional love of another living thing.” 🐕



For eligibility and program information please contact the Armed Services YMCA offices located at Naval Medical Center San Diego in building 1-G, between Monday and Friday from 0830 and 1630; call (619) 532-8156 or email: Cherri.Barnswell@med.navy.mil

**A service dog is trained to mitigate its handler’s disabilities; a therapy dog is a pet that has been trained to provide comfort and affection to people who have physical or psychological problems.*

A More Broad Definition of PTSD

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association, is the resource used by healthcare professionals to classify mental health problems. It contains descriptions, symptoms and other criteria for diagnosing mental health disorders. There have been six updates to the DSM and changes are typically based on new developments in scientific research as well as clinical experience. The newest edition of the DSM (DSM-5) came out in May 2013 and included changes to the diagnostic criteria for post-traumatic stress disorder (PTSD).

Up until DSM-5, PTSD was classified as a type of anxiety disorder. Now, it is included in a new chapter called Trauma- and Stress-Related Disorders that highlights the link between symptoms and exposure to a traumatic or catastrophic event. There have also been changes to the criteria for diagnosing PTSD. Compared to the previous version of the DSM (DSM-IV-TR 1994-2013), DSM-5 provides more specific language as to what constitutes a traumatic event and eliminates the requirement for

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an individual to have a specific type of reaction during or after the traumatic event (i.e., feelings of fear, helplessness or horror).

Most PTSD symptoms have stayed the same in the DSM-5, but some were added to the diagnosis. While the previous version of the DSM identified three major symptom categories—(1) reexperiencing the traumatic event in the form of memories, nightmares or flashbacks, (2) avoiding reminders of the event or associated feelings, and (3) having heightened levels of arousal—the DSM-5 added another category, *persistent negative changes in cognitions and mood*. Also, some symptoms have been added to the broader categories; for example, engaging in reckless or self-destructive behavior is now a symptom in the arousal category.

The goal of updating the DSM is to better characterize symptoms and behaviors of those who seek clinical care. Research will be able to determine if these changes do, in fact, lead to improvements in diagnosis and care. 🐕

Why They Fight is Why They Grieve

What keeps you going during combat? A question that has always been asked of warfighters, the most common response is “fighting for my buddies.”

Service members have a unique bond. They undergo training, endure harsh conditions and face combat while relying on each other for friendship, camaraderie and safety. Those connections don't end when a life is taken away.

Losing someone close can be incredibly painful, and the following grief period can be a confusing time. People wonder “How should I feel?” “Am I hurting too much? Not enough?”

Grief is influenced by many factors, making it impossible to predict. People deal with loss in different ways. There is no right or wrong way to grieve. It's an individual process.

Common myths about grief:

Myth: Grief only consists of sadness.

Reality: Grief is suffering or distress over loss. It includes sadness but can also evoke other emotions and reactions, such as anger, anxiety, denial or guilt.

Myth: Grief has a timeline.

Reality: There is no set timeline for grieving to lessen or end. Grief is an uneven process. Many compare grief to waves in the ocean – they rush in then recede, only to rush in again. Some days are rougher than others. And it's natural for rough days to come after calm days.

Myth: If I stop hurting it means I am forgetting the person who died.

Reality: It's common to feel like you are dishonoring the person who died when you laugh, smile or have fun. It may seem like pain is the only thing you have left – the only way to stay close to the person you lost. Although pain is an important part of the grieving process, it may not be the best way of staying emotionally connected to the

person who died. Bringing the person to mind while enjoying life can be a more fitting way of keeping memories.

Myth: The pain will go away faster if I ignore it.

Reality: Trying to ignore pain only makes it worse. Research has shown that attempts to push away negative thoughts and emotions only intensify them. Similar to any path in life, the fastest way to the other side is straight through the grief.

How do you balance losing what seems like a part of yourself with moving forward? Although everyone has their own course of recovery from loss, there are some key milestones acceptance of the reality of the loss and experiencing the related pain. Whatever emotions come up (stress, sadness, anger) is the amount you should let yourself experience.

It's okay if your stress feels different from what someone else feels. Another sign of healing is your ability to adjust to your new reality in a meaningful way. This may mean getting back to doing things you used to enjoy or trying new activities. You might find it helpful to do things that honor or pay tribute to the person you lost, like attending memorials or learning a sport or hobby that the person who died had enjoyed.

Below are some signs that *may* suggest a person is at greater risk for experiencing a more difficult grieving process:

- Always pushing away painful feelings.
- Excessive avoidance of talking about the person who has died or avoiding situations that are reminders.
- Abuse of alcohol or other drugs, including prescription medication.
- More physical complaints or illness.
- Intense mood swings or isolation that does not show improvement within a month or so of the loss.
- Ongoing neglect of responsibilities or taking care of oneself.

If you notice any of these signs in yourself or others, seek help from a healthcare provider to increase the chances of adjusting to the loss. Simply seeing a provider or joining a support group for a couple of visits can be a big help.

Tragedy Assistance Program for Survivors helps those grieving the death of a service member. See www.taps.org for information and help. 

On the Cover: Marines from 4th Tank Battalion, Twentynine Palms, CA, roll down a dirt road on their M1A1 Abrams Main Battle Tank. Marine Corps photo by Cpl. Tyler L. Main.

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